

Advanced Education in General Dentistry-12 Month Program

**USA Dental Activity
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2019-2020

The Army Values

Loyalty – Bear true faith and allegiance to the U.S. Constitution, the Army, your unit, and other Soldiers.

Duty – Fulfill your obligations.

Respect – Treat people as they should be treated.

Selfless-Service – Put the welfare of the Nation, the Army, and your subordinates before you own.

Honor – Live up to all the Army Values.

Integrity – Do what's right, legally and morally.

Personal Courage – Face fear, danger or adversity (physical or moral).

The Soldier's Creed

I am an American Soldier.

I am a Warrior and a member of a team.

I serve the people of the United States and live the Army Values.

I WILL ALWAYS PLACE THE MISSION FIRST.

I WILL NEVER ACCEPT DEFEAT.

I WILL NEVER QUIT.

I WILL NEVER LEAVE A FALLEN COMRADE.

**WARRIOR
ETHOS**

I am disciplined, physically and mentally tough, trained and proficient in my warrior tasks and drills.

I always maintain my arms, my equipment, and myself.

I am an expert and a professional.

I stand ready to deploy, engage, and destroy the enemies of the United States of America in close combat.

I am a guardian of freedom and the American way of life.

I am an American Soldier.

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INTRODUCTION

The Fort Sill Comanche Advanced Education General Dentistry-12 Month (AEGD-12) Program provides a professional educational experience at the post-doctoral level. Training consists of supervised clinical and didactic experiences in specialty areas of dental practice, with a strong emphasis on clinical experiences. The purpose of the program is to produce a versatile general dentist who is responsible for and responsive to the oral health needs of his/her patients and the military community. Upon graduation, the Dental Officer will know both capabilities and limitations. This knowledge will enable him/her to provide his/her patients with comprehensive dental treatment or enable him/her to recognize the need for referral to the appropriate specialist.

The Comanche AEGD-12 Month Program has been accredited by the Commission on Dental Accreditation. Graduates of the program are awarded the “9D” suffix to the 63A primary SSI.

The program is sponsored by and conducted within the United States Army DENTAC at Fort Sill, Oklahoma. Fort Sill is home to four dental clinics: Cowan Dental Clinic, located on 605 Randolph Road; Allen Dental Clinic, located on 6037 Bessinger Road; and the D.C. #2/Oral Surgery Clinic, located at Reynolds Army Community Hospital (RACH) and Military Processing Site (MPS), located on 6005 Bessinger Road. Laboratory support for the program is provided by Cowan and Allen Dental Clinic labs, with additional support available from the Army Dental Laboratory located at Fort Gordon, Georgia.

Cowan Dental Clinic is the primary training site for the Comanche program and will offer clinical training in Endodontics, Periodontics, Prosthodontics, Operative Dentistry, Comprehensive Dentistry and Acute Dental Care. Training in Oral Surgery, Anesthesia, Hospital Dentistry, Acute Care and After Hours Emergency Care is conducted at Cowan Dental Clinic. The Program has limited formal training in orthodontics with selection of some minor tooth movement cases and limited exposure to pediatric dentistry with rotations to the Indian Health Service Hospital in Lawton, OK. The DENTAC does not have an orthodontist or pediatric dentist on staff. If the situation should ever change, formal orthodontics and pediatrics would be reinstated in the program. All residents will attend the Combat Casualty Care Course (C-4), which includes the Pre Hospital Trauma Life Support (PHTLS) course at Camp Bullis, Texas.

Program Vision

To provide each resident with a high quality, clinically-based advanced education beyond that of dental school.

Program Mission

1. To instill professional knowledge and integrity and impart clinical experience and skills to a new generation of practitioners in ways that ensure excellence and personal satisfaction.
2. To motivate our residents to enthusiastically support, promote, and strengthen the dental profession and become strong competent leaders and educators in the U.S. Army Dental Corps.
3. Support the Readiness and Wellness Mission of MEDDCOM and DENCOM

Program Goals and Objectives

1. To help each resident become the best dental professional that he or she can be by:
 - A. Increasing the resident's competence and confidence as dentists. This involves:
 - Using advanced dental treatment modalities
 - The appropriate selection and application of effective pain and anxiety control measures to include sedation
 - The restoration of teeth
 - The replacement of teeth using fixed and removable prosthodontics
 - The appropriate management of patients requiring periodontal and pulpal therapy as well as hard and soft tissue augmentation
 - The appropriate management and treatment of dental and medical emergencies and assessing and managing medical risk
 - B. Enabling the resident to assume increasing responsibility for more varied and complex cases in order to provide high quality comprehensive, multidisciplinary oral health.
 - Acting as a primary care provider for individuals and groups of patients
 - Providing patient focused care that is coordinated by the general practitioner
 - Planning and providing multidisciplinary oral health care for a wide variety of patients including those with special needs
 - C. Enhancing the resident's ability to make sound clinical judgments at an advanced educational level and to understand their limitations, which includes:
 - Thorough patient examination and accurate patient assessment, including the assessment of medical risk

- Accurate patient diagnosis and appropriate treatment planning
 - Obtaining informed patient consent for all planned treatment
 - Making sound diagnostic and therapeutic decisions during the course of patient treatment
- D.** Improving the resident's ability to interact with all health care practitioners. This includes functioning effectively and efficiently in multiple health care environments within the interdisciplinary health care teams.
- E.** Promoting ethical and compassionate treatment of patients. This involves using the values of professional ethics, life-long learning, patient centered care, and the adaptability and acceptance of cultural diversity in professional practice.
- F.** Enhancing the resident's ability to effectively communicate and promote good oral and systemic health and disease prevention to their patients. This includes directing health promotion and disease prevention activities.
- G.** Improving the resident's ability to work with dental auxiliaries and treat them with dignity and respect.
- H.** Improving the resident's ability to effectively manage patients, staff, and resources in order to better provide high quality comprehensive dentistry. This includes managing the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment.
- I.** Increasing the resident's interest in and appreciation of dental literature and continuing education. This includes applying scientific principles to learning and oral health care by using:
- Critical thinking
 - Evidence or outcomes-based clinical decision making
 - Technology-based information retrieval systems
- J.** Developing the resident's skills in oral and written communication.
- K.** Understand the oral health needs of the community and engage in community service. Will provide volunteer dental care at Oklahoma's Mission of Mercy. Will try to engage the local community by providing dental screening at local elementary school during Children's Dental Health month in February. Will try to provide oral cancer screenings for Retiree Appreciation Day.
- 2.** To help each resident become a well-rounded and dedicated Army Dental Officer of high integrity by:
- Instilling the Warrior Ethos and the Army Values of loyalty, duty, respect, selfless service, honor, integrity, and personal courage in each resident

- Producing a qualified, credentialed practitioner fully capable of functioning within the military health care system anywhere in the world.
- Enabling the resident to assume increasing levels of leadership and responsibility within the military health care system

3. To maintain full accreditation status with the American Dental Association by:

- Developing and documenting policies, procedures and teaching plans which ensure that the program meets or exceeds all Commission on Dental Accreditation (CODA) standards
- Maintaining an effective and complete plan for Outcomes Assessment
- Keeping thorough and accurate records on each specialty's training plan
- Keeping thorough and accurate records on everything the residents do within the residency program.

Program Philosophy

The Fort Sill Comanche AEGD-12 Month Program emphasizes comprehensive dental care; each resident is afforded training and experiences that allow him/her to provide comprehensive dental care to his/her patients. The program is focused on clinically developing your skills as a general dentist and Army Officer with didactic training limited to approximately 30% of the resident's total time.

The clinical phase of training consists of numerous treatment experiences within each of dental specialty. Training is structured to provide the resident with specific procedural experiences while supporting the program's overall focus on comprehensive patient care and continuity of treatment. The resident is assigned responsibility for the care of numerous patients throughout the course of training and is expected to provide for the patient's total treatment needs within his/her capabilities.

Patients selected and assigned to the resident's care are prescreened by the program's staff and selected based on their suitability for training the resident and documenting his/her performance in attaining each specific performance objective as outlined in the program's Competency standards. A significant percentage of the resident clinical time should be devoted to providing comprehensive treatment to his/her assigned patients. Staff supervision and the witnessing and documentation of outcomes related to the adequacy of a resident's diagnostic work-up, treatment planning and clinical skills in the management and/or treatment of these patients is provided by the appropriate department mentor(s) and the Program Director and/or Assistant Director.

The didactic phase of the program complements the program's clinical training agenda and serves as an invaluable aid in enhancing the resident's training experience. It provides the resident with a broad academic background from which the resident may develop and render sound clinical judgments in the areas of diagnosis, treatment planning and the selection of appropriate treatment modalities for each patient. Didactic components are scheduled throughout the training year and include: lectures, seminars, literature reviews, patient care conferences, case reviews, visiting consultants, treatment planning conferences, and special projects. Training requirements mandated for all Officers within the DENTAC are typically conducted at the quarterly Commander's Calls.

Special projects assigned to the residents throughout the year include the preparation and presentation of a professional quality lecture to the local dental society and/or the entire DENTAC. Additionally, the resident will receive and report on assigned journal articles or interesting patient treatment outcomes to the group, and will prepare and present patient cases at monthly Patient Care Conferences, Implant Boards, and Treatment Planning Conferences. The resident's timely submission or delivery of a satisfactory final product on all assigned special projects is a critical outcome parameter tracked and evaluated by the program's staff. Successful completion of all special projects is a mandatory prerequisite for graduation.

**2018-2019 GENERAL DENTISTRY RESIDENTS
COMANCHE AEGD-12 MONTH PROGRAM**

Resident

Dental School

CPT Mitchell Akey

Boston University

CPT Corby Dixon

Roseman University

CPT Peter Heitman

Medical University of South Carolina

CPT Aqib Khan

University of Minnesota @ Minneapolis

CPT Alex Kitchen

University of Detroit-Mercy

CPT Eugene Paek

Tufts University

CPT Kendrick Sawyers

**University North Carolina @ Chapel
Hill**

CPT Ross Vandercreek

University of Minnesota @ Minneapolis

DENTAL EDUCATION COMMITTEE

The organization, integration, and supervision of the Comanche AEGD-12Month Program are the responsibility of the Commander, United States Army Dental Activity, Fort Sill, Oklahoma. Guidance is provided by the Education and Training Division, USAMEDDPERSA, Office of the Surgeon General, U.S. Army Dental Corps Department of Graduate Dental Education, and the American Dental Association's Council on Dental Education. To assist with the administration of the program, the Commander/Dean appoints a Dental Education Committee, which may consist of the following personnel:

- Director, Advanced Education in General Dentistry-12 Month Program
- Director, Continuing Education
- Chief of each specialty service
- Any other personnel as designated by the Commander/Dean

The Dental Education Committee will meet twice monthly or as required to carry out the following duties:

1. General supervision of the following dental education programs:
 - A. Comanche AEGD-12 Month Residency Program
 - B. Continuing Dental Education Program
2. Maintain minutes of the Dental Education Committee proceedings. Minutes will reflect a continuing evaluation of the goals, progress, and accomplishments of the education program and will provide a source record for accreditation evaluations by the American Dental Association. The "Professional Activities" section will include the titles of the papers presented, addresses, lectures, appointments to professional organizations, committee assignments, information relative to specialty board certification and other pertinent data concerning the Dental Officers of the Committee or the residents. A copy of the minutes of each meeting of the Committee will be forwarded to the Department of Health Education & Training AMEDD Center and School - Graduate Dental Education, ATTN: MCCS-HPD, 2450 Stanley Road, Bldg. 146, Suite 204 JBSA Fort Sam Houston, TX 78234.
3. Conduct a monthly meeting for evaluation of the professional progress of the residents. A specific recommendation will be made by the Committee for continuation, relief, or advancement of each resident and noted in the minutes. Forms used for this purpose will become part of the permanent record of the committee. (See section on resident evaluations).
4. Evaluate compliance with the program's stated goals and objectives. The Committee will discuss the status of the program's overall curriculum and specific specialty teaching plans at its monthly meeting, and identify any areas where the program's goals and objectives are not

being met. Members will discuss possible remedies and make proposals on how to correct any deficiencies that are identified. The Program Director, in consultation with committee members, will then develop and implement a course of action that will address and correct these deficiencies.

5. Maintain a permanent record of resident activities.
6. Make recommendation concerning absences of residents. Short absences may be authorized upon the recommendation of the Dental Education Committee. Residents who are absent from any program for more than 30 days in a training year must either be extended a corresponding number of days or be terminated from training at the discretion of the Assistant Surgeon General for Dental Services.
7. Approve teaching plans and integrate them into the complete program.
8. Approve research project, clinical studies, professional papers, lectures, and table clinic by residents.
9. Recommend attendance of residents at professional short courses or other professional meetings.
10. Recommend awarding certificates upon completion of the resident's participation in the Comanche AEGD-12 Month Program
11. Such other responsibilities as directed by Army Regulation or as delegated by the Commander/Dean.

Each resident class as a group may submit written input to the monthly Dental Education Committee meeting through the Program Director. The Education Committee will address any suggestions, comments, or complaints submitted by the group. Individual residents who have a suggestion, problem, or complaint should meet with the Program Director on an individual basis. Problems will be address immediately and resolved if possible with the appropriate mentors. They will be discussed at the next monthly Dental Education Committee meeting and if needed, a plan for corrective action will be developed.

DENTAL EDUCATION COMMITTEE/FACULTY

COL Ann Behrends, DC*

Commander/Dean, USA DENTAC Fort Sill

MAJ Michael A. Kroll, DC*

Director, Comanche Advanced Education in
General Dentistry-12 Month Program,
Fort Sill, Oklahoma; DEC Chairman
Comprehensive Dentistry

MAJ Jillian Seglem, DC*

Assistant Director, Advanced Education in
General Dentistry-12 Month Program,
Fort Sill, Oklahoma
Operative and Pediatric Dentistry

CPT Joshua Williams, DC

Chief, Endodontics, Cowan Dental Clinic

MAJ Joshua Rockwood, DC*

Chief, Prosthodontics, Cowan Dental Clinic

CPT Griffin Sonstegard, DC

Chief, Oral and Maxillofacial Surgery,
DC#2

LTC Adam Lincicum, DC*

Chief, Periodontics, Cowan Dental Clinic

* - Diplomate American Specialty Board
+ - "A" Proficiency Designator

PROGRAM FACULTY

The mentors assigned to the Comanche Program include Board Certified and Board eligible specialists. All faculty members are eminently qualified to instruct and evaluate the residents in their assigned specialty. The Army sets high standards for its residency program mentors, requiring each individual to possess strong clinical and educational qualifications and to show a firm commitment and dedication to post-doctoral education.

The Program Director devotes 100% of her time to resident training. The Assistant Director devotes at least 50% of his time to training residents; other mentors devote a significant amount of both on-and off-duty time to the program. The assigned staff is augmented by periodic visits from a distinguished group of civilian and military consultants, each discussing current topics of interest and concern in a specific discipline of dentistry.

PROGRAM FACULTY STAFF

COL Ann Behrends, DC*	Commander, Fort Sill Dental Activity Dean, Comanche AEGD-12 Month Program
MAJ Michael A. Kroll, DC*	Program Director, Comprehensive Dentistry
MAJ Jillian Seglem, DC*	Assistant Program Director, Operative and Pediatric Dentistry
CPT Joshua Williams, DC	Endodontics
MAJ Joshua Rockwood, DC*	Prosthodontics
CPT Griffin Sonstegard, DC	Oral and Maxillofacial Surgery
LTC Adam Lincicum, DC*	Periodontics

* - Diplomate American Specialty Board

+ - "A" Proficiency Designator

RESPONSIBILITIES OF THE PROGRAM DIRECTOR

The Program Director is responsible to the Commander, United States Army Dental Activity, Fort Sill Oklahoma, for the conduct of the program. Her duties include:

1. Maintaining responsibility for the effective operation of the program on a day-to-day basis and providing direct and close supervision over all aspects of the educational program.
2. Developing, implementing, and refining the program in an efficient manner.
3. Maintaining an ongoing evaluation of program content in an efficient manner.
4. Maintaining adequate administrative records relative to the program. These records provide documentation of the clinical and administrative components of the program, and include all records needed to provide a comprehensive description of the program.
5. Coordinating the resident's clinical and didactic activities so as to provide a balanced, well rounded, and effective educational experience.
6. Supervising some of the resident's clinical activities and participating actively in the didactic program.

RESPONSIBILITIES OF THE FACULTY MEMBERS (MENTORS)

Faculty members for the Comanche AEGD-12 Month Program are specifically assigned to participate as program mentors and are Diplomats of their approved American Specialty Board, or educationally eligible for Board Certification. In addition to having the appropriate educational credentials, all of the faculty possess strong clinical skills and are highly responsive to the educational needs of the recent graduates.

Each member must be fully aware of the Philosophy and Goals and Objectives of the Advanced Educational General Dentistry Program. He/she is expected to:

1. Provide clinical supervision for residents, guiding them through all phases of treatment from patient evaluation and treatment planning, to the timely delivery of care, and the resolution of postoperative evaluations, observations and/or complications.
2. Review and revise, when necessary, the goals and objectives for their teaching plans on an annual basis, then propose these changes to the Director.
3. Attend and participate in Implant Boards, Patient Care Conferences, Treatment Planning Conference presentations, and for visiting consultants.

4. Thoroughly review the dental record of patients assigned to the residents to assure their accuracy and completeness.
5. Evaluate each resident in his/her specialty area at the end of each month and report on the resident's progress to the Director at the weekly Dental Education Committee meetings. Written evaluations will be submitted to the Director on a quarterly basis, with more frequent evaluations as deemed necessary.
6. Lecture when scheduled, and inform the Director and Assistant Director of any necessary schedule changes.
7. Recommend changes to the Director for evaluation and implementation that will improve their area of clinical and didactic training and the program's ability to achieve stated goals and objectives.
8. Assign articles relative to his/her specialty to residents to read and discuss at scheduled lecture times.
9. If selected by a resident as his/her advisor for scientific paper, lecture or table clinic, work with and ensure that the resident completes the project on time.
10. Participate in scheduled Dental Education Committee meetings, which are held weekly to review and assess the activities of the program and the progress of residents.

Specific faculty assignments in both didactic and clinical phases are published elsewhere.

TRAINING AND PERFORMANCE OUTCOMES: COMPETENCY STANDARDS

The Comanche AEGD-12 Month Program strives to train and produce program graduates possessing a specific level of clinical capability and versatility and displaying a specific level of professional knowledge. This desired outcome enhances the graduate's capabilities beyond that of a dental school graduate, and by the skill and knowledge this individual possesses qualifies him/her for the SSI designator of "63A9D" upon the successful completion of training.

To achieve this training objective, the program utilizes a Competency based training philosophy. To graduate, the resident must successfully achieve all of the program's individual tasks and related subtasks as contained within the "Competencies" statement. Successful achievement is defined as a demonstrated and documented display of the requisite level of professional skill, knowledge, and consistency necessary to perform the stated task and related subtasks to standard. Success also implies that the resident performs the requisite number of tasks and subtasks to standard, without the direct assistance of the evaluating mentor or a member of the program staff. The protocol and procedure followed by resident and staff alike in demonstrating and documenting resident performance in all tasks and related subtasks is specialty department specific and will vary.

Level of Professional Skill

The requisite level of professional skill, knowledge and consistency necessary to meet the standard of any particular "Competency" statement, which indirectly certifies the capability of the graduate resident to perform that task and related subtasks to standard, varies between individual statements. The variance is directly related to the scope of training and the baseline capabilities expected of an AEGD-12 graduate. For example, statements and the associated performance outcomes defined by the terms "perform", "provide", "diagnose", "restore", or "treat" are tasks which the graduate will routinely perform to standard in the scope of his/her normal duties. The performance expectations on those tasks are high. Performance outcomes defined by the term "manage" or "recognize" generally imply that the resident will understand critical factors impacting upon a specific task, will understand the mechanism of how the task is typically accomplished to standard, and will understand how to coordinate the outcome of the task to standard. In a clinical situation, this is usually an appropriate patient referral.

Likewise, categorization of a performance outcome as a competency or proficiency implies differing standards of performance. *Competency* implies a level of performance that incorporates an understanding, skill and appropriate values to acceptable levels of speed and accuracy in performing that task and sub-related tasks to standard. The level of performance associated with and expected of competency is not at the highest possible level of efficiency.

The resident's attainment of these goals, known as the program's Competency Statements, serve as the benchmark for the resident, teaching staff, and gaining commands to know that the resident possesses the skills and knowledge expected of an

AEGD-12 Month Program graduate, and will perform as such after graduation in a new environment.

Documentation

A documented, successful resident training outcome, defined as the resident's successful and fully documented attainment of each of the program's listed performance outcomes or outcome statements, is a mandatory prerequisite for graduation from the program.

Proper, comprehensive documentation is critical to an Outcome Based training program. To minimize paperwork, while effectively and comprehensively maintaining documentation on a resident's performance, progress and attainment of specific performance outcomes, the program delegates the establishment of specific guidelines, policies and procedures pertaining to documentation to the individual departments. Policies and procedures governing the tasks and activities to be witnessed, protocol followed in witnessing, measuring and documenting performance on particular tasks and subtask and the qualitative and quantitative standards signifying acceptable rates of progress and attainment of each Competency statement are set by the individual department. Established policies and procedures pertaining to the process of witnessing and documenting resident performance will possess sufficient flexibility to allow the high achiever as well as the lesser but acceptable achiever to adequately document performance while still enjoying a diverse, treatment oriented residency experience.

Documentation must be sufficiently detailed to communicate the specifics pertaining to performance, both good and bad, to resident and outsider alike. Both parties should understand the level of progress associated with the measured performance and where it relates to attaining the overall performance standard associated with it. Additionally, each department will supplement the performance documentation with supportive, honest feedback and insightful assessments of the resident's overall performance.

Whenever possible, all documentation will be in an electronic format, with the goal of making the Residency program as "paperless" as possible. All evaluation forms and reports are available in electronic format, residents and mentors alike are encouraged to suggest changes in these forms as needed, and develop electronic forms for their own areas.

FORT SILL COMANCHE AEGD-12 MONTH PROGRAM COMPETENCY STATEMENTS

Definitions:

(E) Exposed – Implies the resident has participated in, assisted with or watched this activity.

(C) Competent – The level of knowledge, skills, and values required by residents to perform independently an aspect of dental practice after completing the program.

(M) Manage—Coordinate the delivery of care using a patient-focused approach within the scope of their training. Patient-focused care should include concepts related to the patient's social, cultural, behavioral, economic, medical and physical status.

N/A – Not observed.

Comanche AEGD-12 residents will perform the following tasks during their training year.

Patient Assessment and Diagnosis:

1. Obtain and interpret the patient's chief complaint, medical, dental, cultural background, expectations and social history and review of systems. (C)
2. Perform a limited history and physical evaluation and collect other data in order to establish a risk assessment for dental treatment and use that risk assessment in the development of a dental treatment plan. (C)
3. Select and use appropriate diagnosis measures and assessment techniques to arrive at a differential, provisional, and definitive diagnosis for patients with complex needs. (C)
4. Obtain and interpret clinical, radiographic, and additional diagnostic information from other dental professionals and health care providers. (C)

Planning and Providing Comprehensive Multidisciplinary Oral Health Care:

5. Integrate multiple disciplines into individualized, comprehensive, sequenced, treatment plan using diagnostic and prognostic information for patients with complex needs. (C)
6. Modify the treatment plan, if indicated, based on observed therapeutic outcomes, unexpected circumstances or patient's changing needs. (C)
7. Function as a patient's primary and comprehensive multidisciplinary oral health care provider. (C)

8. Work with patients in a manner that is professional, builds rapport and confidence, respects the patient's rights and dignity, and maximizes patient satisfaction with dental care. (C)
9. Provide patient care by working effectively with allied dental personnel, including performing four-handed dentistry. (C)
10. Treat patients efficiently in a dental practice setting. (C)
11. Provide dental care as part of a professional health care provider team such as that found in a hospital or military community health care environment. (C)
12. Maintain a patient record system that facilitates the retrieval and analysis of the outcomes of patient treatment. (C)
13. Evaluate and use the scientific literature in making professional, evidenced-based decisions. (C)
14. Use information technology in dental practice. (C)
15. Use and implement accepted sterilization, disinfection, and universal precautions and occupational hazard prevention procedures in the practice of dentistry. (C)
16. Practice and promote ethical principles in the practice of dentistry and in relationships with patients, personnel, and colleagues. (C)

Obtaining Informed Consent:

17. Explain and discuss with patients and/or the parents/guardians of patients your clinical findings, diagnoses, treatment options, realistic treatment expectations, patient responsibilities, time requirements, and sequence of treatment in order to establish a therapeutic alliance between the patient and care provider. (C)

Promoting Oral and Systemic and Disease Prevention:

18. Participate in community/military programs to prevent and reduce the incidence of oral disease. (C)
19. Use accepted prevention strategies such as oral hygiene instruction, nutritional education, and pharmacologic intervention to help patients maintain and improve their oral and systemic health. (C)

Sedation, Pain and Anxiety Control:

20. Use pharmacologic agents appropriately in the treatment of dental patients. (C)
21. Provide control of pain and anxiety in the conscious patient through use of behavior management, local anesthesia and oral and nitrous oxide conscious sedation. (C)
22. Provide control of pain and anxiety in the conscious patient through the use of moderate conscious sedation techniques. (E)
23. Document the use of pharmacologic agents during oral or nitrous oxide sedations. (C)

Restoration of Teeth:

- 24. Restore single teeth with a variety of materials and methods. (C)
- 25. Place restorations and perform techniques to enhance a patient's facial esthetics. (C)
- 26. Restore endodontically treated teeth. (C)

Restoration of Teeth Using Fixed and Removable Appliances:

- 27. Treat patients with missing teeth requiring removable restorations. (C)
- 28. Treat patients with missing teeth requiring uncomplicated fixed restorations. (C)
- 29. Communicate case design with laboratory technicians and evaluate the resulting prostheses. (C)
- 30. Manage uncomplicated endosseous implant restorations. (C)

Periodontal Therapy:

- 31. Diagnose and treat early to moderate periodontal disease using surgical and non-surgical procedures. (C)
- 32. Manage advanced periodontal disease. (M)
- 33. Evaluate the results of periodontal treatment; establish and monitor an appropriate periodontal maintenance interval. (C)
- 34. Treat compromised biologic width/insufficient clinical crown height with crown lengthening procedures. (C)
- 35. Diagnose and treat simple mucogingival deformities using autogenous grafts. (C)
- 36. Manage extraction sites using ridge preservation techniques with autogenous grafts, allografts, or xenografts. (C)

Pulpal Therapy:

- 37. Diagnose and treat pain of pulpal origin. (C)
- 38. Perform uncomplicated non-surgical endodontic therapy on single and multi-rooted teeth using a variety of techniques and materials. (C)
- 39. Perform uncomplicated non-surgical posterior endodontic therapy. (C)
- 40. Manage pre- and post-treatment endodontic emergencies and complications. (C)

Hard and Soft Tissue Surgery:

- 41. Perform surgical and non-surgical extractions of erupted teeth. (C)
- 42. Perform uncomplicated soft tissue impacted third molar extractions. (C)
- 43. Perform extractions of partial and full bony impacted third molars. (E)
- 44. Perform uncomplicated pre-prosthetic surgery including placement of implants. (E)
- 45. Perform biopsies of oral tissues. (C)
- 46. Treat patients with complications related to intraoral surgical procedures. (C)

Treatment of Dental and Medical Emergencies:

- 47. Treat patients with intraoral dental emergencies and infections (C)
- 48. Anticipate, diagnose, and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment. (C)
- 49. Treat intraoral hard and soft tissue lesions of traumatic origin. (C)
- 50. Recognize and manage facial pain of TMJ origin. (C)

Medical Risk Assessment:

- 51. Manage and provide care for the medically compromised patient. (C)

Development as an Army Officer:

- 52. Maintain proper physical fitness and conform to the Army Height and Weight Standards. (C)
- 53. Develop basic Soldier skills. (C)
- 54. Maintain proper standards of uniform wear and military bearing. (C)
- 55. Maintain records and workload accounting skills to standard. (C)
- 56. Provide after-hours care as the Dental Officer of the Day (DOD). (C)
- 57. Participate in organized dentistry. (C)

SPECIALTY SERVICE PROTOCOLS

RESTORATIVE AND COMPREHENSIVE DENTISTRY

General:

The comprehensive dentistry portion of the Residency is designed to increase the resident's abilities to diagnose and treat restorative conditions of varying complexities, as well as to familiarize him or her with concepts of treatment planning and patient care coordination. Additionally, training will focus on enhancing the resident's skills in accomplishing complex restorative techniques using state of the art materials.

The resident will have selected patients assigned to his/her care requiring multidisciplinary treatment. In concert with other specialty departments and their comprehensive care coordinator, the resident will develop a viable treatment plan that addresses the patient's needs and concerns. Once formulated, the resident will assume responsibility for coordinating or delivering treatment to the patient in a timely manner, performing those procedures which he/she can competently render, and referring those they cannot to the appropriate specialist. The process should allow the resident to develop his/her personal philosophy for general practice and for comprehensive patient care.

Clinical Objectives:

1. To develop the resident's diagnostic and treatment skills and develop experience in the treatment of primary, recurrent and rampant caries.
2. To develop the resident's skills in rendering complex restorative care to include esthetic restorations.
3. To develop a high degree of resident proficiency in the utilization of time and resources, to include the activities of dental assistants and expanded duty dental assistants and the management of his/her appointment book.
4. To improve the resident's skills in dental photography and the taking of intraoral radiographs.
5. To aid the resident in developing a philosophy for preventive dentistry practices.
6. To develop a high degree of skill and proficiency in comprehensive treatment planning and to develop the ability to confidently and competently document, articulate, and defend the selected treatment modality(s) against other professionally formulated alternatives.

7. To develop a high degree of proficiency in the proper selection, manipulation, and placement of restorative materials, and the application of vital bleaching agents.

Didactic Objectives:

1. To aid the resident in developing a total patient care philosophy for the practice of comprehensive dentistry.
2. To develop a strong didactic knowledge of the restorative materials commonly utilized during patient care.
3. To develop a strong and flexible reasoning process used to formulate primary and alternative forms of treatment for the patient.
4. To develop the resident's abilities to diagnose and document the patient's treatment needs and oral health condition to include the use of dental photography.
5. To provide practical experience in improving the resident's managerial skills over ancillary personnel and over his/her appointment book.
6. To aid the resident in planning and rendering treatment to medically compromised and geriatric patients.
7. To encourage the resident to develop an appreciation for the dental literature and for continuing dental education.

Clinical Assignments/Experiences in Achieving Objectives:

Supervised clinical instruction in the Comprehensive Care and the Sick Call sections of Cowan Clinic will provide the resident experience in the processes associated with examination, review of systems, and the consideration of appropriate treatment precautions, treatment planning, and definitive treatment. Additionally, the resident will gain practical experience in the management of his/her appointment book and assigned ancillary(s), and will gain experience in intraoral photographic and diagnostic gathering skills.

Didactic Activities to Achieve Objectives:

The lecture, seminars, literature review, and treatment planning conference will cover the following topics:

1. Treatment Planning/Patient Care Coordination/Appropriate Patient Referral
2. Current Literature Reviews

3. Current Concepts of Cariology: Etiology, progression, prevention and treatment options
4. Principles of Direct Restoration Preparation Design
5. Amalgams
6. Composites
7. Glass Ionomers
8. Vital Bleaching Agents
9. Modern Liner Selection Principles/Dentin Bonding
10. Restoration of the Endodontically Treated Tooth
11. Indirect Restorations
12. Alternative Restorative Material and Techniques
13. CAD/CAM restorations and appropriate materials

ACUTE CARE ROTATION

General:

The acute care rotation of the Residency program is designed to increase the resident's abilities in diagnosing and treating a number of unique and common complaints found in dental patients reporting for emergency dental treatment. Emphasis is placed upon teaching the residents treatment techniques which alleviate the patient's chief complaint in as efficient a manner as possible, and appointing the patient for definitive, follow-up care as appropriate. Additionally, each resident will gain experience in providing dental examinations to a large group of patients under high volume conditions and will gain treatment experience in rendering dental care to quickly and efficiently alleviate multiple Dental Readiness Class (DRC) 3 dental conditions in patients.

Additionally, the resident will rotate and gain experience in the treatment of dental patients in an after-hour setting. The resident will serve as the Emergency after-hours Dentist of the Day (DOD) on multiple occasions over the course of Residency training. The duration and hours of call for DOD assignments will be provided throughout the year.

Clinical Objectives:

1. To provide the resident numerous experience and develop a high degree of clinical proficiency in the diagnosis and treatment of common dental emergencies; to develop an awareness of his/her professional strengths and limitations in treating these conditions; to determine when he/she needs to refer the patient for appropriate specialty care.
2. To develop a thorough understanding of acquiring and interpreting a thorough and accurate medical history.

3. To increase the resident's understanding of the effects of systemic disease and pharmacologic agents on the administration of dental treatment.
4. To train the resident in the use of pertinent diagnostic modalities needed to render effective diagnostic services which meet dentistry's current standard of care.
5. To train the resident in the principles of dental readiness as outlined in AR 40-35 and AR 600-8-101 and his/her role in rendering treatment that enhances the dental readiness.

Didactic Objectives:

1. To aid the resident in developing a philosophy of rendering emergency dental care which is consistent with the principles of sound dental practices and the existing standard of care.
2. To train the resident in the administrative and regulatory factors associated with rendering emergency dental care and achieving Soldier dental readiness as outlined in AR 40-35 and AR 600-8-101.
3. To develop a strong and flexible reasoning process used to formulate multiple treatment alternatives in alleviating dental conditions associated with dental emergencies as well as dental non-deployability, and to choose the best alternative.

Clinical Assignment/Experiences to Achieve Objectives:

Supervised clinical rotations through Sick Call at Cowan Dental Clinic will constitute the bulk of training to achieve these clinical objectives. After hours dental emergency care supervision is available by consultation with the appropriate dental or medical specialist.

The AEGD-12 resident is expected to effectively utilize all available specialty resources whenever necessary or appropriate, providing the consulting provider with all appropriate and necessary patient diagnostic data. Lack of knowledge or experience in a procedure or condition is not a legitimate excuse for a poor treatment outcome.

Didactic Activities to Achieve Objectives:

Due to the broad scope of conditions which precipitate dental emergencies and the treatment of dentally non-deployable patients, the predominant portion of the acute didactic phase will be presented in each of the traditional specialty areas. Specific guidance for the treatment of a particular condition will be covered in the acute care phase of the clinic rotations.

However, a familiarization lecture/brief will be provided to each resident during the orientation phase of the Residency. This brief will focus upon specific administrative

information and useful tips regarding aspects associated with the acute dental care phase of the residency.

ENDODONTICS

General:

The endodontic portion of the Residency will provide the resident with experience in treatment of teeth with diseases of the pulp and periapical tissues. The resident will be expected to develop proficiency in evaluation, diagnosis, and case selection; to learn techniques of non-surgical and limited surgical endodontic therapy; and to develop competence in the management of endodontic emergencies. The role of endodontics in the general practice of dentistry will be emphasized and reinforced through consultation with other dental specialties.

Clinical Objectives:

1. To integrate and correlate subjective and objective signs and symptoms so as to successfully diagnose and treat diseases of the pulp and periapical tissues.
2. To expose the resident to a variety of endodontic problems involving both surgical and non-surgical management.
3. To develop skill in diagnosis and treatment of endodontic emergencies.
4. To be able to judiciously administer drugs for the control of pain and infection.

Didactic Objectives:

1. Lecture format: to provide the resident with the knowledge to understand, diagnose and treat diseases of the pulp and the periapical tissues.
2. Seminar format: to discuss reading assignments and areas not covered in the lectures, clinical case presentations, and laboratory exercises.

Clinical Assignments/Experience to Achieve Objectives:

1. Endodontic evaluation and diagnosis via clinical and radiographic examination, and the proper use of endodontic diagnostic tests.
2. Indications for pulp capping, pulpotomy, and pulpectomy.

3. Cavity preparation, instrumentation and obturation of the radicular space.
4. Bleaching of endodontically treated teeth.
5. Exposure to periapical surgical techniques to include: apical curettage, root resection, root end filling, root amputation and hemisection.
6. The management of the fractured tooth with and without pulpal involvement.
7. The management of the pulpless tooth with incomplete root formation.
8. The management of endodontic emergencies.

Didactic Activities to Achieve Objectives:

The following topics will be covered in lectures, seminars, demonstrations, or laboratory courses:

1. Morphology/Hands on Workshops
2. Endodontic Diagnosis
3. Access
4. Endodontic Instrumentation
5. Irrigation and Intracanal Medicaments
6. Obturation
7. Effective Pulpal Anesthesia
8. Trauma
9. Endodontic Emergencies
10. Cracked Tooth Syndrome
11. Retreatment
12. Resorption
13. Endodontics versus Implants

Resident Patient Care Conferences:

All residents will present and review their cases treated in the endodontic service with the endodontic mentor on an individual basis. The goal of these reviews is to promote the resident's endodontic performance and progression through constructive critique and feedback of their case outcomes. This specifically reinforces positive diagnostic and treatment outcomes, while at the same time identifying suitable areas for the resident to focus his/her future efforts. The net result will be improved predictability, efficiency, and success in future endodontic treatment outcomes.

Literature Review:

1. As noted in the Teaching Plan Schedule, some of the topics will be covered by literature review only or a combination of literature review and a lecture. The literature for the assigned topic will include both "Classic" and "Current" literature relevant to the assigned topic.
2. All residents are expected to *read all* the assigned articles and be prepared to discuss them. Each resident will prepare abstracts of the articles specifically assigned to him/her and distribute copies of the articles and abstracts to the other residents and mentor prior to the start of the literature review session. During the session, he/she will give a short summary and critique of each study assigned and be ready to discuss specific details.

FIXED PROSTHODONTICS

General:

The fixed prosthodontics program is organized as a comprehensive course to enhance the resident's knowledge and skill in this discipline of dentistry. This will be accomplished through lectures, seminars, demonstrations, and supervised clinical experience with a variety of dental patients. The graduate resident will be better qualified to manage the diagnosis, treatment planning, treatment and referral of fixed prosthodontics in the overall concept of a general dentistry practice.

Clinical Objectives:

1. To increase competence in examination, diagnosis, and treatment planning for fixed prosthodontics.

2. To learn the proper armamentarium and technique for various types of tooth preparation with the greatest efficiency and minimal trauma to the tooth and soft tissue.
3. To learn the biomechanical principles of crown, retainer, and pontic design.
4. To make fixed prosthodontics impressions using a variety of impression materials.
5. To become proficient in provisionalization using resin and preformed crowns in order to maintain a healthy, comfortable, and stable environment for the teeth and soft tissue.
6. To become proficient in chairside shaping, staining, glazing, and polishing techniques for porcelain restorations.
7. To become familiar with gnathology and the use of articulators, face bows, and panographs.
8. To be knowledgeable of all types of dental materials used in fixed prosthodontics: luting agents, impression materials, metals, porcelains, dental stone, etc.
9. To become familiar with all phases of laboratory procedures so as to be able to perform these procedures and techniques as well as direct laboratory technicians in their use.

Didactic Objectives:

1. Lecture format: To cover all basic techniques and diagnostic concepts relating to fixed prosthodontics treatment.
2. Seminar format: To address special areas and diagnostic and clinical problems related to fixed prosthodontics through reading assignments and discussions

Clinical Assignments/Experiences to Achieve Objectives:

Chairside consultation and instruction will be provided during the treatment and management of a sufficient and varied selection of patients in the following areas:

1. Anterior and posterior single crowns
2. Simple and complex fixed partial dentures
3. Management of endodontically treated teeth
4. Interocclusal relationships
5. Gingival retraction and impression techniques
6. Electrosurgical techniques in fixed prosthodontics
7. Prosthetic crowns

Didactic Activities to Achieve Objectives:

The following topics will be addressed in lectures, seminars, and demonstrations:

1. Tooth preparations
2. Gingival retraction
3. Impression techniques in fixed prosthodontics
4. Interim restorations and techniques
5. Concepts of occlusion
6. Restoration of endodontically treated teeth
7. Porcelain laminates
8. Resin retained fixed partial dentures

REMOVABLE PROSTHODONTICS

General:

This component of the Fort Sill Comanche AEGD-12 Month Program is intended to provide the resident with a broad experience in complete and partial removable prosthodontics. Emphasis will be placed on preserving the remaining teeth and soft tissues as well as replacing the missing oral structures. The rotation will allow the resident sufficient time for post-insertion evaluation of completed cases.

Clinical Objectives:

1. To develop skills in diagnosis and treatment pertaining to the maintenance and restoration of oral function, comfort, appearance, and health of the patient by the replacement of missing teeth and contiguous tissue with removable substitutes.
2. To expand the residents' ability in patient evaluation to develop prosthetic skill and judgment and to qualify the resident for confident management of the various phases of routine removable prosthodontics.
3. To develop a philosophy and technique for patient education, plaque control, and preventive dentistry.
4. To develop and apply the basic sciences – anatomy, physiology and psychology – as well as physics and mechanics in removable prosthodontics.

Didactic Objective:

1. Lecture format: To provide an understanding of current concepts of theoretical, psychological, anatomical, physiological and technical factors involved in removable prosthodontics treatment.
2. Seminar format: To provide through reading assignments and discussion to address special areas of diagnosis and treatment in the discipline of removable prosthodontics.

Clinical Assignments/Experience to Achieve Objectives

Chairside consultations and instruction will be provided during the treatment of a sufficient selection of cases involving one or more of the areas listed below.

1. Patient evaluation, medical and dental history.
2. Diagnosis including hard and soft tissue examination, charting, diagnostic casts, jaw relationship, occlusion, and radiographs.
3. Treatment planning following consults with other specialty areas.
4. Patient education and plaque control.
5. Preparation of the hard and soft tissues for complete dentures, removable partial dentures, immediate dentures, and various over-dentures.
6. Impression techniques and materials.
7. Determining and recording jaw relationships and the use of face-bows.
8. Methods of tooth selection.
9. Use of the surveyor and the principles of removable partial denture design.
10. Occlusion and articulation in removable prosthodontics.
11. Laboratory Prescription writing.
12. Laboratory procedures to become familiar with all steps in the fabrication of removable prostheses.
13. Relationships with the Area Dental Laboratory (ADL) and local dental lab.
14. Use of surgical stints and splints.
15. Use of soft denture liners.

16. Delivery and post-delivery instructions, and careful follow-up with a scheduled patient recall.
17. Post-delivery remounting procedures.
18. Relines, rebases, and repairs.
19. Exposure to the treatment of myofascial and TMJ dysfunction.

Didactic Activities to Achieve Objectives

The following topics will be covered in lectures, seminars and demonstrations:

1. Anatomy and physiology relating to the denture patient.
2. Patient evaluation, diagnosis, prognosis, and treatment planning.
3. Fabrication of the stabilized base-plate.
4. Recording and verifying vertical dimension and centric relation.
5. Immediate dentures.
6. Methods for the selection of anterior teeth.
7. Oral hygiene and treatment of abused tissue.
8. Selection and arrangement of posterior teeth.
9. Over-dentures.
10. Processing of the denture base.
11. Impressions for maxillofacial prosthetics.
12. Theories of articulators.
13. Dental materials related to removable prosthetics.
14. Use of precision attachments for over-dentures.
15. Geriatrics and nutrition.
16. Myofascial and TMJ dysfunction, diagnosis, and treatment to include appliance therapy.

ORAL PATHOLOGY

General:

The purpose of the Oral Pathology portion of the program is to provide the general dentistry resident with an up-to-date and comprehensive review of accepted procedures for diagnosing and treating diseases of the oral cavity. Emphasis will be placed on the process of acquiring relevant information through history, physical examination, and laboratory testing to differentiate between a variety of possible diagnosis for any given oral condition. The goal is to increase the resident's confidence and competence at developing a valid, prioritized differential diagnosis for common oral and facial abnormalities. The emphasis will be placed on clinical differential diagnosis rather than histopathology. The program will include opportunities for the residents to practice their diagnosis acumen in the format of clinical pathologic conferences.

Learning Objectives:

1. To enhance the resident's skill at collecting and critically evaluating relevant information to generate a prioritized differential diagnosis.
2. To increase the resident's knowledge of the clinical presentation of both focal and systemic diseases as they manifest in the oral cavity.

Activities to Achieve the Objectives:

1. Consultant
2. Clinical Pathology Conferences
3. Patient care experiences incorporated into the oral surgery and acute care rotations and the treatment planning conferences

ORAL SURGERY

General:

The Oral and Maxillofacial Surgery component of the AEGD-12 Month Program is organized to increase the resident's competence and knowledge in both exodontia and minor, out-patient oral surgery procedures. He/she may be exposed to hospital inpatient dental care and major oral and maxillofacial surgery. The resident will be introduced to health care related automation. Each resident will treat patients assigned to his/her care at Reynolds Army Community Hospital (RACH) and Cowan Dental Clinic.

Clinical Objectives:

1. To expand the resident's abilities in examination, diagnosis, and management of the patient requiring oral surgery.
4. To expose the resident to the protocol, tests, and procedures associated in the diagnostic workup of medically compromised patients, to include consultation protocol with allied health care practitioners.
3. To develop the resident's surgical skills and to enhance his/her competence and confidence in minor oral surgical procedures.
4. To expose the resident to the methods associated with the diagnosis, treatment planning, and surgical techniques of major oral and maxillofacial cases to include the techniques of moderate intravenous sedation and airway management techniques.

Didactic Objectives:

In lecture, seminar and formats:

1. To expose the resident to the details of administration, to include surgical protocol, record management, charts, and orders.
2. To provide instruction in\ inter-service consultations.
3. To enhance the resident's competence and confidence in his/her surgical skills by supplemental reading assignments and literature/case reviews.

Clinical Assignments/Experience to Achieve Objectives:

Chairside consultation and instruction will be provided during the treatment of a large number and variety of outpatients and hospital inpatients to include:

1. Experience or exposure to all types of oral surgical procedures:
 - A. Simple and complicated extractions
 - B. Third molar surgery
 - C. Multiple extractions and alveoloplasty
 - D. Pre-prosthetic surgery
 - E. Soft tissue biopsy
 - F. Treatment of odontogenic infections and cellulitis
 - G. Management of soft tissue laceration.
4. Exposure to techniques of out-patient general anesthetic procedures and airway management, venipuncture and moderate sedation, and inhalation sedation using nitrous oxide
5. Performance of inpatient, minor oral surgery
6. Exposure to the protocol and technique of major oral and maxillofacial surgery, to include the management of open fracture reductions

Didactic Activities to Achieve Objectives:

Preplanned teaching sessions:

1. Techniques of obtaining, recording, and assessing patient medical histories
2. Evaluation of select medically compromised patients
3. Physical diagnosis of facial bone fractures
4. Management of soft tissue injuries

5. Antibiotics and management of infections
6. Management of medical emergencies in the dental office
7. Dental treatment of medically compromised patients
8. CHCS Training
9. Physical diagnosis, to include training in Advanced Trauma Life Support
10. Pain control through inhalation and moderate sedation
11. Exodontia, to include third molar surgery
12. Protocol and techniques of soft tissue biopsy

PERIODONTICS

General:

The Periodontics component of the Fort Sill Comanche AEGD-12 Month Program is designed to increase the resident's expertise in the diagnosis and treatment of acute and chronic periodontal disease. Emphasis is placed on the practical application of periodontal principles and therapeutics, as well as patient management. Maximum exposure to the diagnosis, treatment planning, and treatment of patients requiring comprehensive dental care is designed to integrate periodontics with other specialty disciplines in the successful completion of the patient's total treatment requirements by the general dentist.

Clinical Objectives:

1. To develop skills and expertise in the selection and management of periodontal patients, the diagnosis of their periodontal problems, and the sequential planning of their therapeutics.
2. To develop familiarity and skill with a variety of periodontal therapeutic techniques.
5. To develop a comprehensive care philosophy integrating periodontics and general dentistry, seeing the patient through his/her total treatment regimen from initial diagnosis, treatment planning, and treatment, to scheduling recall maintenance.

Didactic Objectives:

1. To provide an exposure to the scientific basis of the practice of periodontics.
2. To develop skill in the review and critical assessment of professional articles.
3. To stimulate inquisitiveness and to develop an interest in the continued study of current periodontal literature.

Clinical Experience to Achieve Objectives:

Chair-side consultation and instruction will be provided during the treatment of a sufficient selection of cases involving one or more of the areas:

1. Diagnosis, treatment planning, documentation, and case presentation.
2. Developing individualized plaque control programs.
3. Techniques of assessing patient response to treatment during therapy.
6. Management of acute periodontal lesions.
5. Surgical therapeutics in the treatment of inflammatory periodontal disease, gingival augmentation and the repair of gingival defects, and in the support of the total treatment plan to include; ridge augmentation and reductions, therapeutic extraction, biopsies, crown lengthening procedures, and attachment regeneration procedures.
6. Clinical photography as related to the diagnosis and treatment of periodontal disease.

Didactic Activities to Achieve Objectives:

The following topics will be covered in lectures, seminars and demonstrations.

1. Intraoral photography
2. Therapeutic success
3. Pathogenesis of periodontal disease
4. Signs and symptoms of periodontal disease
5. Incision design and flap elevation

6. Gingival augmentation
7. Periodontal/restorative and periodontal/prosthetic considerations
8. Diagnosis and treatment of furcation involvement
9. Wound healing
10. Department literature reviews/seminars

ORTHODONTICS

General

The Fort Sill Comanche AEGD-12 Month Program currently provides formal training only on limited orthodontic therapy, as the DENTAC does not have an orthodontist on staff.

Learning Objectives:

1. To enhance the residents ability to take and read cephalometric analysis for orthodontic purposes.
2. To enhance residents knowledge of basic tooth movement

Clinical Objectives:

1. Diagnosis, treatment planning, documentation, and case presentation of limited orthodontic treatment
2. Proper bracket placement and wire sequencing for limited orthodontic treatment

PEDIATRIC DENTISTRY

General

The Fort Sill Comanche AEGD-12 Month Program started a Pediatric Dentistry Rotation at the Lawton Indian Hospital. Residents will rotate for 4-days with an optional second 4 day rotation particularly for residents that may be stationed overseas after graduation (as they are more likely to see pediatric patients). The proposed training will be mostly clinically-based and will not have a formal didactic component. Residents may be asked to review basic procedures in a variety of available pediatric dentistry textbooks. During rotations, residents will receive clinical experience related to patient assessment, diagnosis, pulp therapy, stainless steel crown preparation and placement, space maintenance, and oral surgery (limited to simple extractions).

RESIDENT LECTURES

During the course of training, the resident will attend approximately 250 hours of high quality lecture presentations from a variety of clinicians over the entire spectrum of dentistry. Throughout these presentations, the ease and polish displayed by the experienced speakers chosen by the program can mislead the resident to underestimate the effort, research and time expended by the speaker, to produce a mere hour of lecture. It's not as easy as it looks!

To develop the resident's appreciation of the expertise, time, and dedication required to produce a professional quality lecture, and to develop the resident's oral communicational skills and professional knowledge, the resident will formulate and present a 45 minute lecture on a self-selected topic within an assigned dental discipline. ***Lecture topic selection is due to your assigned Mentor NTL 23 SEPT 2019.*** Residents will meet at least monthly with their assigned mentor to review the progression of their lecture. The resident will also be required to develop a multipage, detailed handout in outline format with references. ***The lecture will be presented by the designated resident and will be evaluated by the AEGD mentors for content, polish, and accuracy on 21 FEB 2020. Residents will deliver this lecture to members of the DENTAC on 5 or 12 MAR 2020.***

Residents should avoid procrastinating in completing their lecture projects. The extensive research through numerous references, the formulation and approval of an acceptable group of title slides, the organization of one's thoughts and slides, into an organized and informative presentation, along with the development of a multipage, detailed handout in outline form (with references). Residents unprepared to present on their appointed date will most assuredly fail to fulfill the standard of this mandatory training requirement. Resident should seek the assistance of their sponsoring mentor throughout the process of researching and preparing the contents of their lecture, and selecting their visual aids.

Department	Mentor
1. Periodontics	LTC Lincicum
2. Medical Emergencies, Medically Compromised, OMS	CPT Sonstegard
3. Esthetics, CAD/CAM, Dental Materials	MAJ Kroll
4. Prosthodontics	MAJ Rockwood
5. Operative, Pedo, Preventive Dentistry	MAJ Seglem
6. Endodontics	CPT Williams

TREATMENT PLANNING CONFERENCES

The ultimate goal of dentistry is to restore a patient's mouth to an optimum state of function, comfort and esthetics while preserving all remaining, viable oral tissue. A comprehensive examination is essential to identify health, detect and identify the presence of disease, and assess and provide for the complete dental treatment needs of the patient. Correlation of diagnosis data obtained during the examination to the patient's desires and the availability of treatment resources defines the goal of effective treatment planning -- the restoration of a patient's mouth to a more optimum state of health.

The primary objective of the Fort Sill, Comanche AEGD-12 Month Program is to train the resident in the formulation and execution of viable treatment plans on complex, multi-disciplinary cases. The resident will learn an acceptable method of performing a comprehensive dental examination on complex, multi-disciplinary cases and develop a predictable treatment plan for the patient. Once identifying all pertinent, pre-existing pathology or problems and developing a comprehensive problem list, the resident will properly select and sequence the most appropriate treatment modalities for that case from the wide array of available alternatives. The proposed treatment will alleviate all identifiable and correctable conditions while fulfilling the patient's treatment expectations (when possible). The residents should also consider how medical and dental histories may modify future dental treatment.

Treatment Planning Conference will be conducted at the end of the year. A case will be posted and the resident will come up with a proposed TX plan and detailed rational for their described treatment.

COMPREHENSIVE CARE PATIENTS

Each resident will assume primary care responsibilities for patients encountered within the various specialty departments requiring multidisciplinary treatment in two or more of the traditional dental specialties or disciplines, i.e., a periodontal patient requiring endodontic and restorative therapy. These patients, defined as “Comprehensive Care Patients”, provide the resident an opportunity to develop and display their capability to render or manage continuous dental care on patients requiring multi-disciplinary care. Rather than rendering episodic dental treatment on individual patients with simplistic treatment needs as in dental school, the successful diagnosis, management and/or treatment of complex patient cases from start to finish is a *critical performance outcome* required of the program graduate.

It is in the resident’s best interest to assume the primary care responsibilities for as many Comprehensive Care patients as he/she can effectively manage. Proper documentation of a resident’s active and complete comprehensive care patients is required for the resident to receive proper credit for managing their care.

The specific procedure for documenting a comprehensive case follows:

- The resident will perform all indicated tests and diagnostic procedures for the patient and document the findings in the patient’s dental record.
- Treatment Planning Form DA 3984 will be completed for that patient, outlining the Resident’s plan to treat that particular patient’s problems.
- Prior to rendering definitive, non-emergent dental care on that patient, the resident will present their plan to the Program Director/Assistant Director for their approval. It is expected that the resident will have previously discussed any specialty care required with the appropriate specialty mentor.
- The Program Director/Assistant Director will document their approval of the plan by signing and dating the completed DA Form 3984.

The resident will need two copies of the approved and signed DA Form 3984; one copy will remain in the patient’s record, and one copy will be filed in the resident’s notebook. Once approved, the resident will be evaluated on their efforts and expected to deliver timely and appropriate care on that patient, and to submit all requested and required status reports on the patient’s treatment to the Program Director/Assistant Director in a timely manner.

Upon completing all indicated treatment, the resident will review the completed case with the Program Director/Assistant Director. Any available documentation should be retained in the resident notebook.

The ADA mandates total compliance and strict adherence to the principles of continuity of care in an AEGD-12 Month Program. *Residents who fail to demonstrate the appropriate degree of skill and attention to detail necessary to ensure continuity of care for their assigned patients are technically guilty of patient abandonment, and fail to fulfill a critical performance outcome of training.* Residents must follow their patients closely, and should plan on appointing these patients no longer than every two weeks. It is the resident’s responsibility to complete care and compile a status report on the progression of treatment for each Comprehensive Care patient

assigned to them, and submit and end-of-the-year status report on these patients prior to graduation.

Residents will have designated “Comprehensive Care” time as part of their clinical rotations. Residents will use these times to treat their comprehensive patients as much as possible. When no other time is available during Comprehensive Care time, time may be used in the other specialty departments to accommodate the appointment of a resident’s comprehensive care patients. *In order to use this time, the resident must obtain permission from the appropriate mentor well in advance.* Additionally, the resident must coordinate in advance with the specific department mentor for use of the necessary chair space within their section, if it is needed, and for receipt of the necessary supervision to perform that treatment within that department. Residents are required to ensure that their Comprehensive clinical schedule is fully booked and utilized, and will be, evaluated on their ability to do so.

The resident’s abilities and performance in rendering comprehensive care on his/her assigned patients will be evaluated both qualitatively and quantitatively during the monthly resident evaluations, and at the end of the program. Satisfactory fulfillment of the comprehensive care performance outcome is a prerequisite for successful completion of the program.

LITERATURE REVIEWS

In keeping with the program’s emphasis on the dental literature and continuing dental education, literature reviews are an important training adjunct in the Comanche AEGD-12 Month Program. The purpose of literature reviews, in addition to emphasizing the value of the dental literature, includes:

1. Requiring the resident to critically evaluate scientific articles, not simply accept them and their results at face value.
2. Requiring the resident to summarize the pertinent information from an article into clear and concise abstracts.
3. Requiring the resident to give oral presentations to improve their public speaking skills.

Thousands of articles are published each year in dental periodicals. Many are well written, solidly supported with laboratory and/or clinical research, conveying ideas, techniques or product evaluations which enhance one’s practice of dentistry and the care received by one’s patients. However, many other articles are poorly written, lack substantiating research, mislead the reader, and have little, if any, value as a piece of scientific literature, the fact that an article has been published *does not* validate its results, conclusions and practical application to dentistry. The resident should evaluate such things as: control groups, examiner bias, source of monetary grants to the researcher, cost effectiveness of the procedure or materials, bibliography, publishing journal and other pertinent data. Consideration of these factors will enable the resident to make an objective assessment of the article.

Residents will be required to present literature reviews throughout the duration of the year. Articles will be assigned by the Program Director and mentors in each specialty department. Residents are expected to read all assigned articles and be prepared to discuss them during didactic sessions. The resident should study the contents of the assigned article, evaluate the article and its conclusions for validity, and be able to summarize the contents. Mentors will assign one current or classic lit article per lecture. Additional articles may be available and residents are encouraged to read these articles as well. Articles will be posted on the K Drive in the “Mentor Lectures and Articles” folder.

PATIENT CARE CONFERENCE

As an outcomes assessment measure and as a learning tool, the individual case review has no effective equivalent. Participants learn first-hand of different treatment strategies employed by fellow residents and staff to treat unique or difficult cases as portrayed in the presentation of a real life clinical case. Participants learn the many perplexing, complicated, or compromised cases that they may encounter in the future and what they may do to achieve an acceptable outcome in these cases. Residents and staff alike analyze, evaluate, and critique the implemented methods as described, then propose and justify alternative methods or strategies applicable to the presented case.

Throughout the year, each resident will present several cases to fellow residents, mentors, and the Program Director and Assistant Director for analysis and critique during monthly Patient Care Conferences or during other scheduled or unscheduled case reviews as directed by the Program Director or Assistant Director. The resident will provide the case history complete with appropriate intraoral diagnostic findings, radiographs, casts, and clinical pictures, if appropriate.

ANXIOLYSIS SEDATION COURSE

A patient's fear of dentistry is a daily problem which all dentists encounter sooner or later. Despite the introduction and widespread use of safer, more effective and more reliable local anesthetics, sharper disposable needles and the advent of high speed handpieces, many patients are still afraid of dental treatment. Fortunately, the dentist now has an array of techniques for the control of pain and anxiety: Inhalation analgesia, oral sedation, or a combination of both can be of significant benefit.

Army Dental Corps policy requires all dentists to take a formal course in sedation, and demonstrate a requisite level of knowledge and proficiency prior to being credentialed in its use. The anxiolysis sedation course gets the resident started on the certification process. It includes instruction in patient evaluation, respiratory physiology, central nervous system involvement in respiration, and supervised clinical instruction. After this training, the resident will treat patients utilizing nitrous oxide, oral sedation, and a combination of both, under the supervision of a credentialed dentist. Residents may utilize nitrous oxide on any rotation under the supervision of mentor trained and credentialed in its use.

LIBRARY

Numerous resources are located in the Residency Secretary's office which are current, convenient, and comprehensive sources to the many typical and advanced dental procedures and techniques, questions and scenarios encountered by the resident. Residents also have access to the Army Virtual Library, which is an increasingly valuable resource. All the software and peripherals necessary for assembling a presentation, self-learning, and other communications are available. The Residents should also remember that most of the mentors have their own library of reference materials that they are usually willing to share.

A full-service medical library is located in Reynolds Army Community Hospital (RACH). Library holdings include a diversified collection of current medical, dental and other related reference books and videotapes. Current and back issues of the major dental periodicals are available for resident and staff reference information retrieval service and interlibrary loans are available. Information and instruction concerning the use of the valuable resources can be obtained from the librarian.

INTRAORAL PHOTOGRAPHY

Intraoral photography is an essential and integral component of any post-graduate training program in dentistry. Photographic documentation of patient treatment experiences during the residency provides a valuable record of the resident's educational experience, and serves as a useful, future reference source. Most importantly, the photographic slide is recognized as the ultimate audiovisual aid used in delivering effective patient education, teaching, and communication with colleagues. All patients that are photographed must fill out a consent form.

High quality dental photographs do not just happen. They are produced when the dentist combines adequate knowledge, good technique, and the proper photographic equipment. Digital intraoral cameras will be checked-out to the residents during their training. Residents are encouraged to purchase their own intraoral photography system upon graduation from the Residency. The Program Director/Assistant Director is available to give advice on the selection and purchased of the appropriate equipment. Residents will receive instruction on intraoral photographic techniques during Orientation. *Residents are expected to photograph each patient treatment encounter, unless otherwise directed by the supervising mentor.*

PROFESSIONAL SOCIETIES

Active membership in professional societies is encourage and believed essential to the maintenance of high professional standards. The American Dental Association and the Academy of General Dentistry are regarded as the appropriate organizations for the general practitioner. These organizations strive to advance the art and science of dentistry through continuing education. They also promote the stature of the dental profession and encourage the public to seek better oral health while protecting the public's interest.

Both organizations offer student memberships at substantial reductions to the standard professional dues. Additionally, the Academy of General Dentistry grants 150 hours of continuing education credit to dentists successfully completing an AEGD-12 Month Residency Program.

DENTAL OFFICER OF THE DAY

General

The “Dental Officer of the Day” (DOD) is the DENTAC Commander’s designated representative to provide sick-call/emergency dental treatment outside of normal clinic hours (nights, weekends and holidays). The “Charge of Quarters” (CQ) is an enlisted person assigned as the administrative assistant and chairside dental assistant for the DOD. Although DOD duty at Fort Sill is usually light, ***do not*** get lulled into a false sense of security. This is serious business and DOD is one of the few areas where an Officer can get him/herself into a lot of trouble in a hurry. As the DENTAC Commander’s designated representative, you must be available to take emergency calls, be courteous and professional when seeing patients, and provide the appropriate treatment for the patient.

Tour of Duty

The DOD roster will be published at various intervals as released by the DOD OIC. A separate schedule will be published for holiday times. The DOD/CQ roster will be emailed to each resident and will also be posted at each of the dental clinics and at Reynolds Army Community Hospital (RACH), Urgent Care Center.

Availability of DOD/CQ

The DOD will remain physically available to respond to calls from Reynolds Army Health Clinic (RAHC) or the Oral and Maxillofacial Clinic, from 1630 on the day their call begins, until 0730 hours of the morning it ends. After 1630 hours, the DOD may take calls from their quarters, but must respond to all requests for professional management of dental emergencies. The DOD will carry the DOD mobile phone at all times when on call, ensuring the batteries are fully charged and readily serviceable.

It is imperative that the DOD project a caring and professional demeanor during his/her patient encounters. The DOD must respond to all call and consults in a timely, polite, and professional manner. The consumption of alcoholic beverages during one’s DOD rotation is forbidden. Non-compliance may serve as a basis for immediate dismissal from the program. The wear of appropriate clothing or attire is expected of the resident when responding to all calls.

Once called, the resident should attempt to ascertain the extent of the problem from the available vital signs, clinical findings and appropriate diagnostic findings. He/she should then attempt to formulate an appropriate, therapeutic alliance with the patient that addresses his/her immediate treatment concerns and condition. Based on the situation, a wide range of treatments are possible. In some situations, no treatment may be indicated; in others, the resident may need to provide immediate treatment. Treatment rendered is to address immediate concerns such as pain, bleeding, trauma, or infection, not to provide definitive treatment. In any case, the patient must be treated with care and concern. While some patients may be handled telephonically, you must

always be available to come in if necessary. If there is any question, always err on the side of coming in to see the patient.

It is the responsibility of the DOD to remain available for calls at all times. If you are going to be at a phone number other than the one given to Reynolds Army Health Clinic (RAHC), Urgent Care Center, notify them of the change.

DOD Room

The DOD room is located at Cowan Dental clinic

Specialty Consultation

During their DOD rotation, the resident will always have the assistance of competent, specialty advice on a variety of matters. Additionally, the Program Director/Assistant Director are always available to field questions or problems pertaining to a specific situation, and are available in helping the resident to contact the appropriate specialists. The dental specialist home phone numbers may be found on the Unit Alert Roster.

EVALUATIONS

General

Evaluation is an integral component of any educational program. It is a continuous, on-going process, conducted throughout the training year. Evaluations attempt to qualitatively and quantitatively assess the skill level and rate of progress of a resident or group of residents during training and attempt to assess the quality of instruction and training provided to the residents. Assessment derived from multiple evaluator mechanisms compare or relate the particular outcome observed to the desired outcome listed in the programs “Competency and Proficiency” statement. The comparison provides a way to assess the quality and effectiveness of the program’s training regimen and provided a means to identify and correct shortcomings in resident’s performance.

Specific areas of the residency which are formally and periodically evaluated include the residents, the teaching staff, the visiting consultants and the overall program. Each evaluator process will be described individually.

Resident Evaluation

Resident evaluation in an Outcomes-Based training program is ongoing and continuous throughout the academic year. Performance feedback to the resident in the form of documented or informal daily assessments and staff critiques helps the resident maintain a clear understanding of their training performance and progress. Effective, honest, informal counseling identifies resident strengths and weaknesses, advises ways to improve performance in a supportive manner, and serves as the primary means by which the resident achieves professional growth.

At the beginning of the academic year, the chief mentor in each specialty area will explain their training objective, and review their evaluatory criteria with the resident. General expectations and performance criteria applying to all residents in all areas are:

1. To perform as an interested, highly motivated student Officer who is attentive, punctual, and accurate in every circumstance.
2. To consistently maintain and display a high degree of academic curiosity, applying one’s efforts towards maximizing one’s potential, and capitalize on every opportunity to further their professional knowledge.
3. To develop and achieve a high degree of post-graduate competency or proficiency in each of the major specialty areas of dentistry, defined as the attainment of each and every stated program outcome as outlined in the program’s “Competency and Proficiency” statement.

4. To consistently maintain a satisfactory degree of progress towards achieving the stated program objectives within each specialty department. The chief Mentor of each specialty will report by periodic reports and assessments as reflected in the documented academics, clinical and professional performance assessments recorded on each department's quarterly resident evaluation.
5. To achieve an overall competency and understanding of the protocols and procedures followed in a hospital setting dental practice, and to become proficient in the dental management of the medically compromised patient.
6. To develop strong organizational and administrative skills in the areas of patient records, practice management, and time management.
7. To develop and refine professional communication skills through participation in scheduled literature reviews, treatment planning conferences and the preparation of a professional quality lecture.
8. To develop and display the standards and personal conduct expected of Soldiers and a highly trained member of today's Dental Corps and United States Army.

Each mentor will provide the resident honest, periodic feedback pertaining to the resident's performance and will relate the resident's performance towards meeting the program's outcome expectations as listed in the program's "Competency and Proficiency" statement. Residents will usually receive this performance feedback on a daily basis in each department throughout the course of training and, will discuss their progress during quarterly conferences with each mentor. Additionally, the resident will receive quarterly feedback in the form of a quarterly performance evaluation in each specialty area, and an overall performance assessment from the Program Director or Assistant Director. The Program Director will summarize the individual department observation and evaluation in his/her assessment, and relate the findings to the residents overall objective of meeting the program's academic, clinical, didactic and professional standards. In circumstances where the resident may be having difficulty, the frequency of evaluations may be accelerated to a monthly basis.

The resident's performance evaluation is broken down into academic, clinical and professional performance categories. Resident performance is qualified by statements of praise, suggestions for improvement, listed instances or episodes of outstanding performance or documented instances of deficient performance. Resident performance is qualified on the same form, with numerical rating of 5 (Outstanding) thru 1 (Unsatisfactory) recorded next to each identified and rated performance parameter. Ratings of 3 (Satisfactory) or better suggest a rate of progress projected to attain or exceed the standards of the related competencies and proficiencies associated with the parameter. Ratings of 2 (Marginal) or 1 (Unsatisfactory) indicate a decidedly deficient and documented display of skill or knowledge on the part of the resident and suggest a deficient rate of progress on the resident's part in correcting or improving the deficient skill to standard. Deficient progress implies a rate of improvement on a particular parameter that is so slow as to warrant the belief that the standard will not be attained within the allotted training

time frame. Failure to meet each of the standards associated with the program's "Competency" statement equates to the failure to meet the program's standards toward graduation.

The rules for "Due Process" come into play whenever the potential exists of a resident failing to meet the standard and failing to successfully complete the program's training. "Due Process" rules exist to protect the interest of both the program and the resident. A rating of "1" or "2" in any performance measure from any specialty department on a monthly evaluation or a documented performance outcome which, in and of itself, would warrant a rating of a "1" or "2" in any specialty department area, results in a formal and mandatory meeting between the resident, the appropriate Mentor and the Director. Specifics of the deficient performance are discussed at this session, to include the formulation of a documented list detailing what specific performance is bad, what must be done by the resident to correct his/her bad performance to bring it to standard, and a time frame in which the resident has to correct the performance. Details pertaining to "Due Process" proceedings are covered in a subsequent section within this syllabus.

The completed quarterly evaluation forms are forwarded to the Program Director for inclusion in his overall quarterly performance assessment. The Director's assessment is shared with the resident during the quarterly performance counseling. These documents serve as a basis for Committee's recommendations and actions in reference to a resident's academic progress.

At the conclusion of the training year, an Officer Efficiency Report (OER) will be completed and submitted for each resident. These ratings are extremely important, as they are closely scrutinized in evaluating the suitability for a resident applicant for future placement in a choice military assignment or for selection for advanced specialty training. The quarterly resident evaluation will serve as the basis for writing the Officer Efficiency Report. The Director will be the rater, and the Commander will be the senior rater.

Formal Examination

The mentors may administer formal examinations to the residents throughout the training year. The results of these examinations are tabulated by the appropriate mentor and used as a performance indicator. The examinations themselves are often used to reinforce important concepts with residents.

Satisfactory resident performance on each department's series of examinations is a mandatory prerequisite for meeting the department academic performance standards for graduation. Failure on a particular exam or series of exams will often require the resident to retest in that exam until they achieve a satisfactory result.

A written resident assessment examination is administered at the beginning of the training year, and is designed to ascertain the resident's baseline level of knowledge prior to the start of training. The written examination is approximately 100 questions. It is comprehensive and multidisciplinary in scope, and is administered over a 90 min session. The results of the examination are tabulated and shared with the mentor staff, helping them to gauge each

resident's baseline level of knowledge and capability, and assisting them in their overall teaching efforts.

The written and oral exams held near the end of the training year consist of comprehensive and multidisciplinary questions designed to test the resident's level of knowledge and expertise in the fields of dentistry at the conclusion of training. The final written examination consists of approximately 100 multiple choice, multidisciplinary questions administered over a 90 min session.

The final oral examination consists of six 30 minute question and answer sessions conducted by separate examiners. The scope of the examination is multidisciplinary in nature, and is designed to test a resident's ability to observe, interpret, analyze and evaluate information pertaining to realistic clinical situations in each dental discipline.

The resident's performance on the final written and oral examinations will be used as one of several outcome measures, measuring the resident's overall performance in training. The results will also be used in formulating the resident's final academic evaluation. Additionally, the results will be compared to those achieved by the resident during their initial entry written exam. The results will help the program staff to quantify the effectiveness of the programs academic plan, and determine the areas where training could benefit from additional modifications.

Due Process **(Adverse Administrative/Disciplinary Actions)**

While a resident's performance sometimes fails to achieve perfection or even the established standard, a documented, sustained and substandard level of performance by any resident in meeting one or several performance standards is a worrisome prospect. A resident's failure to demonstrate the skill or knowledge necessary to meet the performance standard in one or more of the program's "Competency and Proficiency" statements and the resident's failure to show sufficient improvement or progress towards correcting the specific deficiency, is a level of performance that fails to meet the stringent academic standards necessary to graduate from the Fort Sill Comanche AEGD-12 Month Program. The potential or probable threat of adverse actions against one of its residents dictates a swift, specific response from the program's staff designed to correct the deficiency.

Substandard performance is defined for our purpose but is not solely limited to, a documented academic, clinical or performance parameter rated as marginal (any recorded "2") or unsatisfactory (any recorded "1") on any of the departmental "Resident Quarterly Evaluations." Substandard performance may also be defined as a single, documented adverse performance episode which, in and of itself, would warrant a rating of marginal or unsatisfactory under the appropriate performance measure on the resident's monthly evaluation.

Once identified, the program staff will attempt to help the resident correct the performance deficiency(s) by clearly identifying the specific, undesired deficiency, suggesting or imposing

measures upon the resident to correct the deficiency(s) and provide the resident an appropriate amount of time to make the needed correction(s) to bring the deficiency to standard.

The institution of all corrective actions will be swift, well communicated and well documented to avoid a prolonged continuation of the deficiency. Measures implemented may fall under the other categories of administrative options defined in this sections deemed necessary or appropriate. All actions implemented are governed by AR 351-3 and applicable ADA mandates, available for review by both resident and staff alike upon request.

Additionally, it must be noted that certain types of deficient or inappropriate performance or behavior on the part of the resident may be deemed irreconcilable, and would warrant an immediate termination from training, and possible separation from the Army. Most transgressions of this nature consist of criminal activities or serious moral or ethical transgressions. Two distinct exceptions to this rule warrant discussion. One is the failure to maintain the Army standards for height, weight and level physical fitness. The other is the failure to obtain an active dental license within the allotted timeframe of one year after graduation from dental school.

Due to the limited training cycle of an AEGD-12 Month Program, sustained levels of substandard performance are incompatible with a projection of a successful or timely completion of training. Regrettably, sustained, substandard performance on the part of the resident, despite well communicated, well documented and well intentioned efforts to correct the performance deficiency could lead to the initiation and implementation of added adverse administrative actions against the resident. These include the placement of a resident on academic probation, the involuntary extension of the resident in training beyond graduation, the termination of a resident from further training, or the submission of detrimental academic performance rating on the resident's OER.

In summary, the initiation of corrective and/or disciplinary action against a graduate dental education student having academic, clinical or other difficulties poses serious consequences for the individual student, for the training program, and for the Army Dental Corps. Protection of the student's rights, as well as the timely and accurate documentation and communication of all academic and clinical deficiencies associated with a resident's performance will be strictly adhered to in the administration of the program and in upholding the best interest of the Army Dental Corps.

RESIDENT WITHDRAWAL FROM TRAINING

IAW AR 351-3, A student may be withdrawn from the training program under the following circumstances:

1. At the student's written request.
2. Upon the recommendation of the DENTAC Commander and the Dental Education Committee.
3. By the Assistant Surgeon General for Dental Services or a higher authority, to meet the needs of the service.

PLACEMENT ON PROBATION

A student may be placed on probation by the Dental Education Committee for unsatisfactory performance. Examples of unsatisfactory performance include but are not limited to the following:

1. Failure to meet or make satisfactory progress towards the academic or clinical performance standards, or the objectives of the program.
2. Unprofessional conduct, including:
 - A. Any act or omission constituting misconduct or moral professional dereliction (See Chapter 5, AR 635-100). Depending on the severity of the conduct, termination of training and/or separation from service may be more appropriate than probation.
 - B. Any act or omission which is inconsistent with the safe, orderly and competent practice of dentistry.
3. Inappropriate personal conduct which disrupts the academic atmosphere, adversely affects patient care, or cast doubts upon a student's future value to the Army Dental Corps.
4. Lack of motivation/application.

The Program Director will submit a written request for the placement of a student on probation to the Dental Education Committee and will provide a copy of the same to the student. The Dental Education Committee will approve or deny the request by majority vote. The student will be notified by the Director in writing of the Committee's decision. If the student is placed on probation, the notification will include the following:

1. An identification of specific performance deficiencies leading to probation.

2. A strategy of corrective actions to be pursued by the resident to correct the identified performance deficiencies.
3. A specific time frame (Probationary period) by which the resident must demonstrate sufficient progress towards correcting the deficiencies.

During the probationary period, the student will be given an appropriate time frame and opportunity to improve performance to a satisfactory level. The probationary period may be extended by majority vote of the Dental Education Committee. A student may be processed for immediate termination, based on matters other than those upon which the probation was based during any period of probation.

The probationary status will end under any of the following conditions:

1. The Student's progress and performance has improved to a satisfactory level, as determined by the Dental Education Committee.
2. The Student's withdrawal from training.
3. The Student's termination from training.

The Director of Dental Education will notify the student in writing of the end of the probation period, or will notify the student in writing of further administrative actions proposed against him/her.

A regression in performance after the resident's removal from probationary status, whether experienced in the same or in a totally unrelated performance measure, is viewed as an extremely detrimental development by members of the Dental Education Committee and the program staff. Evidence of regression will result in more stringent administrative actions placed against the resident to include, the replacement of a resident on academic probation or possible termination of a Resident from training. Additionally, it is customary to debate the merits of terminating a Resident from training before considering their removal from probationary status for a second time. Guidance pertaining to termination of a resident's training experience follows.

TERMINATION FROM TRAINING

Upon the recommendation of the Dental Education Committee and the approval of the DENTAC Commander, a student may be terminated from a training program by the Assistant Surgeon General for Dental Services or higher authority. Reasons may include but are not limited to:

1. Documented failure to demonstrate satisfactory progress toward correcting deficiencies while on probationary status.

2. Documented regression or failure to demonstrate satisfactory progress in training after being removed from probation.
3. Any act of professional negligence, misconduct or moral professional dereliction (See Chapter 5, AR 635-100). Termination may be voted and implemented immediately, followed by pursuit of additional administrative or criminal actions against the resident
4. Demonstrated inability or unwillingness to engage in the safe, orderly and competent practice of dentistry.

The Program Director will submit a written request for termination to the Dental Education Committee and will provide a duplicate copy to the student. The student will have five working days to submit a written statement to the Dental Education Committee. The Dental Education Committee will evaluate the request and determine by two-thirds vote whether to recommend termination to the DENTAC Commander.

The DENTAC Commander will evaluate the Program Director's request, the Dental Education Committee's recommendation, and the student's appeal prior to rendering a decision. The Commander's decision to terminate a resident from training will be forwarded to the Assistant Surgeon General for Dental Services for final action. There is no formal opportunity for the resident to appeal or provide input after the Commander has rendered his decision and when the Assistant Surgeon General for Dental Services concurs with the decision.

EXTENSION TO TRAINING

Students absent for 30 days or greater during a training year fail to meet the minimal attendance requirements for satisfactory completion of training, and will not receive a certificate. All students failing to meet the minimal attendance criteria must either be extended in training for a corresponding number of days after the program's completion or must be terminated from training.

The Dental Education Committee will determine by two-thirds vote, whether to recommend extension or termination to the DENTAC Commander. The DENTAC Commander will evaluate the Committee's actions, and forward his recommendations to the Assistant Surgeon General for Dental Services. The Assistant Surgeon General for Dental Services will render the final decision on the student's status based upon the forwarded recommendations and the needs of the Army.

OUTCOMES ASSESSMENT PLAN

Teaching Staff Evaluation

The members of the teaching staff all have a sincere desire to provide the resident with a challenging and rewarding post-doctoral training experience. Each mentor has developed a well-organized, comprehensive program of lectures, demonstrations, seminars and clinical practice for their specialty area. However, any course of instruction can be improved and the mentors welcome constructive criticism when it is intended to enhance the resident's learning process. The residents provide feedback on each mentor's training program at their quarterly counseling sessions with the program Director and informally to the Director and mentor's themselves throughout the year. At the end of the year residents complete a written evaluation on the mentor of each specialty area. The quarterly feedback and the yearly evaluations are shared and implemented. In addition to the resident evaluation, the mentors are also evaluated annually by the Director of the Program and the DENTAC Commander.

The mentor's general responsibilities to the residency program include:

1. To be fully aware of the philosophy and objectives of the AEGD-12 Month Program
2. To take an active role in the presentation of seminars, lectures, conference and other didactic activities
3. To review charts of patients assigned to residents to assure their accuracy and comprehensiveness
4. To discuss patient's evaluation, treatment planning, management, complications and outcomes of all cases with the residents
5. To actively supervise the residents in their clinical activities

Specific teaching responsibilities and their evaluation criteria are:

1. Clinical Judgment:
 - A. Allows the Resident to exercise a degree of professional judgment.
 - B. Emphasizes the proper sequence of treatment and consultation with other specialty areas.
 - C. Discusses alternative treatments and criteria for the selection of specific treatments.
 - D. Anticipates problems with a procedure and advises the resident in advance
 - E. Furnishes a sufficient number and variety of patients to provide a worthwhile clinical experience

2. Professional Attitude:

- A.** Shows enthusiasm for dentistry
- B.** Treat the residents with respect
- C.** Listens to residents
- D.** Critiques residents away from patients, compliments residents in front of patients

3. Teaching Characteristics:

- A.** Is motivated to teach General Dentistry residents
- B.** Communicates clearly and concisely
- C.** Is patient and calm
- D.** Is well organized and prepared for teaching responsibilities

CONSULTANT EVALUATION

The teaching responsibilities of the visiting Consultant are limited to lecture and seminars and do not include clinical supervision. As teachers, they should be well organized and well prepared to present informative and stimulating programs for the residents. The consultants will be evaluated on their presentations by the residents and teaching staff. The residents will evaluate each visiting consultant on the form designed for that purpose. Generally, guest consultants are finished sometime Friday afternoon. The evaluation should be complete preferably by close of business that Friday afternoon but otherwise not later than close of business the following Monday. The teaching staff will discuss consultant presentations at DEC meetings and include statements on how they performed in the meeting minutes. The aspects of the Consultant presentation which will be evaluated by the residents and the teaching staff include:

1. Instructor:

- A.** Well organized and prepared.
- B.** Emphasized major points.
- C.** Used examples and illustrations for clarification.
- D.** Challenged the resident.

- E.** Answered questions clearly and concisely.
- 2.** Presentation:
 - A.** Material was presented in a logical and sequential manner
 - B.** Good use of audiovisual aids
 - C.** Appropriate handouts and references
- 3.** Subject Matter:
 - A.** Appropriate material for a General Dentistry Residency
 - B.** Information was useful, up-to-date and documented

Resident and teaching staff evaluations will be major considerations in determining which consultants should be retained and which should be replaced.

PROGRAM EVALUATION

The purpose of the program evaluation is to assess the quality of the training provided to the resident, and to identify weak areas and suggest modifications which can be made to improve the educational experience. Evaluations are obtained from both the residents and the teaching staff.

Residents will be asked to complete three evaluations asking their assessment of the training they received in the program: one at the mid-year point, one at the end of the training year, and one approximately a year after completion of the Residency. The last evaluation is particularly important, because the graduate will be able to evaluate the value of the training he/she received, particularly as to how well it prepared him/her for post-graduate dental practice. Resident evaluations will be tabulated and reviewed by the Dental Education Committee. Modifications or changes to the training agenda based upon the results of the evaluation will be discussed and approved by the DEC.

Residents will be asked to evaluate the following aspects of the program:

- 1.** Program objectives
- 2.** Curriculum
- 3.** Clinical rotations
- 4.** Didactic experience

5. Program Director and teaching staff
6. Facilities
7. Auxiliary supporting personnel
8. Materials, supplies, and equipment
9. Treatment Planning Conferences
10. Literature reviews
11. Anxiolytics sedation course
12. DOD experience
13. Visiting consultants

GENERAL POLICIES

Duty hours and appropriate attire

Residents must comply with all existing policies pertaining to the proper attire and hours of duty of the Dental Activity and the Comanche AEGD-12 Month Program. Under typical conditions the DENTAC and the Program's policies are identical. The duty attire for Fort Sill is the Army Operational Camouflage Pattern (OCP) which is worn to and from work except when engaging in organized physical fitness training (PT). The PT uniform, consisting of the black shirt, black pants, PT reflective belt, unmarked (no logo) white/black socks and appropriate tennis shoes, is the authorized uniform for participating in organized PT, and may be worn when transporting oneself directly from home or work, to and from the organized PT site. The duty attire for patient care in the Dental Activity is the surgical scrubs and all personal protective equipment. Scrubs are not to be worn outside the clinic.

Duty hours for the residents will be highly variable. Duty hours should not be confused with normal clinic hours. Normal clinic hours run from 0730 to 1130 and 1230 to 1630 hours but the Resident's duty day may not be confined to the standard clinic hours. Residents are expected to use their clinical time wisely and maximize patient care. Residents will not block off appointment time to complete paperwork or complete Residency projects, unless granted permission to do so by the residency Program Director/Assistant Director. That is not to say that paperwork and projects are not to be worked on during clinical hours – they can be, but not at the expense of patient care. Residents are expected to have their patients seated and ready for treatment to begin no later than the designated starting time. This will require the resident to be

at the designated location fifteen minutes or more prior to the starting time and to have completed all necessary pretreatment consultations with the mentor.

RESIDENT ADVISOR

The Director of the Comanche AEGD-12 Month Program will serve as the resident advisor. The Director will generally meet with all of the residents at least once a month. The purpose of these meetings is to provide the residents an opportunity to provide feedback regarding their training and to disseminate pertinent information to the residents, to include newly implemented DENTAC, clinic or program policies or schedule changes. Residents with questions or problems of a personal nature need not wait for the scheduled meetings but rather, can set up an appointment to talk to the Program Director or Assistant Director on an individual basis.

RESIDENT APPOINTMENT SCHEDULES

An important performance measure evaluated in the resident is their ability to maintain an active and productive practice. To this end, the resident's ability to maintain an organized appointment schedule cannot be overlooked. All schedules are done electronically now on the Corporate Dental Application (CDA). Residents are expected to be intimately familiar with their schedules, and should not come to work and be surprised who they are seeing or what they are to do.

Residents are ultimately responsible for ensuring their schedule patient times are filled and that their schedule is coordinated with all scheduled activities and holidays of the Program and the DENTAC. While resident assistants will attempt to assist the resident in maintaining his/her schedule, the Resident should review his/her schedule frequently. Residents finding scheduling discrepancies or open patient care time should make the appropriate mentor aware of the discrepancy so it may be corrected. To ensure that the residents are fully booked with patients, the Residency secretary will at times function as the program practice manager. He/She has the authority of the Residency Program Director to add patients to a resident's appointment schedule if the resident does not fill the time. Any disputes or questions should be discussed with the Program Director/Assistant Director – not the practice manager.

E-MAIL

Residents are expected to check their email on a daily basis. Much of the communication in the program will be done electronically as residents are often in several different locations on a daily basis and personal notification is often impossible.

AUTHORIZED ABSENCES

Residents **may** be authorized to take ten days of ordinary leave during the training program. These ten days will typically be taken during the Christmas holiday period. Leave request must be submitted to the Program Director no later than three weeks prior to the authorized break. Final approval of the leave request will depend upon many factors, including the resident's performance to date in training, satisfactory resident progress on lecture and table clinic requirements, the chronological order when the resident submitted the request, and satisfactory coverage of other mandatory duty commitments such as DOD and first call oral surgeon.

Passes and additional leave will not be granted during the training year but may be authorized by the Program Director under appropriate circumstances. The final approval authority for specific dates and times of requested and approved passes is the Program Director or his authorized representative. Absences covered for leave/passes for Program sponsored activities will not count against the resident's total days of training absences for the year. Passes for the weekend may be granted, but if the resident is not progressing adequately, passes may be denied.

Absences for the purpose of taking state board examinations may be recommended by the Dental Education Committee subject to final approval by the DENTAC Commander. Permission must be requested at least thirty days prior to the examination date. Absence for taking an initial state board examination with the intent to obtain initial state license will not count against the resident's total days of training absences for the year.

Off- duty employment (moonlighting) is not permitted under any circumstances.

COMMANDER'S CALL

Commander's Call is commonly invoked by the Commander when he/she wishes to assemble all of his/her Officers. *Attendance at these meetings is mandatory.* Fort Sill DENTAC Commander's Call usually includes mandatory military training meeting for all Active Duty service members, including the AEGD residents. It may be held during or after normal clinic hours. During these meetings, the presentations are given by DENTAC personnel who may not be members of the Residency teaching staff. The information they convey is highly valuable to the residents as it augments and broadens the resident's educational background in a number of military subjects.

PHYSICAL FITNESS TRAINING

Adherence to physical fitness and weight control standards are **non-negotiable** issues in today's Army. A notation of performance on the Army Physical Fitness Test (APFT) and conformation to the Army height and weight control standards is mandatory on all Officer Efficiency Reports. The Resident is required to maintain the Army Standard for physical fitness and height/weight at all times. They may be subject to periodic, unannounced events where their adherence to standards may be measured and documented.

All personnel, including residents, must pass the semi-annual physical fitness test which includes push-ups, sit-ups, and the two mile run. Residents are required to challenge the diagnostic APFT, typically held four weeks prior to the record APFT. Residents who fail to meet the standards on the diagnostic APFT can expect to attend remedial physical fitness training sessions. These are typically held very early in the morning or after duty hours, so as not to interfere with normal patient care responsibilities.

A notation relating the resident's performance and compliance with the Army's fitness standards, and the resident's compliance with the Army's height/weight standards are recorded on the resident's OER at the conclusion of training.

The Fort Sill DENTAC typically rewards outstanding performance on the Army Physical Fitness Test. Three or four-day passes may be awarded. Resident use of this pass is at the discretion of the Program Director/Assistant Director.

RESIDENT OF THE MONTH

Each resident will be assigned duties as "Resident of the Month" on a rotating basis. Duties of the Resident of the Month include:

1. Maintaining all AEGD audiovisual equipment.
2. Preparing the resident conference room and other designated rooms for lectures by mentors and guest consultants.
3. Setting up and running audiovisual equipment for lectures by mentors and guest consultants.
4. Assisting mentors and guest consultants in distributing handouts and providing logistical and technical support to mentors and guest consultants who are scheduled to lecture.
5. Breaking down and storing all audiovisual equipment and cleaning up and straightening out the conference room after lectures are complete.
6. Any administrative functions that the Assistant Program Director or Program Director assigns.



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY DENTAL ACTIVITY
FORT SILL, OKLAHOMA 73503-6300

MCNB-R

18 August 2018

MEMORANDUM FOR AEGD-12 Month Residency Program

SUBJECT: Filing Complaint with the ADA Commission on Dental Accreditation

1. The American Dental Association Commission on Dental Accreditation, like the Army Dental Corps, is committed to quality training programs. Part of the accreditation standards require that each program notify its students of the ADA complaint process and provide contact information for the ADA Commission on Dental Accreditation. The entire ADA policy on complaints can be found on its website at: <http://www.ada.org/en/coda/policies-and-guidelines/file-a-complaint/>
2. Below is an excerpt from the ADA policy on complaints:
 - a. The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.
 - b. A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling (800) 621-8099 extension #4633.
3. Address any questions to the undersigned at 580-442-5869 or michael.a.kroll10.mil@mail.mil.

//original signed//
Michael Kroll
MAJ, DC
Director, Comanche AEGD-12 Month