

Advanced Education in General Dentistry-12 Month Program

**USA Dental Activity
605 Randolph
Fort Sill, OK 73503-6300**

Phone: (580) 442-2263



2023-2024

STATEMENT OF ACKNOWLEDGEMENT

My signature below indicates that **I have read the Advanced Education in General Dentistry 12-Months Program Manual in its entirety** and I understand the information, guidelines, rules and regulations contained within. I agree that I am responsible for all information in this manual and that I will abide by it throughout my entire term in the program. I also understand that throughout the program, items may be added to or changed within this manual. I understand that all changes will be presented in writing, and that I will acknowledge these changes with my signature in the future.

Name of Student/Resident

Student/Resident Signature

Date

Date of Change or Addendum	Description of Change or Addendum	Resident Signature

**FORT SILL AEGD 12- MONTH PROGRAM
CLASS OF 2023-2024**

**2023-2024 GENERAL DENTISTRY
RESIDENTS COMANCHE AEGD-12 MONTH
PROGRAM**

<u>Resident</u>	<u>Dental School</u>
CPT Adkins-Stiltner, Leanna	Ohio State University
CPT Cruz Perez, Edsy	Roseman University
CPT Esplin, Aaron	University of Oklahoma
CPT Evans, Daniela	University of Nevada
CPT Kim, Barnabas	Loma Linda University
CPT Millward, Trevor	University of Washington
CPT Rilloraza, Rex	University of Utah

**ADVANCED EDUCATION IN GENERAL DENTISTRY
12 MONTH PROGRAM SYLLABUS**

**FORT SILL DENTAL HEALTH ACTIVITY
FORT Sill, OKLAHOMA**

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Class of 2023-2024

Updated pages will be generated as needed. They will be briefed and distributed to residents, mentors and staff. When warranted by updates, a new version of the handbook will be generated.

Please report errors to Program Director, Assistant Program Director, or Executive Assistant.

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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 program emphasizes a practical approach in both clinical and didactic training. The Student/Resident is provided with considerable experience and close guidance from a faculty of highly trained specialists. Student/Residents are chosen from among the most outstanding dental graduates in the nation. They are expected to demonstrate the interest and enthusiasm necessary to derive benefit from the program. Participating in the program represents an exceptional opportunity for the recent graduate to develop to the maximum, both as a dentist and as an Army Officer.

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, Acute Dental Care, and After Hours Emergency Care. Dental Clinic #2 at Reynolds Army Health Clinic (RAHC) is primary Training site for Oral Surgery, Anesthesia and Hospital Dentistry. Allen Dental Clinic is a secondary training site for Restorative Dentistry. The Program has limited formal training in orthodontics with selection of some minor tooth movement cases and limited exposure to pediatric dentistry with requested preceptor rotations at 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.

Student/Residents are granted a Certificate of Completion upon successful completion of all of the AEGD 12-MP requirements. Student/Residents meeting the program's stringent standards for graduation are also awarded the 9D Area of Concentration (AOC) suffix to their primary 63A SSI (Special Skills Identifier).

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.

PROGRAM HISTORY

The Office of the Surgeon General first approved the United States Army Dental Intern Program in August 1946. Actual implementation of the training began in July 1947. The intern program was initially conducted at six installations and from its inception all spaces have been filled. Beginning in 1973 the programs were accredited by the American Dental Association under the title of Dental General Practice Residency. The Army programs are currently being accredited Advanced Education in General Dentistry - One Year programs. At present, there are seven training installations offering positions for 60 dental residents.

A Dental Internship Program began at Fort Sill on 7 July 1957 in conformity with the general policies of the Council on Dental Education of the American Dental Association and the Office of the Surgeon General, Department of the Army. It was accredited by the American Dental Association on 16 December 1968. In 1974 the Fort Sill training program was redesigned as a General Practice Residency. In 1985 the program was fully accredited by the American Dental Association and designated as a 1-year General Dentistry Residency. Following accreditation the program was re-designated to Advanced Education in General Dentistry - One Year in 1990. Due to downsizing requirements, the residency program was closed following the graduation of the 1992-1993 Class in October 1993, along with sites at Fort Jackson and Fort Riley.

On October 1, 2001, the Fort Sill DENTAC reestablished the postgraduate dental education program as the Comanche AEGD 12- Month Program. This program included some fundamentally different concepts in the approach to training our new Dental Officers. The concept has proven valid with excellent results obtained in the first twenty years of the program.

PROGRAM ACCREDITATION AND COMPLIANCE WITH STANDARDS

The Fort Sill AEGD 12-MP is accredited by the American Dental Association Commission on Dental Accreditation (CODA). CODA is a specialized accrediting body, recognized by the Council on Post-Secondary Accreditation and the United States Department of Education. The Fort Sill AEGD 12-MP has been granted the accreditation classification: “approval without reporting requirements.” This classification indicates that an educational program achieves or exceeds the basic requirements for accreditation.

The requirements for accreditation are outlined in CODA’s “Accreditation Standards for Advanced Education Programs in General Dentistry.” In cases where the Fort Sill AEGD 12-MP fails to comply with existing program accreditation standards, it is the right of each Student/Resident, each faculty member, or any other knowledgeable, interested party to file a complaint of noncompliance with CODA.

CODA will review and investigate all 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 individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or Students/Residents.

Only written, signed complaints will be considered by the Commission; oral and unsigned complaints will not be considered. All investigations conducted by the Commission subsequent to receipt of the complaint will strive to conceal the identity of the complainant. The Commission will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program. However, the Commission cannot absolutely guarantee the confidentiality of the complainant.

CODA strongly encourages attempts at informal or formal resolution of the alleged grievance through the program’s or sponsoring institution’s internal processes prior to initiating a formal complaint with the Commission. A copy of the accreditation standards is available from the Program Director. The accreditation standards can also be accessed through the American Dental Association website (<http://www.ada.org/en/coda>). CODA can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

PROGRAM GOALS

The AEGD 12-MP is designed to provide training beyond the level of pre-doctoral education in oral health care, using applied basic and behavioral sciences. Education in this program is based on the concept that oral health is an integral and interactive part of total health. This program is designed to expand the scope and depth of the graduates' knowledge and skills to enable them to provide comprehensive oral health care to a wide range of beneficiaries of the Army Health Care System. The goals of the AEGD 12-Month Program are to prepare the graduate to:

1. Prepare the graduate to act as a primary care provider for individuals and groups of patients at a postdoctoral level. This includes: providing emergency and multidisciplinary comprehensive oral health care; providing patient focused care that is coordinated by the general practitioner; directing health promotion and disease prevention activities;
2. Plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs.
3. Manage the delivery of oral health care for a wide variety of patients including patient with special needs.
4. Function effectively and efficiently in multiple health care environment within interdisciplinary health teams.
5. Apply scientific principles to learning and oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making and technology-based information retrieval systems;
6. Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice.
7. Understand the oral health needs of communities and engage in community service.
8. Function effectively and independently as an Army Dental Officer in positions of increasing responsibility within the U.S. Army Dental Corps.

PROGRAM PHILOSOPHY

The program provides a comprehensive learning experience involving training in multiple disciplines of dental practice. The program is predominately clinically oriented, supported by a strong didactic component designed to challenge and improve the Student/Resident's abilities to provide total patient treatment and continuity of care to an assigned patient population.

The clinical phase of the program consists of rotations through multiple specialties of dental practice. It is designed to emphasize the basic general dentistry concepts of total patient treatment and continuity of care. The Student/Resident is expected to provide comprehensive dental treatment, within his/her capabilities, and to coordinate referrals to the appropriate specialists for those treatment needs that are beyond his/her capabilities.

Patient screening, selection and assignments are directed toward providing the Student/Resident with patients requiring a broad range of dental treatment. Mentors have been given sufficient flexibility to enable the Student/Resident to schedule patients from other services during rotation through his/her specialty service, facilitating continuity of care.

The didactic component is an important aspect of the program that will provide the Student/Resident with a broad academic background from which sound clinical judgments can be made regarding diagnosis, treatment planning, and the selection of appropriate treatment materials and modalities for the patient. The didactic phase is scheduled on a regular basis and includes lectures, seminars, journal clubs, patient care conferences and treatment planning conferences. Additionally, Student/Residents must complete special projects throughout the training year. These assignments will improve and refine the Student/Resident's communication skills, and academically enrich the Student/Resident's learning experiences.

Training experiences are selected, sequenced and structured in a manner which facilitates the Student/Resident's efforts toward meeting the standards for training outcomes as outlined in the program's "Statements of Competency". Student/Resident certification for graduation is contingent upon meeting or exceeding each of these outcomes and completing all assigned projects in a satisfactory manner.

COMPREHENSIVE CARE TRAINING PHILOSOPHY

The Comprehensive Care Training Philosophy is based on the premise that the General Dentist is ultimately responsible for a patient's dental health. The General Dentist is the dental provider of first contact. It is the General Dentist who will diagnose and formulate the treatment plan. The General Dentist performs dental care that is within his/her level of expertise, and makes appropriate referrals to specialists when the needs extend beyond his/her scope of capabilities. The General Dentist maintains contact with the patient throughout the referral process and manages the maintenance of that patient when the referral is complete. Patient "ownership" is fundamental to the Comprehensive Care Training Philosophy.

The Student/Resident will provide and oversee a planned course of treatment for a patient from start to finish, particularly in patients presenting with complex, multidisciplinary treatment needs. Student/Residents will perform a complete diagnostic work-up, formulate a comprehensive treatment plan, obtain a faculty member's approval of the proposed treatment plan, discuss the proposals and alternatives with the patient, and then gain the patient's consent prior to beginning any definitive, non-emergency treatment. Student/Residents will strive to complete the prescribed dental care for the patient in a timely manner, employing an appropriate degree of oversight and follow-up as required.

Ideally, the Student/Resident will perform the entire spectrum of the treatment. However, the Student/Resident will also learn to recognize when the needs of the patient exceed his/her scope of practice, and how to refer the patient to a specialist to provide for those needs. This will optimize the patient's overall treatment outcome and ensure the dental care is delivered in a safe, efficient and effective manner.

Student/Residents are assigned Comprehensive Care Patients in a variety of ways. Some are assigned based upon a Student/Resident's interest in a particular patient or procedure. Others are assigned based upon the uniqueness, desirability or applicability of a specific condition to provide a particular clinical training experience. The criteria for patient selection in these instances is based upon the case's teaching merits, specifically, whether the case is suitable in helping the Student/Resident achieve a Critical Competency.

Student/Residents are held accountable for, and are evaluated on, their ability to ensure that the patient's continuity and sequence of appointed care continues beyond their limited encounter. This is accomplished when the Student/Resident assumes responsibility for the patient's total treatment needs by becoming the patient's comprehensive care manager, or when the Student/Resident provides a timely, appropriate and coordinated referral to another provider who then assumes responsibility for the patient's overall treatment.

COMPETENCY BASED TRAINING PHILOSOPHY

What the Student/Resident “learned” rather than what the Student/Resident was “taught” is the basic premise behind the Competency Based Training Philosophy. In other words, the focus is on the “outcome” of learning rather than the “process.”

The expected “outcome” of a graduate of the Fort Sill AEGD-12 Month Program (or what was “learned”) is *competency*. Graduates are expected to do a procedure or aspect of dental practice independently with adequate knowledge, skill and values. *Proficiency* indicates a level of practice exceeding *competency* and entails greater speed, accuracy, and repeated quality of performance. *Proficiency* represents greater internalization and integration of professional standards with more efficient utilization of time.

Achieving competency is a critical training outcome. The expectation is that graduates of this program will minimally achieve *competency* in all measured areas and may achieve *proficiency* in performing certain procedures by the conclusion of training.

Assessing, validating and certifying a Student/Resident’s progress towards meeting the performance standards of the program’s core competencies and overall *competency* is an ongoing and continuous process. One solitary episode of acceptable performance cannot convey a mastery of a particular core competency with any degree of certainty.

Faculty members observe and document student resident performance and progress towards achieving core competencies in a variety of ways. Typical methods of Student/Resident assessment commonly include: direct and indirect observation; return demonstrations; case reviews; self-assessments; mock events; presentations; discussion groups; examinations and post-tests. Quality improvement monitors items such as dental record reviews and workload documentation are also useful.

Additionally, faculty members formally discuss the Student/Resident’s progress towards achieving *competency* during the Student/Resident’s quarterly performance evaluation sessions. As a result of these frequent interactions, Student/Residents should never doubt where they stand regarding their performance or progress in meeting the performance standards of each core *competency*.

STATEMENTS OF COMPETENCY

Graduates of the AEGD 12-MP will be able to perform the stated departmental competencies:

Comprehensive Care/Operative

1. Provide and/or coordinate individualized comprehensive, multidisciplinary oral health care in a sequenced treatment plan
2. Diagnose, triage, and manage dental emergencies
3. Utilize referrals and consultations to interdisciplinary health care professionals for the treatment of dental and adjunctive health needs
4. Restore teeth with a variety of direct restorative materials
5. Utilize CAD/CAM technology to treat teeth requiring single-unit indirect restorations
6. Place restorations and perform techniques to enhance patient esthetics
7. Expose residents to non-surgical treatment for obstructive sleep apnea (OSA) patients
8. Manage patients with special needs
9. Diagnose and manage patients with symptoms of TMD, orofacial pain, and occlusal disorders
10. Manage anxious patients with a variety of behavioral and pharmacological techniques
11. Use principles of practice management, such as, management of auxiliaries, time and records management, scheduling and workload reporting, quality improvement, infection control, risk management, and professional ethics.

Endodontics

1. Diagnosis and treat pain of pulpal origin
2. Perform non-surgical endodontic therapy on single and multi-rooted teeth using a variety of techniques and materials
3. Manage pre- and post-treatment endodontic complications and emergencies

Oral Surgery

1. Perform removal of erupted teeth
2. Perform surgical removal of impacted teeth
3. Be familiar with the diagnosis and management of oral mucosal diseases and soft tissue biopsies
4. Diagnose and manage post-surgical complications
5. Diagnose and manage intra-oral infections
6. Recognize and manage medical emergencies

Periodontics

1. Diagnose periodontal disease using current diagnostic criteria
2. Provide surgical and non-surgical treatment of periodontal disease
3. Treat comprised biological width/insufficient clinical crown height with crown lengthening procedures

4. Provide adjunctive periodontal soft/hard tissue procedures to improve periodontal health, enhance esthetics, or facilitate restorative procedures
5. Evaluate the results of periodontal treatment and establish/monitor a periodontal maintenance program.
6. Diagnose, manage, and maintain implant restorations

Prosthodontics

1. Restore endodontically treated teeth
2. Diagnose, treatment plan, and treat patients requiring single crowns
3. Diagnose, treatment plan, and treat patients with large edentulous spaces using removable prostheses
4. Diagnose, treatment plan, and treat patients missing teeth with fixed dental prostheses and single implant restorations

GRADUATE EXPECTATIONS

1. Serve as the dentist of first contact with the patient and provide a means of entry into the oral health care system.
2. Evaluate the patient's total oral health needs, provide professional general dental care and refer the patient, when indicated, to appropriate specialists while preserving the continuity of care.
3. Develop responsibility for the patients' comprehensive and continuous oral health care and when needed, act as the coordinator for the patients' total oral health care.
4. Serve effectively as an Army Dental Officer in any duty position to which he or she may be assigned.

PROGRAM DIRECTOR RESPONSIBILITIES

The Program Director is responsible to the Commander, United States Army Dental Activity, Fort Sill, Oklahoma, for the conduct of the program. In accordance with CODA's Standards for Advanced Education Programs in General Dentistry, the Program Director's Responsibilities will be as follows:

1. Program Administration
2. Development and implementation of the curriculum plan.
3. Ongoing evaluation of program content, faculty teaching, and Student/Resident Performance.
4. Evaluation of Student/Resident training and supervision in affiliated institutions and off-service rotations.
5. Student/Resident Selection
6. Effective operation of the program on a day to day basis with direct and close supervision over all aspects of the educational program.
7. Development, implementation, and continuing refinement of the program curriculum. He/she maintains responsibility for the administration of the program in an efficient manner. He/she also maintains an ongoing evaluation of program content, Student/Resident and faculty performance.
8. Ensure that adequate administrative records are maintained 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.
9. Coordination of the Student/Residents' clinical and didactic activities, so as to provide a balanced, well rounded, and effective educational experience.
10. Supervision for some of the Student/Residents' clinical activities and participate actively in the didactic program.

ASSISTANT PROGRAM DIRECTOR RESPONSIBILITIES

1. Serve as the Program Director in the absence of the assigned Program Director. As interim Program Director he or she will assume all responsibilities of the Program Director.
2. Responsible for all resident projects, which include the Treatment Planning Board, Patient Care Conference presentations, and Professional Lectures.
3. Responsible for evaluating, assigning and tracking the treatment progress of all Comprehensive Care Patients and providing guidance and instruction in Comprehensive Care to the residents.

FACULTY MEMBER RESPONSIBILITIES

The mentors assigned to the AEGD 12-Months Program include both boarded and board-eligible specialists representing each of the ADA's recognized specialty areas. The Army Medical Department's criteria for selecting interested clinicians to serve as an AEGD 12-Months Program Mentor is quite rigid. Appointment as a Mentor requires commitment and dedication to post-doctorate education, as well as strong clinical and educational qualifications.

Each faculty member will:

1. Be familiar with the philosophy and goals of the program. Faculty members must also be familiar with CODA's Standards for Accreditation of Advanced Education Programs in General Dentistry.
2. Provide clinical supervision for Student/Residents, guiding them through all phases of treatment from patient evaluation and treatment planning through post-operative evaluation/observation and resolution of post-operative complications. This includes training residents in the latest state of the art techniques in his/her dental specialty.
3. Be responsible for timely and thorough review of the dental record of patients assigned to the Student/Residents which the Mentor is staffing. Mentors will ensure accuracy.
4. At least annually, review the goals, stated competencies, and clinical outcomes assessments for their particular discipline. Propose suggested changes to the Program Director.
5. Evaluate each Student/Resident in his/her rotation at the end of each month. All evaluations will be given to the Assistant Program Director by the required suspense date.
6. Be responsible for all allotted didactic and clinical time. Necessary changes to the schedule need to be brought to the attention of the Assistant Program Director as soon as possible.
7. Be responsible for recommending changes that will improve his/her rotation and the program to the Program Director for evaluation and implementation as needed.
8. Attend and participate in all Student/Resident Journal Clubs, Treatment Planning Conferences and Patient Care Conferences.
9. If selected by a resident as their advisor for a table clinic or lecture, work with and ensure that the Student/Resident completes the project on time.
10. Participate along with the Program Director and Assistant Program Director in Dental Education Committee Meetings, held monthly to review and assess the activities of the program and to assess Student/Resident progress towards graduation.

STUDENT/RESIDENT RESPONSIBILITIES

1. Patient care takes priority over all other activities in which the Student/Resident engages.
2. Student/residents will strictly adhere to all clinical and didactic schedules.
3. E-mail will be the primary means for dissemination of information. Residents will regularly monitor their Outlook e-mail throughout the day, and will always check for messages before leaving at the end of the duty day.
4. The hours of operation for the Dental Clinics are 0730 to 1130 and 1230 to 1630, with an exception to Allen Dental Clinic 0630 to 1530. However, clinic hours are not the duty hours for Student/Residents. The duty day will regularly start at 0730 and will normally end 1630.
5. The duty uniform is always OCP unless otherwise specified (lectures, consultants, conferences etc.) In the clinic, scrubs (top and bottom), and appropriate personal protective equipment (PPE) are always to be worn during patient care. PPE will not be worn in “clean” areas.
6. Student/Residents will strictly adhere to all grooming standards outlined Army Regulation (AR) 670-1. They will also maintain fingernails at lengths dictated by U.S. Army Dental Command Policy.
7. No one is a “Student/Resident-at-Large.” He or she is always a part of a TEAM, even when pursuing personal objectives.
8. Student/Residents will always be cognizant of the fact that they are Officers in the United States Army. He or she will always maintain good order and discipline that is commensurate to the rank and position they hold.

“SOLDIER FIRST”

“RIGHT PLACE, RIGHT TIME, RIGHT UNIFORM”

“COOPERATE AND GRADUATE”

STUDENT/RESIDENT OF THE MONTH DUTIES

Every month during the program year, one or two Student/Residents will be designated to serve as the Student/Resident of the Month (S/ROM). The duties of the S/ROM during the month are:

1. Prepare the lecture room for all Mentors and Consultants
 - a. Lecture Room will be ready NLT 10 minutes prior to lecture
 - b. Preparation includes Laptop and Smart TV as needed
 - c. Check for any special requirements (extra screens, microphone, podium etc.)
 - d. Ensure that back-up equipment is available

2. Provide audio-visual support for all Mentors and Consultants
 - a. Monitor Lighting during lectures
 - b. Have Laser Pointer Readily available
 - c. Have Remote Controls readily available

3. Compile the Resident Monthly Report
 - a. Submit the monthly didactic report no later than the 5th of the following month.

4. Introduce the consultants for that month
 - a. Consultant CV will be provided as a guide
 - b. Introduction prior to Student/Resident Program
 - c. Introduction prior to any DENTAC portion

5. Audio-Visual support when needed at alternate training location

6. Responsible for the lab cleanliness in the resident area
 - a. Ensure the lab is clean by COB of the last workday in the week
 - b. The Director, Assistant Director, or lab officer will inspect the area before dismissing the residents

S/ROMs are ultimately responsible for ensuring that lectures and seminars go smoothly from an Audio-Visual support standpoint. Timeliness and preparedness are essential elements to executing these duties. It is prudent that all Student/Residents become familiar with all of the equipment available. They should also be familiar with the layout of the lecture room.

If you are unable to serve as Student/Resident of the Month, it is your responsibility to supply a replacement from among the Student/Resident class. If this occurs, please notify the Program Director of the substitution.

RESIDENT ADDITIONAL DUTIES

1. CLASS LEADER (S) (PRESIDENT): The class leader will serve as spokesperson for the residents. He or she will be the intermediary between residents and the Program Director. The class leader accomplishes tasks on behalf of the Director or AEGD 12-MP staff such as ensuring accountability of residents at lectures and meetings, reminding residents of upcoming deadlines, distributing dental articles or other documentation, etc. The class leader also relays concerns from residents to the Program Director when a consensus exists on an issue. Class Leader position will change on a quarterly basis. Four Leaders will be chosen at onset of program by vote. The class leader with highest number of votes will represent the class as a speaker at the graduation ceremony.

Serving as the class leader allows the resident to demonstrate the ability to assume leadership and responsibility, coordinate with faculty on issues, and work with resident peers as the group leader. This position can be held by one resident or rotated among residents throughout the year.

2. SOCIAL COMMITTEE CHAIRPERSON: The social committee is responsible for organizing periodic get-togethers among the residents, as well as organizing the program's hosting of consultants. This committee is also responsible for coordinating light breakfasts for mentors and residents on days of Treatment Planning Board presentations. The social committee is also responsible for ensuring maximum class participation at major DENTAC activities. Finally, the social committee is responsible for organizing the residents'/mentors' graduation dinner.
3. INFORMATION TECHNOLOGY OFFICER: The information technology officer should be a resident who is very knowledgeable and has experience working with Windows-based automation and audiovisual equipment. They are responsible for assisting fellow residents, mentors and consultants with computer or audiovisual problems. They will contact IT, if problems persist.
4. HISTORIAN: The Historian will record minutes of weekly resident meetings and distribute to residents, directors and Education Technician. They will also be responsible for taking pictures of activities, to include all social events and consultant visits. The Historian will also prepare an end-of-year PowerPoint presentation with resident photos taken throughout the year.

DENTAL EDUCATION COMMITTEE (EDCOM)

The organization, integration, and supervision of the Advanced Education in General Dentistry 12-Months Program is the responsibility of the Commander, United States Army Dental Health Activity Fort Sill. Guidance is provided by the Education and Training Division, USAMEDDPERSA, Office of the Surgeon General, and by the American Dental Association Council on Dental Education. To assist the Commander in the administration of the program, the Commander appoints a Dental Education Committee, which may consist of the following personnel:

1. Director, Advanced Education in General Dentistry 12-Months Program
2. Representative from each specialty service
3. Any other person designated by the Commander

A select group of the program's faculty members serve as their specialty's representative on the DENTAC Education Committee. Membership and duties of the committee are discussed in Army Regulation 351-3.

The Dental Education Committee is responsible for the general supervision of the following dental education programs at Fort Sill, Oklahoma:

1. Advanced Education in General Dentistry 12-Month Program
2. Continuing Dental Education Program
3. Minimal Sedation Course
4. Emergency Wartime Surgery Lectures
5. Basic Life Support Training Classes

One of the committee's primary functions is to develop a logical sequence of didactic and clinical experiences that achieves the AEGD 12-Months Program training goals and enhances the learning experiences of the Student/Residents. The committee periodically assesses specific training outcomes and measures to determine if changes to the academic curriculum are warranted.

The committee members meet monthly or as required to carry out the following duties:

1. Maintain minutes of the Dental Education Committee meetings. Minutes will reflect a continuing evaluation of the goals, progress, and accomplishments of the dental education program and will provide a source record for accreditation evaluations by the American Dental Association. Minutes will include the evaluation of professional progress for the officer Student/Residents. The "Professional Activities" section will include the titles of the papers presented, addresses, lectures, and appointments to professional organizations, committee assignments, information relative to specialty board certification and other pertinent data concerning the dental officers of the command or the officer Student/Residents. A copy of the minutes of each meeting of the Committee will be forwarded to: Department

of Health Education and Training, MCCS-HED, Building 4011, 1750 Greeley Road, Fort Sam Houston, Texas 78234-6122.

2. Evaluation of the professional progress of the Student/Residents. A specific recommendation will be made to the Committee for the continuation, relief, or advancement of each Student/Resident and noted in the minutes.
3. Maintain a permanent record of Student/Resident activities. Each service is required to submit a record of activities on a monthly basis.
4. Make recommendations concerning absences of Student/Residents. Short absences may be authorized upon the recommendation of the Dental Education Committee. Student/Residents who are absent from any program for more than 30 training 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.
5. Approve teaching plans and integrate the complete program.
6. Approve Professional Lectures, table clinics and research papers proposed by Student/Residents.
7. Recommend attendance of Student/Residents at short professional courses or other professional meetings.
8. Recommend awarding certificates upon completion of the resident's participation in the AEGD 12-MP.
9. Assume other responsibilities as directed by Army regulation or as delegated by the Commander.

Residents as a group may submit written input to the Monthly EDCOM meeting through the Program Director, or submit requests through their Resident Class President. The EDCOM 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.

DENTAL EDUCATION COMMITTEE MEMBERS 2023-2024

LTC Travis Ochsner*	Director, AEGD12-MP
MAJ Angelica Bedoya*	Assistant Director, AEGD 12-MP
MAJ Jai-ik Cho *	Mentor, Oral Surgery
MAJ Thomas Millstead**	Mentor, Prosthodontics
LTC Alicia Choi*	Mentor, Periodontics
MAJ David Sabovich**	Mentor, Endodontics
MAJ Peter Vogen*	Mentor, Endodontics
CPT Preston Melhauser	Mentor, General Dentistry, Allen

ADDITIONAL STAFF: Ms. Shiloh Wright, AEGD Executive Assistant

* **Indicates Board Certification**

****Indicates Board Eligible**

DENTAL OFFICER OF THE DAY (DOD)

The Student/Residents will serve as the Dental Officer of the Day (DOD) for a week at a time. The time-frame is the end of the duty day at 1630 Wednesday through 0730 the following Tuesday. The DOD will contact the CQ and the RAHC Urgent Care Clinic at the beginning of the assigned week to ensure contact information (phone numbers) is correct. All treatment required while on DOD will be performed at Cowan Dental Clinic. The Urgent Care Clinic will contact the DOD first. If the DOD determines that treatment is indicated, he/she will contact the CQ. Both need to report to the Cowan Dental Clinic within 45 minutes to render appropriate care. The Student/Resident, not the CQ, will provide all treatment. The Student/Resident should be thoroughly familiar with the Dental Officer of the Day Standard Operating Procedures (SOP), provided during orientation. During his/her tour as DOD, the Student/Resident will also serve as the first-call for the Oral Maxillo-facial Surgery Department. They will perform and assist in the emergency treatment of trauma cases, fractures, etc. under the supervision of the Oral Surgeon. Student/Residents will brief the AEGD 12-MP Director/Assistant Director/ or DOD Coordinator on Monday or the next duty day. Student/Residents will need to turn in a copy of all paperwork completed on any patient as part of the briefing. The Dental Officer of the Day schedule will be coordinated and published by the DENTAC DOD coordinator.

CURRICULUM SUMMARY

The residents participate in a wide variety of activities, both formal and informal, that are designed to challenge them, both clinically and didactically. This section is summarized catalog of these activities. Details of each can be found in subsequent sections of this handbook.

Patient Assignments: Patients are referred for evaluation as potential residency cases from dental clinics on Fort Sill and other local military treatment facilities. Depending on dental needs, the patients are evaluated by the appropriate mentor and are assigned so residents receive an appropriate variety of clinical experiences and encounter problems of increasing complexity as they progress through their training. Records of each resident's clinical activities are maintained and evaluated monthly to assure that the desired quality and mix of patients are maintained.

Comprehensive Care: Comprehensive Care is a major part of the residency clinical experience. Residents spend time throughout the year providing comprehensive care to selected patients with multidisciplinary dental needs. This extends from the initial treatment planning phase through completion of all treatment. All comprehensive care is accomplished under the supervision of the Assistant Director, Director and/or other graduates of a two-year Advanced Education in General Dentistry program. Comprehensive care is completed by residents during various rotations throughout the week. Residents have the responsibility for directing the overall care of these patients.

Clinical Rotations: Throughout the academic year, each resident will approximately average the clinical rotations:

1. Comprehensive Care, Sick Call, Examinations, Restorative at Cowan Dental Clinic or Allen Dental Clinic: 1 day/week
2. Oral & Maxillofacial Surgery Service
 - a. One 2-week rotation during the year with the option of additional elective, shorter rotations later in the program, depending on desire of the resident and academic/clinical performance in other areas up to that point.
 - b. OS at either RAHC, Allen, or Cowan Dental Clinic: 1 day/week
3. Endodontic Service: ½ day/week
4. Periodontic Service: ½ day/week
5. Prosthodontic Service: ½ day/week

Didactic Sessions: Throughout the academic year the residents will participate in a wide variety of lectures, seminars, and didactic exercises, to include but not limited to: block specialty lectures during orientation, conscious sedation course, Treatment planning boards, journal clubs, weekly specialty lectures, guest consultant lectures, and patient care conferences. In addition, the residents will participate in various special courses, including but limited to: advanced life support, basic life support, and combat casualty care course.

Academic Assessments: The residents will take the ABGD written exam at the beginning and end of the academic year to ascertain their didactic progress. In addition, at the end of the year they will be given an oral board examination to articulate and demonstrate their accumulated academic knowledge.

Professional Lecture: Residents are required to prepare and present one formal lecture on a selected and approved subject area different from their table clinic topic. The lecture will be presented to the DENTAC and other professional guests at a Continuing Education event late in the academic year. Lecture requirements include slides and/or other audiovisual aids. The resident will have wide latitude in choosing the lecture topic, with approval of program faculty. Residents must become thoroughly familiar with the lecture material and be prepared to answer questions on their topic. Presentations will be limited to 25-30 minutes per resident.

RESIDENT EVALUATION PROCEDURES

Faculty assessment and evaluation of Student/Resident's performance is continuous throughout the academic year. reflect the quality of the training provided, evaluate the skills of the Student/Resident, and reflect the degree to which the Program's goals and objectives are achieved. Mentors strive to provide Student/Residents with objective, timely, tactful, and honest feedback regarding their performance. Student/Residents receive both formal and informal feedback on their performance related activities. Evaluation of the Student/Resident's performance is assessed through multiple venues, both formal and informal, to include:

- 1. Daily Patient Encounter Outcome Assessment Forms (Daily Procedures and Services).***
Professional services rendered for patients by Student/Residents and overseen by mentors are evaluated the same day as the procedure. This is accomplished in an Outcomes Assessment Form (Daily sheets) which references standards of care. This allows for timely feedback to the Student/Resident in a verbal and written format which facilitates learning through constructive critiques. Daily sheets are reviewed by the department chairs quarterly, to help determine competency as well as quarterly evaluations (see below).
- 2. Evaluation and formal written feedback following academic and didactic activities.***
Following the didactic activities outlined in the curriculum summary (Treatment Planning Board, Professional Lectures and mock oral boards), mentors will complete standard evaluation forms for each graded resident activity. Evaluations provide feedback which focuses on emphasizing good performance and constructive feedback for individual improvement.

3. ***EDCOM Monthly discussion of resident performance and progress.*** Mentors will utilize daily interactions with the residents to continuously assess their performance and progress. During the monthly EDCOM meeting, the committee will discuss daily interactions, as well as all other formal assessments, to discuss and evaluate the performance and progress of each resident. Residents performing at a substandard level in any area will be identified as early as possible. The specialty mentor and/or Program Director will provide appropriate formal written counseling. Withdrawals and probation will be managed IAW AR 351-3. For more details, see the Due Process Plan in this section of the handbook.
4. ***Quarterly clinical/ didactic evaluations.*** Each mentor will complete the Resident Evaluation Report for each resident on a quarterly bases. These reports will be compiled into a single composite report for each resident. The Director will formally counsel the residents on their performance and the contents of the quarterly evaluation report. Residents will read and sign the quarterly evaluation report. Once quarterly evaluations have been signed by the residents, Program Director and DENTAC Commander, copies will be sent to the Directorate of Education and Training, Department of Graduate Dental Education, U.S. Army Medical Department Center and School, Fort Sam Houston, TX.
5. ***Quarterly competency evaluations.*** In addition to the Dental Resident Evaluation report, each mentor will complete a quarterly competency evaluation form for his/her specialty. Mentors will discuss with residents individually on where they are doing well, where they are falling behind, and what the mentor can do to help the resident get more experience in a particular area within their specialty.
6. ***Academic assessments.*** At the end of the academic year, the residents will take the ABGD Outcomes Assessment written examination, which is identical to the written exam taken at the beginning of the program. Additionally, the mentors will collectively administer an oral board examination that will cover a broad range of topic matter in each specialty area. These academic assessments are designed for the residents to bring together all they have learned over the course of the academic year and highlight their professional accomplishment. The director and faculty will use the results of these exercises to determine the effectiveness of their teaching plans and to make changes to the program that will enable it to more effectively achieve the program goals and objectives.
7. ***Annual Military Officer Evaluation Reports.*** Military evaluations will be accomplished annually by the resident's rater (Assistant Program Director) and Senior Rater (Program Director). At the beginning of the academic year, each resident will complete an Officer Evaluation Report (OER) Support Form (DA Form 67-9-1), assisted by their rater. These forms will be used by their rater during the resident's initial counseling and quarterly counseling. At the end of the training year, the rater and senior rater will utilize the resident's DA Form 67-9-1 to complete Officer Evaluation Report (DA Form 67-9). Class Ranking will be enumerated of top four residents through a weighted average of performance: 1) Department Ranking (50 %) 2) Didactic Performance on graded assignments (40%), and 3) Clinical production (10%)

8. Record Audits. Upon completion of the workday. Mentors, who staffed the residents, will review resident clinical notes in Dentrix, provide addendum, and enter a W9000 code to signify a digital countersignature. Any feedback regarding the procedure narrative will be given immediately, followed by signature of Resident's daily sheet. Following the transition to a near complete digital record keeping (MHS Genesis) no guidance from the Dental Health activity has been given regarding Audits. The EDCOM will discuss the deficiency and determine best course of action with the Fort Sill Command Team.

The following criteria will be used in all of the aforementioned venues of assessment and evaluation:

1. Level of interest, motivation, attentiveness and punctuality.
2. Academic curiosity and initiative in the pursuit of knowledge.
3. Level of postgraduate competency in each of the major specialty areas of dentistry.
4. Interest shown in hospital dental practice and protocol during rotation
5. Competency in the dental management of medically compromised patients
6. Organizational and administrative skills in the areas of patient and practice management
7. Communication skills as demonstrated by participation in literature reviews, treatment planning board and patient care conferences and the preparation of a table clinic and lecture
8. Records Management. In accordance with accreditation standards, the staffing mentor will review patient clinic notes, correct deficiencies, and provide addendum/ suggested corrections prior to completion. Clinical notes will be audited on a weekly basis. Residents will be paired together and review a patient clinical note entry and complete a chart audit form. following peer review, the clinical note and audit form will be reviewed by Program Director and audit form filed in resident competency binder and/or electronic portfolio. See part IV of the handbook for Chart audit form.
9. Develop and display the standards and personal conduct expected of a Soldier and a highly trained member of today's Army Dental Corps.

PROGRAM, FACULTY AND CONSULTANT EVALUATION

The Fort Sill AEGD 12-Months Program staff is sensitive and receptive to meeting the needs and reasonable expectations of its Student/Resident and the gaining commands where the Student/Residents will serve following graduation. The program attempts to fulfill these expectation and seeks evaluation to validate that it provides the best possible training experience for the Student/Residents. Student/Residents, Mentors, and all levels of Administration, to include CODA, participate in these processes.

Program Evaluation. The AEGD 12-Months Program uses various outcome measures in its evaluation of the quality of training provided to the Student/Resident. Measures employed include both internal and external mechanisms, the intent of which is to identify weak areas and to suggest modifications to improve the education experience.

1. Internal Assessment Methods:

- a. ***Student/Resident's Assessment of the Program.*** Student/Residents complete a bi-annual evaluation of the program. This is completed during the middle and at the end of the training year.
- b. ***Faculty Assessments.*** The mentors of the Fort Sill AEGD 12-MP complete a bi-annual evaluation of the program. The completed evaluations, including suggestions for improvement, are submitted to the Program Director for consideration. Additionally, the education committee discusses the state of the program during the monthly committee meetings.
- c. ***Program Director/Assistant Program Director.*** The program directors discuss the program regularly throughout the academic year.
- d. Annual CODA Self assessments

2. External Assessment Methods

- a. ***Standardized ABGD Examination.*** The ABGD outcomes assessment exam is a tool to gauge the effectiveness of the didactic aspect of the program.
- b. ***Gaining Command's Survey.*** Surveys will be sent to the gaining commands of recently graduated Student/Resident's. The intent is to gain insight into how well the residents have been prepared to perform as dental officers at a variety of positions.
- c. LTHET selection rates of past Fort Sill AEGD 12-MP Residents
- d. CODA visit (ADA)
- e. Informal review of Student/Resident performance by consultants
- f. Post graduation program USU surveys completed by the former Student/Residents

FACULTY EVALUATION. The mentor staff strives to provide Student/Residents with a challenging and rewarding post-doctoral training experience. Each mentor has formulated a comprehensive array of lectures, demonstrations, seminars and clinical encounters unique to his/her specialty area. However, all forms of instruction are capable of being improved. The mentor staff welcomes constructive criticism intended to enhance the Student/Resident's learning experience. There are two formal mechanisms for faculty evaluation:

1. ***Quarterly Written Evaluation of Mentors by Student/Residents.*** The residents are given the opportunity to provide a written evaluation of each of the mentors. The evaluations are reviewed by the Program Director and the individual specialists, and are used to identify aspects of the program that can be improved.
2. ***Annual Officer Evaluation Report.*** The Program Director, Assistant Program Director, and mentors each receive an annual OER. If a mentor's rater's is not the Program Director, the rater will seek input from the Program Director regarding the mentor's performance in the program, and will be considered when completing the evaluation.

3. EVALUATION OF CONSULTANTS. Teaching responsibilities of visiting consultants are typically limited to lectures and seminars. The Consultants for the AEGD program are representative experts in their discipline. As such, they should be highly knowledgeable, well-organized and well-prepared to present informative and stimulating presentations. The consultant's presentation is formally evaluated by Student/Residents in a written survey and returned to the AEGD Director and Assistant Director for review and action as needed. The Student/Resident and teaching staff evaluation serve as considerations in determining whether consultants are retained or replaced. The Consultant Evaluation Form is found in Part IV of this handbook.

GENERAL POLICIES

1. **PROPER ATTIRE:** Residents must comply with all existing policies pertaining to the proper attire and hours of duty of the DENTAC and the AEGD 12-MP. Under typical conditions the DENTAC and the Program's policies are identical. The duty attire for Fort Sill DENTAC is the Operational Camouflage Pattern (OCP) and is worn throughout the day except when engaging in patient care or organized physical fitness training (PT). 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. Outside the clinic, during normal duty hours, the normal duty uniform is the OCP. The Army Service Uniform (ASU) or Army Green Service Uniform (AGSU) is required to be worn during inspections, professional presentations, and other events as designated. The AGSU will replace ASU for non-formal events. Guidance on the wear and appearance of Army uniforms can be found in Army Regulation (AR) 670-1.
2. **AUTHORIZED ABSENCES:** The AEGD 12-MP is a demanding program. Requests for ordinary leave or special passes that will result in missing scheduled didactic or clinical activity can and will result will be approved. However, there are certain situations where leave and pass may be approved.
 - a. **Ordinary Leave:** Student/Residents may be granted up to 14 days of ordinary leave that can be taken during the Christmas holiday period. Leave requests will be submitted to the Program Director NLT 14 days prior to the beginning of the Holiday Schedule. This leave will only be granted to Student/Residents that are in good academic standing. Student/Residents on probation will not be granted this leave. Ordinary leave will not be granted at any other time during the program year, unless, the leave is determined to be family related and the event(s) only happens once in a lifetime. Examples of such events would include births of immediate family, funerals, severe illness, and graduations. The leave should be limited scope and cover event, plus travel in terms of missed resident days. Each situation will be handled on a case-by-case basis. Regardless of probation status, events determined to be emergency can be granted; see Section C. **Emergency Leave.**
 - b. **Passes / Travel Passes:** Travel Passes will be granted in accordance with Fort Sill DENTAC policies for travel on non-duty days, as well as in accordance with AR 600-8-10 Leaves and Passes. Student/Residents will be granted travel passes for scheduled holidays

and any associated Day of No Scheduled Activity (DONSA), as long as the resident is not assigned as the DOD during these non-duty days. The granting of the mileage Passes are subject to review of the travel plans associated with the requested Travel Pass. None of the above Passes will be granted to a Student/Resident on probation. Mileage passes are to be submitted NLT 14 days prior to training holiday and/or Non-duty day. The residency recommends not purchasing a plane-ticket too far in advance, if the training holiday changes to a duty day. Alternately, resident can get ticket refund insurance, if purchase cannot wait until confirmation of training holiday. No guarantee will be given regarding if training holidays will a duty day or not, unless specified by Dental Activity commander.

- c. **Emergency Leave:** Emergency leave will be granted on a case by case basis at the discretion of the Program director and the DENTAC Commander.
- d. **Convalescent / Maternity Leave:** Maternity leave will be granted in accordance with AR 600-8-10 and Army Directive 2019-05 (Army Military Parental Leave Program). The DENTAC Commander is the approving authority for this non-chargeable leave. Up to 6 weeks can be granted under the guidelines specified in Army Directive 2019-05. It may be necessary for any Student/Resident that uses this leave to extend their time on station to successfully complete the requirements of this program. Convalescent leave other than for child birth will be handled on a case by case basis. Again, refer to AR 600-8-10 for more information on this policy
- e. **Parental (secondary caregiver) Leave:** Army Directive 2019-05 announced guidance for granting parental leave for secondary caregivers. This is a non-chargeable administrative absence. Up to 21 days is available under this program. It must be taken within 1 year of the qualifying birth event or adoption. This program is not available to soldiers who father a child out of wedlock. Granting of this leave is dependent on good academic standing. See ALARCT 062/2009 for detailed instructions on implementation of this program.

3. **SICK POLICY:** Student/Residents are expected to take all necessary measures to prevent illness throughout the program year. This includes proper diet and exercise, sleep discipline and obtaining the yearly Influenza and other required immunizations from Preventive Medicine. The AEGD 12-Month Program mandates the Student/Resident if symptomatic from a respiratory illness or too ill report to work should not attempt to treat patients or come to work. The student/Residents should telephone either the Program Director /Assistant Director and/or the clinic NCOIC/Practice manager as soon as possible, or at least before 0730 on mornings when they are symptomatic or too sick to report to work. They also must ensure that their patients for that day are rescheduled with a minimum of inconvenience to the patients. Student/Residents must report on Sick Call to their assigned primary care clinic and obtain a Sick Slip (DD Form 689) from a physician if they feel that they must miss a one or more consecutive day(s) because of illness. If demonstrating symptoms of a respiratory virus contact RAHC appointment line or Tricare nurse advice line and follow all Covid-19 screening protocols on first onset of illness and not report to duty location. For all other illnesses requiring a Sick Slip, the form should state the diagnosis of the illness, the disposition (duty, quarters,

etc.) and any need for follow-up. The Student/Resident will bring the Sick Slip to the Program Director or Assistant Director for review. A copy of the Sick Slip will be maintained in the Student/Resident's training file. Student/Residents with children must have an approved Family Care Plan in place which outlines a predetermined plan of action to cover situations when their children are sick. Student/Residents should provide DENTAC Headquarters with a copy of this plan once it is approved. **Residents needing Routine medical appointments**, are highly encouraged to be scheduled during didactic events and not during patient care. If that is not possible resident will communicate planned absent to Program Director and/or Assistant Program director.

4. INCLEMENT WEATHER: During periods of inclement weather, safety is of paramount importance. Whenever weather necessitates changes in reporting time or a full base closure, information will be disseminated as quickly as possible. The DENTAC alert roster will be used to relay any alteration to the work schedule. This information will also be announced on local television and radio. Important information is also posted on the Fort Sill Home Page once it is released to the public.

5. COMMANDERS CALL: Commander's Call is commonly scheduled by the commander when he wishes to assemble his military and civilian personnel for a special session. Attendance at these sessions is mandatory for all Student/Residents. A Fort Sill DENTAC Commander's Call typically occurs once per Quarter and provides the dental officer with mandatory military training and/or other annual required training such as HAZCOM, Infection Control, Sexual Harassment, Consideration of Others, Preventive Medicine, etc.

6. OFFICER PROFESSIONAL DEVELOPMENT: Officer Professional Development (OPD) are blocks of instruction that are set aside for the development and improvement of military related skills. Topics such as alternate war time roles for the dental officer will be covered. Also included are topics such as battle analyses. OPD can be done in a lecture setting or as actual hands-on training. Attendance is mandatory for all Student/Residents. This is to include any Meddac/ Dentac Field Training Exercises (FTX).

7. PHYSICAL TRAINING: Physical fitness is a non-negotiable component of life as an Army Officer. Student/Residents must maintain an acceptable level of fitness and also meet the Army's height/weight standards. Student/Residents will need to pass the Army Combat Fitness Test prior to graduation. Failure to pass the ACFT and/or failure to meet the Army's height and weight requirements will adversely affect a Student/Resident's career upon departure from the Program. Each Student/Resident will receive an annual Officer Evaluation Report (OER) upon completion of the Program. Failure to pass the ACFT or failure to meet the height and weight requirements is reflected in the OER and can also lead to disapproval of favorable actions. Things such as ordinary leave and promotion can be adversely affected. In addition, failure to meet these requirements prevents a Student/Resident from applying to specialty training.

8. OFF-DUTY EMPLOYMENT: The AEGD 12-Month Program is an intense year that requires full commitment to the education process. This program requires time and effort beyond the duty day. Although some DENTAC Officers are allowed to work after duty hours ("moonlight"), Student/Residents in the AEGD 12-Months Program will not be permitted to engage in off-duty employment.

9. Community Service Project: Per Program goal #7 and authorization from Commander. The Fort Sill AEGD has a robust Community service project. Participating in several community treatment/health promotion programs which include but not limited: Hearts that Care Dental Clinic, Oklahoma Mission of Mercy, Children's dental health month, Retiree Appreciation day oral cancer screenings, and supporting the Red Cross dental assisting program. Participation is mandatory in one or more of the aforementioned events.

DUE PROCESS PLAN (ADVERSE ADMINISTRATIVE/ DISCIPLINARY ACTIONS)

The dental profession's standards of ethics and conduct dictate that breaches in the profession's clinical standards of care or professional behavior standards are promptly and definitively addressed to preserve the integrity and image of the profession. A specific protocol exists within the dental profession to handle such breaches of standards. It differentiates breaches by severity, as well as between initial and repeated offenders. It uses peer review to assess the breach and allows the accused the opportunity to correct or remediate their unacceptable action or behavior. If facts are in dispute, just decision making requires unbiased, principled deliberation. Simultaneously, the constitutional concept of due process demands fundamental fairness in the method by which discretionary power is exercised. In higher education, a link between due process and discretionary justice is crucial. Faculty may be required to make discretionary decisions based on interpretations of disputed facts. By applying the concept of due process in the context of higher education, they can meet the legal challenges of contract and constitutional law and the demand for justice.

Substantiated, unrectified, severe deficiencies of a clinical, academic or behavioral nature on the part of the Student/Resident may result in the reduction of clinical privileges to practice dentistry and/or termination from AEGD 12-Months Program. The AEGD 12-MP is a highly monitored environment which utilizes multiple venues to track and assess deficiencies. The administrative actions available to the AEGD 12-Months Program are governed by Army Regulation 351-3 (October 2007), as well as certain ADA mandates regarding accredited educational programs.

Due Process also comes into play when a resident fails to meet the didactic or clinical standards, or fails to complete the program requirements in the 12-month timeframe. The rules of Due Process exist to protect the interests of both the program and the resident. Regulations outlined in AR351-3 and various ADA Mandates may provide overlapping guidance regarding action taken in response to unacceptable performance or behavior. In such cases, the more stringent guidance will be assumed.

The following are excerpts from AR 351-3 that govern due process in Army AEGD programs. In this excerpt, 'AGD-1' refers to the AEGD 12-Month Program and the residents within the program.

General Administration

5–5. Withdrawal, probation, termination, and extension

Dental residency program directors (PDs) and commanders of dental units sponsoring residency training programs are responsible for ensuring that residents satisfactorily complete all requirements for their respective specialty training programs and are clinically and academically competent to practice the specialty prior to graduation. Deficiencies in performance will be identified and documented as early as possible in the training program. When deficiencies are identified, PDs and assigned teaching staff will make every reasonable effort to assist residents in improving their performance. A resident is expected to complete all degree requirements within the time specified. If additional time is required, the resident will submit a request for extension to the DC, GDE office, at the above address. This request must arrive in the career branch from the GDE office no later than four months prior to the required need for additional time and the exact date that the training will be completed. If deficiencies cannot be overcome despite the best efforts of the PD and teaching staff, procedures for withdrawal, probation, termination, or extension will be initiated as outlined below.

a. Reasons for withdrawal. An AGD–1 may be withdrawn from the program for any of the following reasons:

- (1) Voluntary request
- (2) Recommendation of the DENTAC commander and the Dental Education Committee
- (3) On authority of the Chief, DC to meet the needs of the Army

b. Withdrawal procedures. The withdrawal procedures are as follows:

- (1) When a resident wishes to voluntarily withdraw from training, the resident must submit a request in writing through the PD and the Dental Education Committee. The request for withdrawal, to include an endorsement by the unit commander and an effective date, will be forwarded through the Academy of Health Sciences, Chief, GDE, ATTN: MCCS–HED, through Chief, DC branch, AHRC, for final action by the Chief, DC.
- (2) A DA Form 67–9 (Officer Evaluation Report) will be submitted on an officer withdrawn from training in accordance with procedures outlined in AR 623–3.
- (3) Residents attending a civilian program who desire to withdraw from training prior to completion must submit a request to Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS–HED, Fort Sam Houston, TX 78234–5075. The request must contain an effective date of withdrawal and a statement from the training PD indicating acceptance of the withdrawal request. Appropriate channels will be notified by the Corps program manager.

c. Probation. The following are reasons for probation:

- (1) *Cause.* A resident may be placed on probation by the unit commander for unsatisfactory performance for no less than 30 days and must receive notification in writing that he or she has been placed on probation. During the probationary period, the resident will be given appropriate opportunity to improve performance to a satisfactory level. The probationary period may be extended. A resident may be processed for immediate termination, based on matters other than those upon which the probation is based, during the period of probation.

(2) *Unsatisfactory performance.* Examples of unsatisfactory performance include, but are not limited to—

(a) Failure to meet academic or technical performance standards or objectives of the program.

(b) Unprofessional conduct. Such conduct includes, but is not limited to:

1. Any act of omission constituting misconduct, or moral or professional dereliction as that phrase is described in AR 600–8–24
2. Any act of omission which is inconsistent with the safe, orderly, and competent practice of dentistry
3. Inappropriate personal conduct that disrupts the academic atmosphere, adversely affects patient care, or casts doubt upon a resident’s future value to the DC.
4. Lack of motivation and/or application

d. Procedures for requests for probation are as follows:

(1) A written request for probation, with supporting documentation, may be submitted to the Dental Education Committee by the PD. A copy of this request will be furnished to the resident and a record of this notification will be maintained by the PD.

(2) The Dental Education Committee will consider the request and, if recommended by the majority vote, recommend to the commander that the resident be placed on probation. A resident may be placed on probation only by the unit commander.

e. Notification of probation. The Director of Dental Education or unit commander will notify the resident, in writing, that he or she has been placed on probation. The notification will include—

- (1) The reasons for probation
- (2) The suggested corrective actions for improvement
- (3) The duration of probation

f. Probationary period. During the probationary period, which must be for a minimum of 30 days, the resident will be given appropriate opportunity to improve performance to a satisfactory level. The probationary period may be extended by a majority vote of the dental education committee. A resident may be processed for immediate termination, based on matters other than those upon which the probation was based, during any period of probation.

g. Termination of probation procedures are as follows:

(1) The probationary status will end—

- (a) When the resident has improved to a satisfactory level, as determined by the dental education committee
- (b) When the resident has voluntarily withdrawn from training
- (c) When the resident has been terminated from training

(2) The Director of Dental Education will notify the resident, in writing, of the end of probation.

h. Reports. A Dental Resident Evaluation Report will be completed and forwarded through the Academy of Health Sciences, ATTN: MCCS–HED, Suite 201, 1750 Greeley Road, Fort Sam Houston, TX 78234–5075, within five working days after an individual has been placed on probation or relieved from probation. A copy of the letter of notification sent to the resident will be included.

i. Procedures for termination of training are as follows:

(1) *Authority*. A two-thirds vote of the Dental Education Committee is required to recommend termination.

(2) *Reasons for termination*. Examples of reasons for termination include, but are not limited to:

(a) Failure to satisfactorily progress toward correction of deficiencies while on probation

(b) Regression or failure to satisfactorily progress in training after removal from probation

(c) Any act of gross negligence, misconduct, or moral or professional dereliction (see AR 600–8–24)

(d) Demonstrated inability or unwillingness to engage in the safe, orderly, and competent practice of dentistry

j. Procedures for recommendation for termination are as follows:

(1) If termination is recommended, the PD will—

(a) Submit a written recommendation for termination with supporting documentation to the Dental Education Committee

(b) Furnish the resident a copy of the recommendation for termination

(c) Maintain a record of resident notification

(2) After notification of the recommended termination, the resident—

(a) Will have five working days to examine the recommendation and file and submit a written statement

(b) May consult with counsel (who need not be a lawyer)

(c) May not appear before the committee, with or without counsel, nor may have his or her counsel appear before the committee alone on the resident's behalf

(3) The Dental Education Committee will consider the termination request and the affected resident's statement to determine whether to recommend termination to the commander. A two-thirds vote is required to terminate. The PD's request and the recommendations of the Dental Education Office will be forwarded to the commander within five working days.

k. The following are actions by the commander:

(1) The commander will notify the resident in writing of the Dental Education Committee's recommendation and their decision within five working days.

(2) If the commander's decision is to continue the resident in training, an information copy of the proceedings will be forwarded through the Academy of Health Sciences, Department of Health Education and Training, 1750 Greeley Road, Suite 201, ATTN: MCCS–HED, Fort Sam Houston, TX 78234–5075.

(3) If the commander's decision is termination of training, the resident will be given five working days to submit a statement of appeal to the commander and/or request a personal appearance with the commander. The resident may not be accompanied by counsel during such personal appearance.

(4) The commander should consider whether further action, such as initiation of elimination action, is appropriate under the circumstances of the case.

l. Further processing. If further processing is needed—

(1) The commander's decision, with resident appeal, if provided, and the Dental Education Committee's recommendation will be forwarded to the Academy of Health

Sciences, Department of Health Education and Training, 1750 Greeley Road, Suite 201, MCCS–HED, Fort Sam Houston, TX 78234–5075, for final action by the Chief, U.S. Army Dental Corps.

(2) A DA Form 67–9 will be submitted on an officer terminated from training in accordance with procedures outlined in AR 623–3.

m. Procedures for extensions of training are as follows:

(1) Residents who are absent from any program for more than 30 training days in an AY or who otherwise fail to satisfactorily complete requirements for graduation must either be extended or be terminated from training at the discretion of the Chief, DC.

(2) The Dental Education Committee will determine whether a resident’s training should be extended or terminated. The committee’s recommendation, including the duration of any recommended extension, will be forwarded to the commander for his or her review and concurrence.

(3) If the recommendation is for extension in training, the commander will notify the resident in writing of the decision; the duration of the recommended extension; and that the recommended extension must be acted upon by the Chief, DC. A copy of the proceedings will be forwarded through the Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS–HED, Fort Sam Houston, TX 78234–5075, for final action by the Chief, DC.

(4) If the recommendation is for termination, the instructions in paragraph 5–5j, above, will be followed.

mi. Active duty service obligation. Residents who withdraw or are terminated from training may be required to complete their ADSO (as stated in their contract or SAs), at the option of the Chief, DC and with approval of the Secretary of the Army. However, nothing in this policy will be construed as limiting the authority of HQDA to discharge, separate, or release from AD any officer whose conduct, record, qualifications, status, or performance would permit such action under applicable regulations. Further, nothing in this policy will be construed to modify the ADSO provisions of any contract SA.

mii. Other Federal programs. Withdrawal, probation, terminations, and extension procedures are determined by applicable agreements and other regulatory guidance of the sponsoring institutions.

Section III

Administration of Educational Programs

5–10. Responsibility for programs

The DENTAC commander at installations conducting dental residencies or fellowships is responsible for the organization, integration, and supervision of dental education programs at that installation.

5–15. Dental Resident Evaluation Report

The Dental Education Committee will maintain a Dental Resident Evaluation Report for the professional activities of each resident and fellow during periods of formal training. The record will be a part of the permanent file of the committee. Should the individual be transferred to another Army DENTAC before completion of training, copies of these evaluations will be forwarded to the gaining DENTAC.

- a. Purpose. This report provides information required for professional progress of residents and fellows
- b. Preparing agencies. Reports will be prepared by the Dental Education Committee on activities designated to conduct GDE programs

(1) Frequency and period covered. Evaluations will be—

(a) Prepared quarterly during the period of training. A copy of these reports will be maintained as a part of the permanent file of the Dental Education Committee. A special evaluation will be completed when a resident is placed on probation, is relieved from probation, or is terminated from training for any reason.

(b) Grouped and sent with a transmittal memorandum to the Academy of Health Sciences, DHET, 1750 Greeley Road, ATTN: MCCS–HED, Ft. Sam Houston, TX 78234–5075.

In summary, the initiation of corrective and/or disciplinary action against a graduate dental education resident having academic, clinical or other difficulties poses serious consequences for the individual resident, for the training program, and for the Army Dental Corps. Protection of the resident’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.

PART II: DEPARTMENT DIDACTIC CURRICULUM

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RESTORATIVE DENTISTRY AND COMPREHENSIVE CARE

The restorative and comprehensive care phase of training is designed to increase the Student/Resident's ability to effectively diagnose and treat restorative conditions of varying degrees of complexity, and to familiarize him/her with the art and concept of treatment planning and coordinating patient care. Additionally, this phase enhances the Student/Resident's knowledge and skill in adeptly selecting and performing complex restorative techniques using state-of-the-art restorative materials and techniques.

The Student/Resident is assigned select patients requiring multidisciplinary treatment during the course of clinical training. The student resident develops a viable treatment plan which addresses the patient's needs and concerns, using input from the other specialty departments as needed, and then presents the proposed treatment plan outlined on DA Form 3984 to the Comprehensive Care mentors for approval and signature. The student resident then presents the treatment options to the patient and educates the patient on these options gaining *informed consent* before the initiation of treatment. Once approved, the student resident assumes responsibility for the timely coordination and/or delivery of the planned treatment to that patient.

Clinical Objectives:

1. Develop expertise in the recognition and treatment of primary, recurrent and rampant caries.
2. Develop skill in rendering complex restorative care.
3. Develop competency in the use of time and resources, including the management of ancillary staff and effectively managing their appointment book.
4. Improve skill in clinical dental photography and in taking dental radiographs
5. Develop a philosophy for preventive and minimally invasive dentistry practices.
6. Develop competency in the art and science of comprehensive treatment planning.
7. Develop competency in the proper selection, manipulation and placement of state-of-the-art restorative materials.

Didactic Objectives:

1. Develop a total patient care philosophy for the practice of comprehensive dentistry.
2. Develop a strong degree of knowledge and expertise in the selection and manipulation of restorative materials that he/she will commonly use in the scope of their practice.
3. Develop a strong and flexible reasoning process when formulating primary and alternative forms of treatment for the patient.
4. Develop ability to appropriately and adequately diagnose and document the patient's existing oral pathoses and treatment needs, to include dental photography.
5. Provide practical experiences designed to improve managerial skills with ancillary personnel.
6. 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 section of Hagen Dental Clinic provide the student resident with experience in examination, review of systems, consideration of appropriate treatment precautions, treatment planning, and definitive treatment. Additionally, the student resident gains practical experience in the management of his/her appointment book and assigned ancillary(s), and gains experience in photographic and diagnostic gathering skills.

Didactic Activities to Achieve Objectives:

The lecture, seminars, literature reviews and treatment planning conferences will cover the following topics:

1. Treatment Planning/ Patient Care Coordination/ Appropriate Patient Referral
2. Current Concepts of Cariology: Etiology, progression, prevention and treatment options
3. Preparation Design
4. Amalgams and Bonded Amalgams
5. Direct Composite Restorations
6. Glass Ionomer Restorations
7. Principles of Dentin Bonding and Liner Selection
8. Alternative Restorative Materials and Techniques

Recommended Texts – Current Editions of :

1. “Sturtevant’s Art and Science of Operative Dentistry”, Roberson, Heymann, Swift
2. “Fundamentals of Operative Dentistry”, Schwartz , Summitt, Robbins

ACUTE CARE ROTATION

The acute care rotation is designed to increase the Student/Resident’s ability to diagnose and treat both common and unique complaints found in emergency dental treatment. Emphasis is placed on using palliative treatment techniques to alleviate the patient’s chief complaint in an efficient manner, followed by timely appointment or referral of the patient for definitive care as appropriate.

Clinical Objectives:

1. Develop clinical competency in the diagnosis and treatment of dental emergencies.
2. Familiarize the resident with the proper administration and interpretation of a medical history update.
3. Familiarize the Resident with the principles of dental readiness outlined in AR 40-35 and AR 600-8-101, and with his/her role in rendering treatment to enhance soldier dental

Didactic Objectives:

1. To develop a philosophy for rendering emergency dental care this is consistent with the principles of sound dental practice and the existing standard of care.
2. To train the Student/ 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.

Clinical Assignments/Experiences to Achieve Objectives:

Supervised experiences in the Comprehensive Care / Operative Dentistry clinical training sessions constitute the bulk of the Student/Resident's training experiences in acute care. The Student/Resident performs all diagnostic and therapeutic services for their assigned acute care patients. These patients are commonly assigned to the Student/Resident on a "work-in" basis, especially in the case of failed or cancelled appointments or when the Student/Resident is assigned to rotate in "Sick Call".

Didactic Activities to Achieve Objectives:

Due to the broad scope of conditions precipitating dental emergencies and categorizing a patient as dentally non-deployable, the predominant part of the acute care didactic training comes from presentations conducted in each of the traditional specialty areas. Specific guidance for the treatment or management of particular conditions is covered in the clinic rotations, to include Comprehensive Care.

ENDODONTICS

The endodontic portion of the residency program provides the Student/Resident with experience in treating teeth with diseases of the pulp and periapical tissues. The Student/Resident is expected to develop competency in evaluation, diagnosis, and case selection, providing non-surgical and limited surgical endodontic therapy, and managing endodontic emergencies. The role of endodontics in the general practice of dentistry is to be emphasized and reinforced through consultation with other dental specialties.

Clinical Objectives

1. To correlate knowledge gained from didactic presentations and clinical demonstrations with radiographic and clinical findings to reach an accurate diagnosis and provide proper treatment for pathology of the pulp and periapical tissues.
2. To gain experience in the management of potential problems associated with both nonsurgical and surgical management.
3. To develop skill in the diagnosis and treatment of endodontic emergencies, to include control of pain and infection through the proper use of medications.
4. To coordinate and perform the endodontic portion of all comprehensive care patients assigned to the resident.

Didactic Objectives

To develop a scientific approach to clinical endodontics through lectures, seminars and literature reviews.

1. To apply the basis sciences and didactic knowledge to clinical endodontics.

Clinical Assignments/Experience to Achieve Objectives

Most patients receiving endodontic care will be comprehensive care patients or will be assigned to each resident. The mentor for Endodontics may assign some patients. Every effort will be made to expose the resident to a wide variety of endodontic problems involving the following areas:

1. Endodontic evaluation and diagnosis utilizing clinical and radiographic examination and the proper use of endodontic diagnostic tests.
2. Pulp capping, pulpotomy and pulpectomy.
3. Access cavity preparation, instrumentation and obturation of the root canal space using conventional and mechanical methods.
4. Restoration of the endodontically treated tooth.
5. Bleaching of vital and nonvital teeth.
6. Endodontic surgeries to include apical curettage, root resection, reverse apical filling, root amputation and hemisection when available.
7. Management of the fractured tooth with and without pulpal involvement.
8. Management of the pulpless tooth with incomplete root formation.
9. Management of endodontic emergencies.
10. Gain familiarity with state-of-the-art materials and techniques for canal preparation and obturation.

Didactic Activities to Achieve Objectives

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

1. Diagnosis and treatment planning.
2. Radiographic technique and interpretation.
3. Advanced canal preparation.
4. Endodontic emergencies.
5. Microbiology and pharmacology of endodontics.
6. Treatment and diagnostic failures.
7. Traumatic injuries.
8. Pulpal/periodontal relationships.
9. Apexification and root resorption.
10. Surgical indications and techniques.
11. Overview of retreatment.
12. Geriatric endodontics.
13. Coronal bleaching.
14. Advanced canal obturation.
15. Controversies in therapy.

16. Restoration of endodontically treated teeth.
17. One appointment endodontics.
18. Intentional replantation.
19. The cracked tooth syndrome.

Recommended Texts and Journals – Current Editions of
“Pathways of the Pulp,” Cohen and Burns

ORAL MAXILLOFACIAL PATHOLOGY

The purpose of the Oral Pathology portion of the program is to provide the resident with an updated and comprehensive review of accepted procedures for diagnosing and treating diseases of the oral and maxillofacial area. 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 diagnoses for any given 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. For discussion purposes, diseases will be grouped by clinical appearance, rather than by etiology or histogenesis. The emphasis will be placed on clinical differential diagnosis rather than histopathology. The program will include opportunities for the residents to practice their diagnostic acumen in the format of clinical pathologic conferences and frequent quizzes.

Learning Objectives

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

Activities to Achieve the Objectives

1. Screening Panorex radiographs of new Army Soldiers for pathology.
2. Clinical pathology lectures.
3. Pathology quizzes.

Reference Text

Neville BW, Damm DD, et al. Oral and Maxillofacial Pathology.

ORAL & MAXILLOFACIAL SURGERY

The oral and maxillofacial surgery component of the AEGD 12-Months Program increases the Student/Resident's competency and knowledge in performing exodontia and minor outpatient oral surgery procedures. The student resident is exposed to hospital protocol and inpatient dental care, as well as major oral and maxillofacial surgical procedures. The Student/Resident is introduced to the MEDCOM's health care related automation initiative, known better as CHCS.

Clinical Objectives

1. To gain insight into the resident's surgical abilities and limitations, allowing him to distinguish cases within his capabilities and those requiring referral for specialty care.
2. Become knowledgeable in anatomy of the head and neck, with emphasis on maxillofacial structures.
3. Gain experience in physical evaluation of patients and treatment of medically compromised patients.
4. Become proficient in simple and complicated exodontia techniques, to include difficult extractions, impactions, mucosal flaps, sectioning and alveoloplasty.
5. Develop proficiency in minor outpatient oral surgical procedures such as pre-prosthetic surgery and biopsies.
6. Enhance capabilities in diagnosis, treatment and referral of infections of the face and jaws.
7. To develop knowledge regarding the diagnosis and stabilization of uncomplicated facial fractures.
8. Become competent in the diagnosis and management of minor soft tissue injuries to the mouth, jaws, and face.
9. Enhance ability in pain control, to include local anesthesia, inhalation conscious sedation and familiarization with IV conscious sedation techniques.

Didactic Objectives

In a lecture, seminar format:

1. To review anatomy and current concepts of the diagnosis and management of head and neck infections.
2. To gain advanced knowledge in taking and recording an accurate, detailed medical history and clinical examination of the head and neck.
3. To increase knowledge in current concepts, procedures and techniques in oral and maxillofacial surgery.

Clinical Assignments/Experience to Achieve Objectives

Each resident will rotate through the Oral and Maxillofacial Surgery Service at Moncrief Army Dental Clinic. Patients will be assigned with increasing complexity as the resident's dento-alveolar surgical skills increase. Definitive care of referral/emergency patients will be provided

by the resident while under supervision of the Oral and Maxillofacial surgery mentors. Experience will be increased in the following areas:

1. Diagnosis, treatment planning and radiographic interpretation of elective and emergency conditions.
2. Instruments, techniques and complications in exodontia procedures.
3. Management of soft tissue trauma.
4. Extraction of impacted and surgically difficult teeth to include flap design, sectioning and suturing.
5. Minor surgical procedures including biopsies, papillary hyperplasia reduction, and soft and hard tissue reduction/re-contouring.
6. Multiple extraction techniques.
7. Diagnosis and treatment of infections to include pharmacotherapeutic and surgical management.
8. Familiarization with oral and maxillofacial surgical procedures in the operating room.
9. Post-operative management.

Didactic Activities to Achieve Objectives

Preplanned teaching sessions:

1. Diagnosis, treatment planning and physical evaluation.
2. Anatomy of infection and antibiotic therapy.
3. Surgical removal of erupted and impacted teeth.
4. Management of complications of minor oral surgery.
5. Pre-prosthetic surgery.
6. Care of the hospitalized patient.
7. Pharmacology and the use of pain medications.
8. Diagnosis and treatment of fractures.
9. Pre and postoperative care of the radiation patient.
10. Management of the immunocompromised patient, the patient receiving chemotherapy and the transplant patient.

Suggested Texts and Journals – Current edition of:

1. “Contemporary Oral and Maxillofacial Surgery,” Peterson et Al
2. “Dental Management of the Medically Compromised Patient,” Little, Falace, Miller, Rhodus
3. “Advanced Trauma Life Support,” American College of Surgeons

ORTHODONTICS

The orthodontics program is designed to place the art and science of orthodontics into the proper perspective relative to an Army practice of general dentistry. The general practitioner should be able to diagnose and treat those cases within his/her capabilities. The student resident should be able to identify and refer those cases that require specialty care. The student resident should be prepared to effectively counsel and advise patients and parents concerning civilian care when military care is not available.

Didactic Objectives

1. In a lecture format: To provide an understanding of current philosophies of orthodontic diagnosis and treatment and relate the basic sciences to treatment methods.

Didactic Activities To Achieve Objectives

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

1. Orthodontics diagnosis / classification of malocclusion
2. Basic cephalometrics and skeletal analysis
3. Arch length and tooth size analysis
4. Introduce considerations in the treatment of cases requiring interdisciplinary care in Periodontics, Prosthodontics, and Oral Maxillofacial Surgery.

Recommended Text and Journals:

1. Proffit, Fields and Sarver, *Contemporary Orthodontics*.
2. American Journal of Orthodontics and Dentofacial Orthopedics
3. Journal of Clinical Orthodontics

PERIODONTICS

The periodontics component of the AEGD 12-Months Program is designed to increase the Student/Resident's expertise in the diagnosis and treatment of acute and chronic periodontal disease. Emphasis is placed on the practical application of periodontal principles, therapeutic techniques and patient management skills to the daily practice of general dentistry. Maximum exposure to the diagnosis, treatment planning and treatment of patients requiring comprehensive dental care is designed to integrate periodontics with the other specialty disciplines in the successful completion of the patient's total treatment requirements by the general dentist.

Clinical Objectives

1. Successfully diagnose and manage most cases of periodontal pathosis.
2. Develop skills in non-surgical and surgical techniques to include diagnosis, treatment planning, emergency treatment and management of soft tissue and osseous defects.
3. Apply the principles of periodontics in every aspect of general practice.

4. Develop a philosophy and technique for patient education, plaque control and preventive dentistry.
5. Be thoroughly knowledgeable in post-surgical maintenance and follow-up patient care

Didactic Objectives

1. To gain an understanding of current concepts of the pathogenesis of periodontal disease as well as the classification and treatment philosophy for different types.
2. Be knowledgeable in the rationale of different treatment modalities as well as the technical management of varying forms of the disease process.

Clinical Experience to Achieve Objectives

Chairside consultation and instruction is provided during the treatment of a sufficient selection of cases involving one or more of the areas listed below:

1. Be knowledgeable in the rationale of different treatment modalities as well as the technical management of varying forms of the disease process.
2. Examination, diagnosis and treatment planning.
3. Scaling and root planing.
4. Gingivectomy and gingivoplasty.
5. Mucogingival surgery.
6. Osseous contouring and grafting.
7. Occlusal adjustment.
8. Exposure to surgical placement of implant fixture, assisted by the periodontics mentor.
9. Guided tissue regeneration procedures.

Didactic Activities to Achieve Objectives

The following topics are covered in lectures, seminars and demonstrations:

1. Diagnosis, prognosis and treatment planning in Periodontics.
2. Instruments – types, use, care and sharpening.
3. Scaling and root preparation.
4. Wound healing and principles of periodontal surgery.
5. Soft tissue management in periodontics.
6. Classification and management of osseous defects.
7. Periodontal regenerative procedures.
8. Furcations.
9. Management of mucogingival problems.
10. Maintenance therapy and patient compliance.
11. Plaque and plaque control.
12. Microbiological aspects of different types of periodontal disease.
13. Chemotherapeutics in periodontics

14. Periodontal disease activity.
15. Occlusal treatment.
16. Restorative and orthodontic considerations.
17. Etiology, pathogenesis and immunology.
18. Implant maintenance and follow-up.

Recommended Texts and Journals – Current edition of:

1. “Carranza’s Clinical Periodontology,” Newman, Takei, Klokkevold, Carranza
2. “Atlas of Cosmetic Reconstructive Periodontal Surgery,” Cohen

FIXED PROSTHODONTICS

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

Clinical Objectives

1. To increase competence in examination, diagnosis, and treatment planning in the partially edentulous patient.
2. Understand the anatomy, physiology, and function of the stomatognathic system and be able to identify normalities and abnormalities.
3. Know the principles of occlusion, be able to detect and correct occlusal interferences and be able to develop an occlusion for each individual patient.
4. Have a working knowledge of all dental materials and instruments required to complete treatment.
5. Be competent in the design and preparation of teeth for all types of cast and ceramic restorations that are functional, esthetic, and physiologically sound.
6. Be knowledgeable in the biomechanical principles of crown, pontic, and framework design.
7. Be knowledgeable in basic laboratory procedures which support fixed prosthodontics care.
8. Learn to make appropriate and accurate jaw relation records using articulators and facebows.
9. Become proficient in temporization in order to maintain a healthy, comfortable, and stable environment for the teeth and soft tissues.
10. Become proficient in preparing restorations for insertion, including adjustment for fit, contour, occlusion, and esthetics.
11. Become proficient in chairside shaping and characterization of porcelain restorations.
12. Become knowledgeable in the management of endodontically treated teeth.

13. To understand and predict when and why fixed prosthodontics will not succeed and be able to treat these conditions with alternative methods.

Didactic Objectives

1. To develop advanced knowledge in the uses and limitations of various procedures, techniques, and materials currently employed in fixed prosthodontics.
2. To instill in the resident an appreciation for continuing education and the ability to critically analyze new prosthodontics techniques and materials.

Clinical Assignments/Experiences to Achieve Objectives

Chairside consultations and instructions will be provided during the treatment and management of a sufficient and varied selection of patients involving the areas listed below:

1. Anterior and Posterior Single Crowns
2. Patient management.
3. Diagnosis and treatment planning.
4. Anterior and posterior single crowns.
5. Simple and complex fixed partial dentures.
6. Surveyed crowns.
7. Management of endodontically treated teeth.
8. Resin retained/acid etch type fixed partial dentures.
9. Basic occlusal equilibration.

Didactic Activities to Achieve Objectives

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

1. Diagnosis, treatment planning, and biomechanical aspects of tooth preparation
2. Gingival retractions.
3. Impression materials
4. Interocclusal jaw relation records.
5. Temporary restorations.
6. Insertion of restorations, adjustments, luting agents, and cementation.
7. Periodontal/restorative relationships.
8. Restoration of endodontically treated teeth.
9. Surveyed crowns and construction of crowns to fit existing removable partial dentures.
10. Recognition and restoration of teeth with cracked tooth syndrome.
11. Preparation of casts, dies and laboratory work authorizations.
12. Basic occlusal equilibration.

13. The science of color.
14. Restoration of the worn dentition.
15. Castable ceramics.
16. Implants

Recommended Texts and Journals – Current edition of:

“Contemporary Fixed Prosthodontics”, Rosenstiel, Land Fujimoto

REMOVABLE PROSTHODONTICS

This component of the AEGD 12-Months Program is intended to provide the student resident with a broad experience in complete and partial removable prosthodontics. Emphasis is placed on preserving the remaining teeth and soft tissues as well as replacing the missing oral structures. The rotation will facilitate interaction with other specialties in the area of treatment planning and will allow the student resident sufficient time for post-insertion evaluation of completed cases.

Clinical Objectives

1. Have a thorough understanding of the anatomy, physiology, and function of the stomatognathic system.
2. Be competent in the physical and psychological evaluation of patients requiring prosthodontic treatment.
3. Be competent in the diagnosis and treatment planning for patients requiring removable prosthodontics.
4. Understand the principles of occlusion for both dentulous and edentulous patients and have a basic understanding of articulators and their concepts.
5. Be capable of fabricating satisfactory complete dentures for patients with varying jaw relations and recognize the need for surgical intervention to improve the denture bearing foundations.
6. Be competent in the design, mouth preparation, delivery, and follow-up care for immediate dentures.
7. Be capable of designing Kennedy Class I, II, III, and IV removable partial dentures, resin partial dentures and dual-path partial dentures.
8. Be familiar with basic prosthodontic restorations involving implants.

Didactic Objectives

1. To develop an understanding of the theoretical, psychological, anatomical, physiological, and technical factors involved in Removable Prosthodontic treatment.

2. To develop an appreciation for the role of Removable Prosthodontics as an important aspect in the treatment of multidisciplinary care patients.

Clinical Assignments/Experience to Achieve Objectives

Chairside consultations and instruction is 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 relationships, occlusion and radiographs.
3. Treatment planning involving coordination with other specialty areas.
4. Patient education and plaque control
5. Preparation of the hard and soft tissues for complete dentures, immediate dentures, and overdentures.
6. Impression techniques and materials.
7. Determining and recording jaw relationships.
8. Uses of the surveyor and principles of removable partial denture design.
9. Selection of artificial teeth.
10. Occlusion and articulation in Removable Prosthodontics.
11. Preparation of laboratory work authorizations.
12. Familiarization with laboratory procedures.
13. Use of soft denture liners and tissue conditioning.
14. Delivery and post-delivery instructions and proper patient follow-up/recall.
15. Relines, rebases, and repairs.
16. Surveying of crowns in conjunction with fixed prosthodontic abutments

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 baseplate.
4. Recording and verification of vertical dimension and centric relation.
5. Vertical and horizontal relations in complete dentures.
6. Partial denture framework design.
7. Oral hygiene and treatment of abused tissue.
8. Esthetics and tooth selection.
9. Occlusion in partial and complete dentures.
10. Mouth preparation and impressions for partial and complete dentures.
11. Immediate dentures—treatment planning, jaw relations, surgery, insertion, and follow up.
12. Overdentures—indications, treatment planning, insertion, and follow up.

13. The wax try-in appointment.
14. Insertion procedures, equilibration, post insertion instructions, and follow-up care.
15. Removable prosthodontics and patient with compromised salivary flow.
16. Prosthodontics for the geriatric patient.

Recommended Texts and Journals: “McCracken’s Removable Partial Prosthodontics”, Carr, McGivney, Brown

PHYSICAL EVALUATION

As introductory experience in Physical Diagnosis will be obtained through lecture and the time spent on both Oral and Maxillofacial Surgery and Periodontics rotations, the basic skills of physical examination and obtaining a complete and accurate medical history will be taught.

Physical Diagnosis Objectives

Through lectures and rotation in the OMS Service, the resident should be able to:

1. Obtain a thorough medical history from patients.
2. Perform a basis physical examination of patients.
3. Collect and interpret findings and determine the potential impact they may have on the planned dental treatment of the patient.
4. Display competence preparing a proper consultation to the patient’s physician based on the findings of the physical evaluation.

Didactic Activity to Achieve Objectives

Formal lectures and discussions, while on the OMS rotation will be conducted in the following areas:

1. Obtain a thorough medical history from patients
2. Medical History.
3. Vital Signs.
4. Head/Ears/Eyes/Nose/Throat/Mouth.
5. Heart/Vessels.
6. Chest/Lungs.
7. Abdomen.
8. Neurological Examination.
9. Dermatology.

Clinical Activity to Achieve Objectives:

1. Daily patient care.
2. Oral and maxillofacial surgery rotation.
3. Operating room experience.
4. Conducting medical histories and physical evaluations.
5. Consultation with medical colleagues.

6. Monitoring patient's vital signs.

PREVENTIVE DENTISTRY

Modern dentistry requires a working knowledge of preventive care that ranges from individual oral hygiene instruction to advising community groups on fluoridation. Residents should be conversant in the theories and research concerning dental caries to include its etiology, microbiology, progression, and prevention.

In addition, general practitioners must be knowledgeable in the application of fluoride, oral hygiene, behavior modification, patient counseling, and nutrition to the area of preventive dentistry. The role of saliva as to its sources, composition, reasons for changes in flow/chemistry and its significance in the maintenance of oral health must be appreciated.

Didactic lectures on the following topics are scheduled with the intent that the information discussed will be applied to clinical practice:

1. Personality types and communication.
2. Epidemiology of prevention.
3. Saliva and cariology.
4. Immunology of oral diseases.
5. Nutrition in dentistry

COMPREHENSIVE CONTROL OF PAIN AND ANXIETY

A major reason for avoidance of routine dental care is fear of discomfort. The comprehensive control of pain and anxiety in the conscious patient is not only the standard of care in modern practice, but it is a major practice builder. Instruction, consultations, demonstrations, and participation in a formal course entitled "Conscious Sedation" will lead to a working knowledge of which techniques and agents to employ for the comfort of each individual patient. Residents will also treat patients under various means of conscious sedation and IV sedation in the Oral and Maxillofacial Surgery Clinic.

Minimal Sedation Objectives

Through didactic and clinical experience, the resident should be able to:

1. Review medical histories and identify potential problems as well as be able to relate past occurrences with the present status and the potential effect on proposed treatment.
2. Identify the advantages and disadvantages of each conscious sedation technique: the inhalation, oral, intramuscular, rectal, and intravenous routes.
3. Be thoroughly knowledgeable in the types, techniques, and proper use of local anesthetics
4. Be thoroughly knowledgeable in the use of nitrous oxide inhalation sedation.
5. Be thoroughly knowledgeable in the use of oral sedation.
6. To familiarize the resident with the use, maintenance, and fundamentals of intravenous fluid therapy. To understand the effects, advantages, and dangers associated with intravenous conscious sedation.

7. Identify and manage medical emergencies occurring with or without the use of conscious sedation.
8. To be familiar with the fundamentals of airway management in an unconscious patient with emphasis on maintaining the airway and monitoring vital signs.
9. Perform a venipuncture and demonstrate proper airway management.

Didactic Activity to Achieve Objectives

Participate in the following:

1. Physical Diagnosis.
2. Conscious Sedation.
3. Pharmacology.
4. Inhalation Sedation.
5. Annual CPR Recertification.

Clinical Experience to Achieve Objectives

1. Clinical use of oral sedation, inhalation analgesia and local anesthetics
2. Patient treatment in the Oral and Maxillofacial Surgery Clinic at MACH using intravenous conscious sedation.

IMPLANTS

Implants have become an important part of modern dental therapy. Residents will be exposed to clinical treatment of implant cases to include diagnosis, treatment planning, surgical placement, and prosthetic restoration of cases as they become available.

Objectives

1. To develop the diagnostic skills for determining if implants are indicated.
2. To expose the resident to the oral surgical and periodontal aspects of implant placement, management, uncovering, hygiene, and maintenance.
3. To familiarize the resident with the procedures for final prosthetic restoration of implants.
4. To understand the total time required for treatment of the single and complex implant case from initial planning to completion.

Didactic Activities To Achieve Objectives

Scheduled lectures and seminars will be held as follows:

1. Implant History.
2. Diagnosis and Treatment Planning.
3. Surgical and Diagnostic Templates.
4. Surgical Placement.
5. Bone and Soft Tissue Grafting.
6. Sinus Lifts.
7. Restoration of Implants.
8. Restorative Variations – Single Crowns To Edentulous Cases.

9. Anterior Esthetics With Implants.
10. Implant Occlusion.
11. Maintenance of Implants.

Clinical Activity to Achieve Objectives

1. Diagnosis and treatment planning AEGD patients for implants as available.
2. Observation of surgical placement.
3. Restoration of osseointegrated implant cases.
4. Maintenance/follow-up of cases.

MEDICALLY COMPROMISED PATIENTS

As described in the sections in this syllabus on oral and maxillofacial surgery, oral pathology, physical evaluation, comprehensive control of pain, there will be both classroom and clinical experience in treating medically compromised patients. Additional experience will also be gained in more extensive cases in the Oral and Maxillofacial Surgery Clinic.

Significant clinical experience will be gained in the evaluation, diagnosis, treatment planning, and dental care of patients possessing one or more characteristics compromising treatment which must be factored into the evaluation, plan, and ultimate care. Residents will gain experience in treating patients with a variety of chronic and debilitating diseases who also are often taking multiple medications, which must be considered when assessing and caring for this group.

INFECTION CONTROL

The practice of “standard-of-care” dentistry requires a working knowledge and constant practice of proper asepsis and hazard control in the clinic, x-ray room, and laboratory. All residents, staff, and employees are required by OSHA to attend training annually.

The infection Control Policies published by the DENTAC is current and is available to each resident and staff member. This document must be read and its protocol followed. All regulations are in accordance with the most current guidelines on a federal, state, and local level, and must be adhered to in all clinical and laboratory activities. Correct use of personal protective equipment and barrier technique will be adhered to in the clinic and laboratory to ensure asepsis. The AEGD clinic is a large multiple chair clinic, and diligent effort must be made to avoid potentially hazardous contamination and/or cross-contamination of any kind. All residents and health care workers are required to be immunized against hepatitis B, and are strongly encouraged to be immunized against mumps, measles, rubella, and to seek annual TB testing.

Hazard control includes knowledge of the risks and proper handling of all potentially harmful materials and devices used in the clinic and laboratory. Knowledge of proper labeling and Material Safety Data Sheets (MSDS) information is required. All staff must know where to gain rapid access to MSDS information when necessary. Residents and staff must be responsible for the

proper handling of sharps to avoid needle and instrument sticks. In addition, in the event of an accident with a sharp, an Incident Report must be filled out immediately and the required protocol followed. Annual training in OSHA/Hazard Control is a DENTAC requirement.

BASIC SCIENCES

Clinically applicable basic sciences will be integrated into the didactic program. This will assist the resident in understanding the biologic, physiologic, psychologic, and physical ramifications of all proposed treatment. This knowledge is extremely important ethically and medical-legal when a professional is entrusted with treating patients.

All residents participate in a formal course in Pharmacology. In addition, basic science subjects are covered in depth in the following didactic areas:

1. Didactic and clinical aspects of all clinical disciplines.
2. Courses in Oral Pathology, Oral Medicine, Physical Diagnosis, and Control of Pain and Anxiety.
3. Other basic science areas integrated into the above disciplines are physiology, histology, anatomy, genetics, endocrinology, biochemistry, and psychology.

Teaching plans and corresponding clinical/ Didactic Objectives/ Competancies

Lectures, seminars, and exercises have corresponding Clinical/Didactic objectives and Statements of Competancies relating course seminar objectives to learning objective and outcomes. Please see Part IV. appendices for individual lecture detail.

PART III: SPECIAL TRAINING REQUIREMENTS

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STUDENT/RESIDENT PORTFOLIO

In order for the AEGD 12-MP to maintain its accredited status with the American Dental Association's Commission on Dental Accreditation (CODA), it is necessary for the program to maintain documentation of Student/Resident activities. One of the main vehicles that will be employed to document Student/Resident activity will be the Student/Resident Portfolio and hard copy resident binder.

The resident binder will contain working information to track resident progress on a day to day basis. Upon completion of the program resident's binder will scanned to the digital portfolio. Contents of the binder will include the following:

- A. DOD on call schedule
- B. ROM Schedule
- C. Clinical reports
- D. Didactic Reports
- E. Daily sheets
- F. DA 3984's
- G. Implant board forms
- H. Sedation Logs

The portfolio is an organized digital folder that each Student/Resident will assemble and maintain. The portfolio will contain evidence of clinical and didactic work that the Student/Resident has accomplished during the program year. The evidence should be based on *authentic* evaluation of your ability to perform tasks in realistic, unaided situations. "Authentic evaluation is observation of performance or products of performance in contexts that resemble those that will be encountered following the educational program."

Clinical evidence will consist of photographic, radiographic and written evidence. Student/Residents will document clinical dental procedures from start to finish as much as possible through photographs and radiographs. Documents such as Biopsy Reports will serve as acceptable written documentation. In some instances, dental chart entries can serve as written evidence. For all clinical documentation, personally identifiable information should be removed or hidden.

Didactic evidence will consist of copies of all projects completed by the Student/Resident. All presentations given during the program year will be included. All Literature Abstracts will be included as well. Student/Residents will also include certain administrative documents such as evaluations and dental record audits. The enclosed "Portfolio Review Sheet" will be used to evaluate each Student/Resident's portfolio. Portfolios will be reviewed every month.

Each Student/Resident will assemble one digital portfolio which will remain with the AEGD 12-MP. It will be used to demonstrate compliance with CODA's accrediting requirements. Students/Residents are highly encouraged to obtain a digital copy of their portfolio for personal use. The portfolio will be useful when applying for employment, training, licensure or privileges. The portfolio that remains with the program will be an electronic copy. The Student/Resident's version can be a hard or electronic copy.

The following is an outline of the folder structure that each resident will use for his/her resident portfolio. Items in **BOLD** indicate a folder or subfolder and are followed by required contents:

1. Administrative
 - a. **Personal:** Curriculum Vitae, Bio, Officer Record Brief
 - b. **Assessment:** Pre- and Post-residency ABGD Written Examination results
 - c. **Evaluations:** Quarterly Evaluations, OER Support Forms, OER
 - d. Monthly Didactic Report
 - e. Monthly Record Audit Forms
 - f. **Credentials:** Oath of Office, Orders, License, BLS certification, ACLS certification, Peer Letters, other certifications, etc...
2. Clinical
 - a. **Comprehensive Care:** 3984s for Treatment Planning Board Patients and all other comprehensive care patients.
 - b. **Daily Encounter:** Patient Daily Encounter Forms
 - c. Oral Sedation Patient Log
 - d. Medically Compromised Patient log
 - e. Implant Patient Log
3. Projects
 - a. **Presentations:** Copies of all presentations, to include lectures, PCC's, Oral Medicine lectures, etc...
 - b. **Literature Review:** All literature review abstracts.
4. Training
 - a. **Certificates:** Copies of all military annual training certificates
 - b. **CE:** Copies of all CE certificates
 - c. Other:

STANDARDIZED TREATMENT PLANNING BOARD

The hallmark of the accomplished general practitioner is his/her ability to formulate a clear, coherent and phased comprehensive treatment plan to efficiently meet their patient's needs and expectations. The Treatment Planning Board (TPB) provides an opportunity for the resident to present a complex multi-disciplinary case to a professional audience, with the following objectives:

1. To enhance the resident's treatment planning skills.
2. To teach the resident an acceptable method of presenting cases to a professional audience.
3. To help the resident gain confidence in his/her ability to speak before groups.
4. To foster an environment of professional collegiality wherein the resident learns to appreciate the marked advantages of a group practice, a concept wherein the Army Dental Corps truly excels.

The standardized treatment planning board will mirror and format will follow the AMERICAN BOARD GENERAL DENTISTRY (ABGD) written treatment planning examination. The main differences between the official ABGD examination and the AEGD TPB format is the Case Review Section will be 2 hours, a problem list/ treatment plan will be generated, and upon completion of the TPB, all items will be turned in following the Oral Examination section. The following excerpt has been taken from www.ABGD.org and adjusted to fit the AEGD's TPB standards:

The Standardized Treatment Planning Examination examines the candidate's thoroughness of data collection, diagnosis by discipline, and comprehensive treatment planning. An organized and complete data collection of existing conditions and problems is imperative. A thorough knowledge of the phased treatment planning approach is expected and the correct identification of findings in support of accurate diagnoses is a requirement for successful completion of the oral examination. This section of the oral examination objectively assesses a candidate's ability to critically evaluate a standardized multidisciplinary case, make appropriate diagnoses, develop a reasonable treatment plan and defend that plan with appropriate justification and rationale.

Format Overview

1. The format is comprised of two consecutive sessions: a case review section (two hours) and an oral examination (forty-five minutes) section.
2. The oral examination section will be challenged individually with only one candidate allowed test during any given examination period.
3. During the **case review section**, candidates will be presented with a reasonably challenging standardized Multi-disciplinary case from which they must identify major findings, develop a problem list, and make appropriate diagnoses, and develop a treatment plan by phase.

4. Written documentation is required during this section in terms of a problem list and sequenced treatment plan, but scripted notes can also be made during this two hour review in preparation for the oral exam.
5. The oral examination section, candidates present their findings, diagnoses, and treatment plan and then answer questions about the case discussing and justifying their findings, diagnoses and treatment decisions.
6. For both sections candidates will have access to all diagnostic aids regarding the patient's history, dental examination findings, casts and radiographs from which to develop and discuss their treatment plan and rationale.
7. Two separate cases will be given at random in order to aid in the learning process and allow for non-testing residents to be in the audience.

Case Review Section

1. The purpose of this first section (two hours) is to review the diagnostic aids, make appropriate Diagnoses and formulate an in-depth problem list and reasonable treatment plan based on case review findings.
2. Each candidate will have two hours to review the standardized multidisciplinary case and will have access to the following diagnostic aids:
 - a. Chief complaint
 - b. Medical and dental history
 - c. Complete dental examination findings
 - d. Full mouth and panoramic digital radiographs
 - e. Extraoral and intraoral photographic series
 - f. Periodontal charting • Unmounted diagnostic casts
 - g. Articulated casts mounted in CO
 - h. Lined legal (8.5x11 inch) paper
 - i. Pens/ Blue/Red Pencils with sharpener
 - j. Surveyor and table with all rods, gauges, leads, etc.
3. Following formulation of Problem list and sequenced tx plan. If additional times remain Residents are highly encouraged to make notes and develop their original thoughts regarding the case. The problem list and treatment plan will be photocopied and distributed, Residents should use this time to prepare to answer questions (during the oral examination section) that address the following:
 - a. Discipline-Specific diagnoses supported by findings (Problem List)
 - b. Medical considerations
 - c. Treatment plan and rationale by phase
 1. Emergency Phase
 2. Systemic Phase (e.g., medical considerations, treatment modifications)
 3. Preparatory Phase (e.g., caries/periodontal disease control, restorative, endodontic, OMS)
 4. Reevaluation Phase (e.g., compliance, disease control)
 5. Corrective-Restorative Phase (e.g., prosthodontics)
 6. Maintenance phase

- d. Prognosis
- e. Justification/Rationale for treatment decisions
- f. Consideration for patient's treatment timeline (PCS, ETS)

Oral Examination Section

The purpose of this forty-five minute oral examination section is to objectively evaluate a Resident's ability to apply the phased treatment planning approach and to provide justification for their diagnoses and treatment planning decisions. Residents will present their findings, diagnoses, and treatment plan. Questions will be posed to the candidate, based both on their presentation, problem list, and other pertinent aspects of the case. Residents are expected to identify significant findings or problems, make appropriate diagnostic decisions, develop a reasonable phased treatment plan for this case, and properly justify their decisions.

Important points to consider:

1. As with the previous examination format, significant preparation is required prior to the examination to effectively implement the phased treatment planning approach and to support the major diagnoses with correctly identified findings.
2. All diagnostic aids will be available to the candidate as a reference during both sections of the oral examination. Mentors will also be available during the case review section to assist with the administration of the case review and provide any guidance a candidate may require.
3. During the oral examination, topics of interest may include:
 - a. Phased treatment planning approach and sequencing of treatment
 - b. Correct major diagnoses supported by discipline-specific findings
 - c. Patient's chief complaint
 - d. Identifying key abutment teeth
 - e. Occlusal considerations
 - f. Diagnostic techniques
 - g. Materials selection
 - h. Fixed, removable and implant supported appliance design
 - i. Medical management and medication considerations
 - j. Acceptable treatment planning decisions
 - k. Function, esthetics and space maintenance factors
 - l. Disease control
 - m. Prognosis
4. This examination is administered using two consecutive sessions: a case review and an oral examination. Only one resident will test during any given oral examination period

PROFESSIONAL LECTURE

Satisfactory completion of the professional lecture project is a requirement for completion of the AEGD 12-MP. The purpose of the professional lecture is to train the residents in research, preparation and presentation of lectures to a larger audience. They will also serve the purpose of providing no-cost Continuing Dental Education to the DENTAC and other invited providers. The lecture evaluation form is found in Part IV of this handbook.

GUIDELINES

1. The lecture will be a 25-30 minute Microsoft Power Point or Apple Keynote presentation. The topic should be of interest to the speaker and beneficial to the audience.
2. Residents will be assigned to mentor, who will serve as an advisor. Topics will be approved by the education committee.
3. The presentation should be relevant, comprehensive, and interesting. Include photographs, graphs, or other audiovisual aids. Avoid wordy or 'busy' slides.
4. Handouts are not required but are encouraged.
5. At least one month prior to the presentation to the DENTAC, each resident will present a 'rough draft' version of their presentation to, at a minimum, the Program Director, Assistant Program Director, and assigned mentor.
2. The uniform for the Professional Lecture will be the Army Service Uniform ASU or AGSU in the Class A configuration. The Dental Education Committee must approve the topic.

JOURNAL CLUB

Hundreds of articles are published each year in dental literature. Publication does not guarantee validity or relevance. Many published articles fail to meet criteria for proper, true scientific articles. The purpose of journal club is to help Student/Residents learn how to critically review current dental literature. Student/Residents will learn how to identify, assess and incorporate clinically significant and relevant information into clinical practice.

GUIDELINES

1. Each mentor will assign an article to a Student/Resident that pertains to their specialty. Student/residents will rotate specialties on a monthly basis. Articles will be assigned no later than two weeks prior to the Journal Club. The schedule is located in Part IV of this handbook.
2. The Student/Resident will prepare an abstract of the article focusing on validity of the science, applicability, and will include the resident's thoughts on the value of the article as it pertains to his/her clinical practice. Abstracts will be posted to the Journal Club folder on the share drive no later than one week prior. A sample abstract is found in Part IV of this handbook.
3. Each resident will be expected to read all other articles assigned so that they can actively participate in the discussion.

4. Technique and opinion articles will not be selected for review.
5. Each Student/Resident is responsible for copying and distributing copies of their selected articles to all involved faculty and to fellow Student/Residents. Articles will be copied and distributed no later than 2 weeks prior to the date of the Journal Club.
6. Each Student/Resident is also responsible for completing a “Literature Review Abstract Form” for each of their articles. A copy of this form is included with these guidelines. An electronic version of the form will be available to each Student/Resident. The “Literature Abstract Review Forms” are due no later than one week prior to the Journal Club. All abstract submissions will be done electronically.
7. **Abstract Reviews will be no longer than one page in length.**

COMBAT CASUALTY CARE COURSE (C4)/PHTLS

In wartime, the dentist is expected to fill multiple roles. As well as providing dental care, the dentist will act as administrator, medic, physician, nurse, and Soldier. The Combat Casualty Care Course will assist in preparing the residents to fulfill several of these roles. It will also expose the residents to the tri-service healthcare team.

The Combat Casualty Care Course is 9 days (including travel days) in duration. The TDY training site and base of operations is Camp Bullis, a military reservation northwest of San Antonio, Texas. Course activities are conducted at Camp Bullis and Fort Sam Houston.

The residents will take either Advanced Trauma and Life Support (ATLS) or Pre-Hospital Trauma and Life Support (PHTLS). A multi-day training and practical exam in the form of a combat simulated field exercise will follow.

Before departing Fort Sill to attend C4, the resident will be given a partial field issue. Past classes have found inadequate amounts of cold weather gear. Supplement with layered undergarments due to the unpredictable winter weather at Camp Bullis.

ATLS: Participants will be transported each day to Fort Sam Houston where they will receive instruction from experienced trauma surgeons and physicians. The course consists of three 8-hour days of classroom instruction consisting of lectures, a hands-on simulation surgical lab, written exam, and practical exam. The ATLS textbook should be provided by the AMEDD C&S to the course participant. Historically, this book was received immediately prior to departure, if at all. It is highly recommended for the resident to be prepared to procure their own text. Success will require nightly study, both prior to and during training.

PHTLS: Participants will complete training in a classroom at Camp Bullis where they will receive instruction from experienced medics. The course consists of three days of classroom instruction

in first responder training. No pre-training preparation is required for this course. Minimal review is required for successful completion. Percent pass rate is significantly higher than ATLS.

Prior classes have mixed opinions as to the preferred course. Those who attended ATLS expressed satisfaction with the high level of instruction of ATLS. Benefit was felt regardless of difficulty and outcome, due to superior instruction and hands-on training. Others regarded PHTLS as the more relevant course for the dental health care provider and appreciated the narrowed scope for retention of pertinent information.

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FORT SILL AEGD 12-MP
IMPORTANT DATES AND DUE DATES

14 August - 15 September 2023	Residency Orientation
22 August 2023	Cad-Cam Course Part I
11 September – 14 September 2023	Sedation Course
18 September 2023	Start of clinical rotations
22 September 2023	Retiree Appreciation day
8 December 2023	Treatment Planning Board Presentation to Mentors (A-ESP)
15 December 2022	Treatment Planning Board Presentation to Mentors (Evans-Rex)
18 December 2023 - 2 January 2024	Holiday break/leave/day on & day off schedule
17-18 January 2024	Cad-Cam Course Part II
02 February 2024	Professional Lecture Topics submitted to Program Director
12- 15 February	Oral Pathology/ Forensics Short Course
28 Feb - 8 March	C4 & PHTLS (TDY)
22 March 2023	Professional Lecture Bibliography due
01-03 April 2024	Endo/Perio/Pros/Short Course (Virtual)
7 June 2024	Presentation of professional lecture to Dentac**
21 June 2024	Outcomes Assessment/Mock Oral Boards
28 July 2024	Class outing*
12 July 2024	Graduation Ceremony

Important events not yet scheduled, but will occur: 1) OSA short course 2) OFP shorts course

* Subject to change

** Subject to change, will occur in tandem with Commander's Call for that quarter.

STUDENT/RESIDENT (S/ROM) OF THE MONTH SCHEDULE

Month	ROM Schedule
Sep	CPT Adkins-Stiltner
OCT	CPT Cruz Perez
NOV	CPT Esplin
DEC	CPT Evans
JAN	CPT Kim
FEB	CPT Millward
MAR	CPT Rilloraza
APR	CPT Adkins-Stiltner
MAY	CPT Cruz Perez
JUN	CPT Esplin
JULY	CPT Evans

Oral Medicine Topics

Class of 2024

Disease	Chapter	Resident	Date
Hypertension	3	CPT Adkins	25 JAN 2024
Infective Endocarditis	2	CPT Cruz	
Ischemic Heart Disease	5	CPT Esplin	
Heart Failure	6	CPT Evans	
Pulmonary Disease	7	CPT Kim	22 Feb 2024
Smoking / Tobacco use (incl vaping)	8	CPT Millward	
Chronic Kidney Disease	12	CPT Rilloraza	
Liver Disease*	10		
Gastrointestinal Disease	11	CPT Adkins	25 APR 2024
Diabetes Mellitus	14	CPT Cruz	
Thyroid Diseases	16	CPT Esplin	
AIDS, HIV infection, and related conditions	18	CPT Evans	
Acquired Bleeding/Hypercoagulable Disorders	24	CPT Kim	25 MAY 2023
Pregnancy	17	CPT Millward	
Neurologic diseases	27	CPT Rilloraza	
Anxiety, Eating Disorders, Behavior rxns*	28		

* Denotes alternative topic choice, discuss with Program Director

* 4th Thursday starting in January

Presentations should be 15-20 minutes and should include a BRIEF review of the following: Etiology/Epidemiology, Pathophysiology, Clinical Presentation, Medical Management, and Dental Management.

Each resident will provide a single-page handout that will serve as a 'cheat sheet' for their assigned topic.

- Taken from Little and Falace's Dental Management of the medically compromised , 9th ed

AEGD 12-Month Program Fort Sill, OK, Chart audit Evaluation Form

RESIDENT:	DATE of patient Encounter

Audit criteria	MET	Partially MET	Not MET	N/A
1. Clinical notes include references to form DA 205, patient verification/re-verification, pre-procedure checklist, vitals recorded, and time out was accomplished				
2. limited oral, periodic oral, and reevaluation examination were in "SOAPED" Format				
3. Local anesthetics, prescribed medications, isolation techniques and dental materials were documented				
4. Disposition portion/ chart includes a next visit and post-op instructions if indicated.				
5. "SOAPED" format or Dentrix template was used				
6. Diagnoses and treatment were provided prior to written account of treatment execution	_____			
7. Subjective portion of entry included a CC, updated medical history, and changes to patient medications				
9. comments include all ERFO (Extraneous retained foreign objects were accounted for and removed)				
10. Terminology and Grammar correct within reason.				

ADDITIONAL COMMENTS if there is a need for an Adendum :

REVIEWER

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JOURNAL CLUB SCHEDULE

1st Friday/ Month OCT- JULY

	*Oper	Pros	Endo	Perio	OMS	*Ortho/Pedo/ Oral Path		
OCT	Combined Research Methods JC							
Nov	3	4	5	6	7	8-P	1-OP	2-C
Dec	4	5	6	7	8	1-O	2P	3-A
Jan	5	6	7	8	1	2-OP	3O	4-B
Feb	7	8	1	2	3	4-O	5P	6-A
Mar								
Apr	1	2	3	4	5	6-OP	7O	8-B
May	2	3	4	5	6	7-P	8-OP	1-C
Jun	4	5	6	7	8	1-O	2P	3-A

1. Adkins-Stiltner
2. Cruz Perez
3. Esplin
4. Evans
5. Kim
6. Millward
7. Rilloraza

- O = Ortho
P = Pedo
OP = Oral Path
- A – Perio
B – Pros
C – OS

Month	Bedoya	Ochsner	TBD- Allen Mentor
OCT NOV	Combined Research Methods JC		
DEC	Pedo	Oral path	Operative
JAN	operative	Ortho	pedo
FEB	Ortho	operative	Oral Path
APR	Pedo	Oral path	operative
MAY	operative	Pedo	Ortho
JUN	ortho	operative	Oral path

**RESIDENT STANDARDIZED TREATMENT PLANNING BOARD EVALUATION FORM
FT. SILL AEGD-12 MONTH PROGRAM**

NAME OF RESIDENT: _____ DATE: _____

Written Quality of 3984:	LOW					HIGH
Was treatment phased by Staging?	1	2	3	4	5	
Was treatment logically ordered in each stage?	1	2	3	4	5	
Accuracy/Depth of individual stages :						
I. Urgent	1	2	3	4	5	
II. Medical systemic (ASA Class noted*)	1	2	3	4	5	
III. Preparatory/ disease modification (CRA*)	1	2	3	4	5	
IV. Recall	1	2	3	4	5	
V. Corrective Actions	1	2	3	4	5	
VI. Maintenance	1	2	3	4	5	

	LOW					HIGH
PRESENTATION of 3984:						
All aspects of case/tx plan addressed:	1	2	3	4	5	
Oral presentation complete and lucid:	1	2	3	4	5	
General Speaking Ability:	1	2	3	4	5	
Presentation Dignified and Professional:	1	2	3	4	5	

DEFENSE:	LOW					HIGH
Ability to Respond to Questions:	1	2	3	4	5	
Ability to Manage Audience :	1	2	3	4	5	

MENTOR SPECIFIC AREA:	LOW					HIGH
Appropriately DX* and Managed Specialty:	1	2	3	4	5	
Knoweldge of Dental/ Surgery Materials:	1	2	3	4	5	
Residents analysis of TX Prognosis	1	2	3	4	5	
Were Treatment modifications included for Medical Compromised patient	1	2	3	4	5	

Asterisks denotes critical errors must be on 3984 or provided during presentation:

COMMENTS:

MENTOR: _____ TOTAL POINTS:

Maximum of 90

RESIDENT LECTURE EVALUATION FORM
FT. Sill AGD-12 MONTH PROGRAM

NAME OF RESIDENT: _____ DATE: _____

QUALITY OF AIDS: LOW HIGH

Quality of Slides: 1 2 3 4 5

Quality of Handouts: 1 2 3 4 5

PRESENTATION: LOW HIGH

Thorough knowledge of subject 1 2 3 4 5

Oral presentation complete and lucid: 1 2 3 4 5

Speaking Ability: 1 2 3 4 5

Presentation Dignified/Professional: 1 2 3 4 5

DEFENSE: LOW HIGH

Ability to Respond to Questions: 1 2 3 4 5

Ability to Manage The Group: 1 2 3 4 5

COMMENTS:

MENTOR: _____ TOTAL POINTS: _____
Maximum of 40

CONSULTANT EVALUATION FORM

Consultant Name: _____

Date: _____

Evaluator's Name: _____

Scale 1-5

1 = Outstanding

2 = Good

3 = Satisfactory

4 = Marginal

5 = Unsatisfactory

N/A = Not Applicable

INSTRUCTOR	
Organization and level of preparation	
Emphasis on major points	
Quality of examples and illustrations for clarifications	
Ability to challenge the residents	
Ability to answer questions clearly and concisely	
Presentation	
Logical and sequential presentation of material	
Quality of audiovisual aids	
Quality and appropriateness of handouts and references	
Subject Matter	
Appropriateness of materials for an AEGD 12-MP	
Validity and clinical relevance of information presented	
Comments:	

SEMI-ANNUAL PROGRAM EVALUATION BY MENTOR

Name (optional) : _____

Date: _____

Scale 1-5 1 = Outstanding 2 = Good 3 = Satisfactory
 4 = Marginal 5 = Unsatisfactory N/A = Not Applicable

Allotted didactic training time	
Allotted clinic time	
Supplies	
Equipment	
Audio-visual support	
HQ support	
Program Director Support	
Assistant Program Director Support	
OIC Support	
NCOIC Support	
IMD Support	
Laboratory Support	
Administrative Section Support	
Facilities	
Front desk scheduling	
Dental assistant support	
Treatment Planning Board Format	
Professional lecture format	
Journal club review format	
Consultants	
Information flow	
Afterhours activities (CE, functions)	

Comments:

SEMI-ANNUAL FACULTY EVALUATION BY STUDENT/RESIDENTS

Evaluated Mentor: AEGD MENTOR

Date: _____

Resident Evaluator AEGD RESIDENT

SCALE

- Yes, strongly agree, always or consistently describes mentor = 1
- Yes, agree, or this describes mentor the majority of the time = 2
- Yes, somewhat agree, or describes Mentor some of the time = 3
- No or less than half the time = 4
- No, this does not occur or describes my interaction with this mentor = 5
- Does not apply to his/her discipline of dentistry or not enough info to make selection = N/A

* If 1 or 5 is given, a comment is warranted

Clinical:

Mentor staffed me in sufficient quantity and variety of patient procedures for me to provide this mentor accurate feedback.
Allows Student/Resident to exercise acceptable degree of professional judgment when discussing a diagnoses, treatment plans, and during/mid -treatment with a patient.
Discusses alternative treatment plans for patients following Resident/ Mentor discussions.
Anticipates problems with procedures and advises the Student/Resident in advance (applies to mainly to difficult cases or new procedures).
Exhibits patience and calm.
Provided new clinical experiences or re-enforced existing skills.
Is available or will make time when asked to discuss a case.
Gives feedback for improvement.

Interpersonal

Exhibits enthusiasm for dentistry or puts effort into activities.
Treats the resident with respect and honesty.
Listens to residents to resolve concerns, admin or patient related.
Makes decisions that are fair and just to facilitate resident interest and success.
Critiques student/resident at appropriate times (not chair-side unless there is a teaching moment).
Posts Course documents/ sources readily available on Class Drive.

Didactic/Classroom

Motivated to teach.
Communicates clearly and concisely on intent/objectives.
Is available or will make time when asked to discuss a project.
Explains objectives and performance standards.
Provides a multi-modal learning experience (Lecture, hands-on, article review).
*Lectures and coursework align with didactic competences and core curriculum
*Provides electives and advanced learning outside core curriculum

* Please see PDF attachments for didactic competencies and proposed/scheduled/completed lectures*

Additional Comments:

SEMI-ANNUAL PROGRAM EVALUATION BY STUDENT/RESIDENT

Name (optional) : _____

Date: _____

Scale 1-5 1 = Outstanding 2 = Good 3 = Satisfactory
 4 = Marginal 5 = Unsatisfactory N/A = Not Applicable

Please rate the overall program curriculum:		
Please rate the overall clinical section rotations for:		
Comprehensive Care / Operative		
Endodontics		
Oral Surgery		
Orthodontics		
Periodontics		
Prosthodontics		
DOD		
Comments:		
Please rate the didactic experiences in the following:		
Anesthesia/Pain Control		
Comprehensive Care/Operative		
Dental Materials		
Endodontics		
Forensics		
Oral Pathology/Oral Medicine		
Oral Surgery		
Orthodontics		
Periodontics		
Prosthodontics		

Journal Club Review Form (SAMPLE)

Resident: CPT XXXXX
AEGD 12-MP, FT. Sill

October 2023

I. Title, Author & Journal: “Evaluation of the Akinosi Mandibular Block Technique in Oral Surgery”, Allen L. Sisk, D.D.S., Medical College of Georgia. JADA, Vol. 1, No. 2, pgs. 120-4, Feb 98.

II. Purpose: This article was intended to report the findings of clinical study comparing the Akinosi Block technique to conventional inferior alveolar nerve block technique.

III. M&M (Materials/Methods): Twenty patients requiring bilateral extraction of bony impacted mandibular third molars were studied. The patients received each block technique unilaterally and the indicated surgery was performed. The side receiving the conventional block technique also received lingual and long buccal block. Surgical degree of difficulty, surgical trauma, and quality of anesthesia were evaluated by the surgeon. Because of the within subject designed employed, the influence of surgical variability on treatment outcome was considered to be minimal.

IV. Results:

% of patients reporting anesthesia in 5 minutes was 90% for Akinosi, 85% for conventional block. % of patients reporting anesthesia after 10 minutes was the same for both techniques. 20% of patients receiving Akinosi blocks required buccal nerve injections.

There was no significant difference in degree of intraoperative bleeding between the two treatments.

V. Discussion: The Akinosi technique for mandibular nerve block has been stated to have an approximately equal success rate to conventional inferior alveolar nerve block. Possible advantages to this technique: increased rate of onset, less pain on injection, decreased psychological stress, and block of mandibular, lingual, and buccal nerves with a single injection.

VI. Comments: Informative, concise article describes an effective alternative to conventional mandibular block anesthesia.

**AEGD 12-Month Program Fort Sill, OK
Endodontic Evaluation Form**

RESIDENT:	DATE:	Q:
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Assessment Area	Not Observed	Un-Satisfactory	Developing/ Exposure to	Competent	Proficient
1. Endodontic evaluation and diagnosis utilizing clinical and radiographic examination and the proper use of endodontic diagnostic tests					
2. Pulp capping, pulpotomies and pulpectomies					
3. Access cavity preparation, instrumentation and obturation of the root canal space using conventional and mechanical methods.					
4. Restoration of the endodontically treated tooth.					
5. Bleaching of vital and non-vital teeth					
6. Didactic coverage and observation of endodontic surgeries and endodontic re-treatments.					
7. Management of the fractured tooth with and without pulpal involvement.					
8. Management of the pulpless tooth with incomplete root formation.					
9. Management of endodontic emergencies					
10. Familiarity with modern materials and techniques for canal preparation and obturation.					

Comments:

P – Proficient C – Competent D – Developing NO – Not Observed

Proficient: The level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Competent: The level of knowledge, skills, and values required by students/residents to perform independently an aspect of dental practice after completing the program.

Resident is to sign Competency with quarterly mentor evaluation form**

Mentor:	Signature:	Date:
Director: MAJ TRAVIS OCHSNER	Signature:	Date:

**AEGD 12-Month Program Fort Sill, OK
Oral Surgery Evaluation Form V3**

RESIDENT:	DATE:	Q:
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Assessment Area	Not Observed	Un-Satisfactory	Developing/ Exposure to	Competent	Proficient
1. Diagnosis, treatment planning and radiographic interpretation of elective and emergency conditions.					
2. Familiarity with instruments and complications in exodontia procedures.					
3. Management of soft tissue trauma.					
4. Extractions of impacted and surgically difficult teeth, to include flap design, sectioning and suturing.					
5. Skill with minor surgical procedures including biopsies, frenectomies and soft & hard tissue reduction/recontouring.					
6. Diagnosis and treatment of infections, to include pharmacotherapeutic and surgical management.					
7. Exposure to oral and maxillofacial surgical procedures in the operating room.					
8. Skill with post-operative management.					
9. Use of pharmacologic agents for the purpose of sedation, pain and anxiety control in the treatment of dental patients; exposure to IV sedation.					

Comments:

P – Proficient C – Competent D – Developing NO – Not Observed

Proficient: The level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Competent: The level of knowledge, skills, and values required by students/residents to perform independently an aspect of dental practice after completing the program.

Resident is to sign Competency with quarterly mentor evaluation form**

Mentor:	Signature:	Date:
Director: MAJ Ochsner	Signature:	Date:

AEGD 12-Month Program Fort Sill, OK
Endodontic Evaluation Form

RESIDENT:	DATE:	Q:
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Assessment Area	Not Observed	Un-Satisfactory	Developing/ Exposure to	Competent	Proficient
1. Endodontic evaluation and diagnosis utilizing clinical and radiographic examination and the proper use of endodontic diagnostic tests					
2. Pulp capping, pulpotomies and pulpectomies					
3. Access cavity preparation, instrumentation and obturation of the root canal space using conventional and mechanical methods.					
4. Restoration of the endodontically treated tooth.					
5. Bleaching of vital and non-vital teeth					
6. Didactic coverage and observation of endodontic surgeries and endodontic re-treatments.					
7. Management of the fractured tooth with and without pulpal involvement.					
8. Management of the pulpless tooth with incomplete root formation.					
9. Management of endodontic emergencies					
10. Familiarity with modern materials and techniques for canal preparation and obturation.					

Comments:

P – Proficient C – Competent D – Developing NO – Not Observed

Proficient: The level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Competent: The level of knowledge, skills, and values required by students/residents to perform independently an aspect of dental practice after completing the program.

Resident is to sign Competency with quarterly mentor evaluation form**

Mentor:	Signature:	Date:
Director: MAJ TRAVIS OCHSNER	Signature:	Date:

**AEGD 12-Month Program Fort Sill, OK
Prosthodontics Evaluation Form**

RESIDENT:	DATE:	Q:
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Assessment Area	Not Observed	Un-Satisfactory	Developing/ Exposure to	Competent	Proficient
1. Diagnose, develop a treatment plan, and treat patients requiring cast or CAD/CAM restorations of various levels of complexity, including restoration of implants.					
2. Simple and complex fixed partial dentures.					
3. Management of endodontically treated teeth.					
4. Basic occlusal equilibration.					
5. Treatment planning and treating large edentulous spaces dentures with removable prostheses.					
6. Appropriate selection and use of a variety of impression materials and techniques.					
7. Determining and recording of jaw relationships.					
8. Preparation of laboratory work authorizations.					
9. Exposure to soft denture liners, tissue conditioning, relines, rebases, and repairs.					
10. Delivery and post-delivery instructions and proper patient follow-up/recall.					

Comments:

P – Proficient C – Competent D – Developing NO – Not Observed

Proficient: The level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Competent: The level of knowledge, skills, and values required by students/residents to perform independently an aspect of dental practice after completing the program.

Resident is to sign Competency with quarterly mentor evaluation form**

Mentor:	Signature:	Date:
Director:	Signature:	Date:

**AEGD 12-Month Program Fort Sill, OK Restorative/Comprehensive Care Competency Evaluation
Form Version 3.0**

RESIDENT					
Quarter:	NOT Observed	UN-Satisfactory	Developing Exposure	COMP Achieved	Proficient
1. Provide individualized, sequenced treatment plans for patients with multidisciplinary dental needs					
2. Make referrals to, and obtain consultations from professional colleagues for the treatment of dental, and adjunctive health needs					
3. Restore teeth with a variety of restorative materials					
4. Place restorations and perform techniques to enhance patient esthetics.					
5. Manage patients with special needs.					
6. Diagnose, triage, and manage dental emergencies.					
7. Diagnose and manage patients with symptoms of TMD, orofacial pain, and occlusal disorders.					
8. Manage anxious patients with a variety of behavioral and pharmacological techniques.					
9. Use principles of practice management, such as, management of auxiliaries, time and records management, scheduling and workload reporting, quality improvement, infection control, risk management, and professional ethics					

P – Proficient C – Competent D – Developing NO – Not Observed DE- Developing Exposure

Proficient: The level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Competent: The level of knowledge, skills, and values required by students/residents to perform independently an aspect of dental practice after completing the program.

ADDITIONAL COMMENTS: Resident signs with Mentor quarterly counseling	
Mentor:	
Program Director:	

PROGRAM DIRECTOR DENTAL RESIDENT EVALUATION REPORT

For use of this form, see AR 351-3; the proponent agency is the OTSG.

1. RESIDENT NAME (Last, First)	2. RANK CPT	3. SSN	4. REPORT DATE
5. RESIDENCY TYPE AND TRAINING YEAR		6. TRAINING LOCATION	7. RATING PERIOD
AEGD 12-MP, Class of 2023		Fort Sill, OK	

8. EVALUATION AREAS (Rate the evaluation areas using the rating scale below.)

1 - Outstanding	2 - Excellent	3 - Satisfactory	4 - Marginal	5 - Unsatisfactory	N/A - Not Assessed/Observed
ACADEMIC PERFORMANCE			CLINICAL PERFORMANCE		
a. Oral Communication			a. Examination/Diagnosis		
b. Written Communication			b. Treatment Planning		
c. Participation			c. Treatment Skills		
d. Professional Knowledge			d. Records Management		
e. Logic/Reasoning			e. Time Management		
PERSONAL/PROFESSIONAL			MILITARY SKILLS		
a. Ethics			a. Initiative/Motivation		
b. Sound Judgment			b. Responsibility		
c. Interpersonal Relations			c. Appearance		
d. Patient Relations			d. Physical Fitness		
e. Self-evaluation			e. Leadership		

9. OVERALL PERFORMANCE RATING:

10. COMMENTS (Required for an overall rating of 1 and any rating of 4 or 5)

11. RATED OFFICER

I was counseled regarding this evaluation.

SIGNATURE _____

DATE _____

12. EVALUATION APPROVING OFFICIALS

	SIGNATURE	DATE
PROGRAM DIRECTOR	SIGNATURE	DATE
LTC Travis Ochsner		
COMMANDER	SIGNATURE	DATE
COL David Maxwell		

AEGD 12-Month Program Fort Sill, OK
Orthodontics Competency Evaluation Form

RESIDENT:	Quarter:
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Competency	Rating	Remarks
1. Recognize and manage dental malocclusion.		

P – Proficient C – Competent D – Developing NO – Not Observed

Proficient: The level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Competent: The level of knowledge, skills, and values required by students/residents to perform independently an aspect of dental practice after completing the program.

<p>ADDITIONAL COMMENTS: Form was Signed/Observed with respective quarterly Evaluation:</p>		

Restorative Dentistry and Comprehensive Care

Course/Seminar Name	Infection Control and Procedure time-outs
Course/Seminar Director	CPT Blacker, Ty
When Course/Seminar is offered and how many total hours.	When: Orientation Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review DHA procedures including DHA Form 205 • Discuss admin, engineering, and other controls • Waterline testing • Review blood-Borne pathogens
Specific Goals and Objectives or Competencies to be achieved	<ul style="list-style-type: none"> • SOC: CC- 11
Evaluation Mechanism	Q and A after lecture

Course/Seminar Name	Intro to Diagnosis and Treatment Planning
Course/Seminar Director	LTC Ochsner/ MAJ Bedoya
When Course/Seminar is offered and how many total hours.	When: Orientation Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand importance of proper diagnosis • List the steps for developing comprehensive diagnosis and problem list • Create/develop a phased treatment plan based off the problem list. • Properly utilize the DA3984 for complex treatment plans
Specific Goals and Objectives or Competencies to be achieved	<ul style="list-style-type: none"> • CC-CO: 2, 6 • CC-DO: 1, 3, 4 • PE-CO: 1,3 • PE-DO: 1, 2 • PD: 1
Evaluation Mechanism	<ul style="list-style-type: none"> • Utilized in Treating planning board exercise

Course/Seminar Name	Military practice management Part I: Dental Readiness Classification (DRC), Patient forms, and appointment software
Course/Seminar Director	LTC Ochsner, Travis; MAJ Bedoya, Angelica
When Course/Seminar is offered and how many total hours.	When: August (2022) Orientation Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review DRC classifications for specific dental disciplines • Practice Power-chart and Dentrix appointment software • Familiarize with x-ray vision software • Familiarize with Standard Form (SF) 513 and Referral processes
Specific Goals and Objectives or Competencies to be achieved	<ul style="list-style-type: none"> • SOC: CC- 11 • CC-CO: 4,5 • CC-DO: 5 • ACR-CO: 3
Evaluation Mechanism	Checks on learning during learning/ Q and A after lecture

Course/Seminar Name	Military practice management Part II: Intro to Dental Coding
Course/Seminar Director	LTC Ochsner, Travis
When Course/Seminar is offered and how many total hours.	When: August 2023 (Orientation) Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review Coding and Relative Value Unit (RVU) Production and operational cost • Standardize coding procedure for accurate metrics • Review concepts of Bundling/ Unbundling, and upcoding • Discuss common “W” and “D” codes
Specific Goals and Objectives or Competencies to be achieved	<ul style="list-style-type: none"> • SOC: CC- 11 • CC-CO: 4,5 • CC-DO: 3
Evaluation Mechanism	Checks on learning during learning/ Q and A after lecture Discussion of assigned article

Course/Seminar Name	Dental Triage, Sick call procedures, Dental Emergencies, and after-hours care (Dentist-On-Duty) DOD
Course/Seminar Director	MAJ Bedoya, Angelica
When Course/Seminar is offered and how many total hours.	When: August 2023 (Orientation) Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review and discuss Dental triage and sick-call procedures • Familiarize DOD logistics, contact information, and paperwork/documentation of event • Identification of odontogenic infections and elevation to a higher level of care.
Specific Goals and Objectives or Competencies to be achieved	<ul style="list-style-type: none"> • OC: CC- 11 • ACR-CO: 3 • CC-DO: 3 •
Evaluation Mechanism	Checks on learning during learning/ Q and A after lecture

Course/Seminar Name	Dental Caries and the Medical Model
Course/Seminar Director	LTC Ochsner/ MAJ Bedoya, Angelica
When Course/Seminar is offered and how many total hours.	When: Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review the history of dental caries • Understand the nature of dental caries as an infectious disease • Understand the nature of biofilms • Understand the principles of a medical approach to treating caries. • Apply the principles of the medical model when treating a patient.
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 1,5, 6 PD: 3, 5
Evaluation Mechanism	Checks on learning, Featherstone and Anderson Medical model Article, group questions

Course/Seminar Name	Adhesive Bonding
Course/Seminar Director	MAJ Bedoya, Angelica
When Course/Seminar is offered and how many total hours.	When: December 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand enamel vs dentin bonding • Understand the hybrid layer concept • Understand the challenges involved with dentin bonding • Apply various bonding strategies • Utilize various strategies to prevent failure <p>Understand the modern classification of adhesive systems and the advantages and disadvantages of each.</p>
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 7
Evaluation Mechanism	Checks on learning / discussion-based

Course/Seminar Name	Intro to Esthetic Treatment planning and limited Ortho
Course/Seminar Director	LTC Ochsner, Travis
When Course/Seminar is offered and how many total hours.	When: Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understands Identify the Macro, Mini, and micro-esthetics • Review Classifications of Dental malocclusions Orthodontic clinic findings • Discuss/ identify the etiology of Excessive Gingival Display (EGD) • Discuss the treatments for etiologies of EGD.
Specific Goals and Objectives or Competencies to be achieved	Ortho- DO: 1 SOC: CC: 1, 6
Evaluation Mechanism	Checks on learning/ discussion- based Q and A after lecture

Course/Seminar Name	Caries Diagnosis, Caries Risk, and Minimally Invasive Dentistry
Course/Seminar Director	LTC Ochsner
When Course/Seminar is offered and how many total hours.	When: OCT 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand caries progression • Utilize the various modalities of caries diagnosis • Apply various concepts of Minimally Invasive Dentistry • Utilize modern caries risk assessment programs in the treatment of caries
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 1,5,6 CC-DO: 1,2, 3, 4 PD: 2, 3, 5
Evaluation Mechanism	Checks on learning / quiz

Course/Seminar Name	Composites
Course/Seminar Director	MAJ Bedoya, Angelica
When Course/Seminar is offered and how many total hours.	When: NOV 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Know the indications and contraindications of composites • Understand the basic composition of composite resins • Understand the various classification systems and pros and cons of various classes of composites • Recognize proper preparations for composite restorations • Understand and incorporate techniques for class 2 posterior composites using isolation, sectional matrices, and various finishing implements • PE – posterior composite and anterior diastema closure • Introduce new terms oxygen inhibiting layer and degree of convergence
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 5, 6, 7
Evaluation Mechanism	Checks on learning, discussion based.

Course/Seminar Name	Dental Curing Lights
Course/Seminar Director	MAJ Bedoya, Angelica
When Course/Seminar is offered and how many total hours.	When: NOV 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review initial, propagation, termination of composite • Discuss history of curing lights, types, and successive generations • Understand various curing light technologies • Be able to evaluate the literature regarding curing lights • Understand proper curing light use and maintenance
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 5, 6, 7 CC-DO: 6
Evaluation Mechanism	Group Journal article. Assigned question and answers

Course/Seminar Name	• Amalgam and RMGI/ GI Restorations
Course/Seminar Director	MAJ Bedoya, Angelica
When Course/Seminar is offered and how many total hours.	When: DEC 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Know the indications and contraindications of amalgams • Literature review of longevity of amalgam vs composite restorations • Understands the basic composition of amalgams and their classification systems • Know pros and cons of various types of amalgams • PE – large posterior amalgams • Know basic composition and setting reaction of GI and RMGI • Know indications and contraindications of RMGI / GI
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 5, 6, 7 CC-DO: 6
Evaluation Mechanism	Checks on learning, Q and A after lecture

Course/Seminar Name	Dental Ethics
Course/Seminar Director	LTC Ochsner, Travis
When Course/Seminar is offered and how many total hours.	When: JAN 2024 Hours: 1.5
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review Ethical principles of Autonomy, Non-Maleficence, Justice, and Beneficence • Review and discuss how the above principals relate to a modern dental practice.
Specific Goals and Objectives or Competencies to be achieved	SOC: SOC-11
Evaluation Mechanism	Assigned article: “Ethical Issues in Modern Day Dental Practice.” Review assigned Group Questions

Course/Seminar Name	Intro to Dental Sleep medicine
Course/Seminar Director	LTC Ochsner, Travis
When Course/Seminar is offered and how many total hours.	When: March 2024 Hours: 2.0
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review diagnosis of Obstructive Sleep Apnea • Review Pathophysiology of OSA and Comorbid disorders • Review Treatment modalities: removable appliances and surgery • Logistics of treatment
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-7
Evaluation Mechanism	Checks on learning, Q and A after lecture

Endodontics

Course/Seminar Name	Introduction to Endodontics
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: AUG 2023 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Ensure residents are familiar with endodontics department expectations (i.e. resident patient conferences, SOAPED note examples, radiographs etc.) • Determine approximate level of endodontic experience that the residents are starting with. • Give residents an opportunity to ask questions regarding endodontic rotations
Specific Goals and Objectives or Competencies to be achieved	<ul style="list-style-type: none"> • Ensure residents have access to Student Handbook for their reference. • Verbal discussion to discuss current levels of endo experience that the residents are entering the program with. • Answer any questions the residents may have.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Endodontic Diagnosis
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: August 2023 Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students with a baseline understanding of a Bayesian approach to medical diagnostic testing • Familiarize students with endo-specific testing modalities • Familiarize students with AAE diagnostic terminology
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 3, 4; E-DO: 1; AC-CO: 1, 2; AC-DO: 1; CC-DO: 4</p> <ul style="list-style-type: none"> • Ensure residents are able to exercise a systematic approach to endodontic diagnosis. • Ensure residents can effectively identify and communicate endodontic pathosis using correct documentation and terminology. • Ensure residents are able to understand how diagnostic probabilities and risk relate to treatment planning concerns.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Endodontic Morphology and Access
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: August 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students with morphological features of teeth as relates to endodontic access and instrumentation. • Familiarize students with effective landmarks and rules for safe access and canal location. • Familiarize students with expected root forms and canal configurations and potential variations on each.
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 2, 3, 4; E-DO: 1</p> <ul style="list-style-type: none"> • Ensure students are able to safely and predictably access teeth and locate major canals. • Ensure residents have an understanding of potential anatomic variations and risk areas which may necessitate referral or modification of treatment approach. • Ensure students are familiar with the complexity of root canal anatomy so as to encourage thorough instrumentation and irrigation.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Endodontic Instrumentation
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: August 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • List the goals of endodontic instrumentation • Characterize various hand and motor-driven instruments • Describe a step-by-step technique of canal instrumentation • Discuss strategies to avoid iatrogenic mishaps
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 2, 3, 4; E-DO: 1</p> <ul style="list-style-type: none"> • Ensure the residents know the goals of endodontic instrumentation • Ensure students are familiar with the armamentarium of endodontic instrumentation • Ensure students have an understanding of various instrumentation strategies, and particular familiarity with our local instrumentation protocol. • Ensure students are familiar with risk factors for and ways to minimize iatrogenic mishaps.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Obturation and Irrigation
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: August 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students with objectives of obturation • Familiarize students with multi-visit vs single visit indications and intracanal medicaments • Familiarize students with irrigants, smear layer, and reasons for retention or removal • Familiarize students with obturation techniques
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 2, 4; E-DO: 1</p> <ul style="list-style-type: none"> • Ensure students have an understanding of goals when obturating their cases • Ensure students have a grounding in when to consider single- vs multi-visit treatment • Ensure students are familiar with intracanal medicaments and irrigants used during procedures • Ensure students are familiar with obturation techniques, with particular attention to our local protocol.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Coronal Endodontics
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: August 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students with the relationship between endodontic success/survival rates and adequate coronal restorations. • Discuss common structural and restorative failure modes for endodontically treated teeth. • Familiarize students with posts, deep margin isolation, and deep margin elevation procedures for the management of restoratively compromised teeth.
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 2, 4; E-DO: 1; RD-CO: 1, 2, 7; RD-DO: 3</p> <ul style="list-style-type: none"> • Ensure residents are well-versed in the necessity for timely and quality-driven restorative treatments for endodontically treated teeth. • Ensure students have an awareness of available options to mitigate restorative failure points for endodontically treated teeth. • Ensure students can articulate risks vs benefits for various restorative options on restoratively compromised teeth.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Endodontic Emergencies/Complications and the Management of the “Hot Tooth”
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: August 2023 Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students potential iatrogenic mishaps to include instrument separations, preparation/instrumentation errors, sodium hypochlorite accidents, air emphysema, etc. • Familiarize residents with management of acute endodontic emergencies. • Familiarize residents with ways to achieve profound anesthesia in difficult cases.
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 2, 3, 4; E-DO: 1; AC-CO: 1; AC-DO: 1</p> <ul style="list-style-type: none"> • Ensure students know the risk factors, avoidance strategies, and appropriate management for iatrogenic mishaps. • Ensure students are familiar with how/when to perform I&D procedures, how/when to prescribe antibiotics for management of endodontic infections. • Ensure students have an understanding of the mechanisms behind anesthetic failure and ways to achieve profound anesthesia in difficult cases.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Dentoalveolar Trauma and Vital Pulp Therapy
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: August 2023 Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students with types of dentoalveolar trauma, management, and potential sequelae. • Familiarize students with IADT guidelines for trauma management. • Familiarize students with the indications, materials, and procedures for the management of vital pulp exposures.
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 2, 3, 4; E-DO: 1; AC-CO: 1; AC-DO: 1; RD-CO: 2, 5, 7; RD-DO: 1, 3</p> <ul style="list-style-type: none"> • Ensure students can recognize and appropriately respond to traumatic dentoalveolar injury. • Ensure students are able to articulate potential sequelae to traumatic injury and provide appropriate preventive and follow-up care. • Ensure students are able to recognize when vital pulp therapy may be indicated and describe appropriate materials and procedures for performing it.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	CBCT in Endodontics
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: October 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students with CBCT technology • Familiarize students with the interpretation of CBCT images • Familiarize students with the indications for CBCT images in endodontic diagnosis/treatment • Familiarize students with the limitations inherent to CBCT imaging and interpretation
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 4; E-DO: 1</p> <ul style="list-style-type: none"> • Ensure students are familiar with how/when to expose CBCT images for endodontic purposes • Ensure students are familiar with interpretation strategies and avoidance of interpretation errors due to artifact or cognitive factors • Ensure students are familiar with reporting requirements • Ensure students are familiar with radiation dose management
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Cracked Teeth and Resorptions
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: January 2024 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students with dental cracks and fractures that weren't covered trauma lectures. • Familiarize students with external and internal root resorptions • Discuss recognition, diagnosis, treatment planning, and treatment for each
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 2, 3, 4; E-DO: 1; AC-CO: 1; AC-DO: 1</p> <ul style="list-style-type: none"> • Ensure students are familiar with and can articulate the differences between crown-to-root fractures, split teeth, and VRF • Ensure students are familiar with internal resorption, apical inflammatory resorption, and external cervical resorptions • Ensure students are able to describe radiographic and clinical diagnostic criteria for the above fracture and resorptive entities • Ensure students are able to discuss prognosis and potential treatment arms for the above entities.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	When it Doesn't Work: Endodontic Outcomes, RETX, and Surgeries
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: January 2024 Hours: 3
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students with endo outcomes and compare/contrast w/ alternate treatment options • Familiarize students with additional endodontic treatment options available after unsuccessful NSRCT • Familiarize students with potential treatment planning concerns and difficulties encountered when managing previously treated teeth
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 2, 4; E-DO: 1; RD-CO: 2, 6; RD-DO: 3, 4</p> <ul style="list-style-type: none"> • Ensure students are familiar with the distinction between success and survival rates • Ensure students can discuss treatment success in terms of a complete treatment arm when comparing treatment options • Ensure students are familiar with RETX, apicoectomy, root amputation, hemisection, and intentional replantation as treatment options • Ensure students are able to assess potential difficulties encountered in previously treated teeth and can incorporate these into their prognostic judgments and treatment planning
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Changing Endo Paradigms
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: January 2024 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize students with the implications of changing mindsets, technology, and techniques within the specialty • Discuss recent and emerging advances from a perspective of how each might alter how we approach endodontic treatment
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 4; E-DO: 1; RD-CO: 6; RD-DO: 6</p> <ul style="list-style-type: none"> • Ensure residents can discuss how various aspects of understanding, technology, technique, and other factors can combine to alter how we approach endodontics • Ensure residents have some familiarity with some of the newest advances in endodontics and some of the controversy in how they are applied to the specialty
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Endo Mid-Course Correction
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: January 2024 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Re-visit key endodontic topics in relation to residents' endodontic experience thus far in residency • Discuss common treatment difficulties and avenues to address them
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 2, 3, 4; E-DO: 1</p> <ul style="list-style-type: none"> • Ensure residents are able to discuss difficulties or questions that have come up during clinical treatment over the first portion of the residency • Ensure that residents' understanding of key concepts is reinforced or corrected as needed now that they have all had practical experience to draw on.
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Endo Wrap Up
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: TBD Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Discuss how to take what students have learned in residency and apply it to their next duty station • Discuss materials, equipment variations and how to adapt to available armamentarium as well as information to assist in ordering items they may be lacking • Review concepts to keep in mind as residents pursue their careers
Specific Goals and Objectives or Competencies to be achieved	<p>E-CO: 1, 2, 3, 4; E-DO: 1</p> <ul style="list-style-type: none"> • Ensure residents have access to a materials and equipment list • Ensure residents have up-to-date contact information for mentors in case they have questions after they move on • Ensure students have the opportunity to clarify concepts, pose hypotheticals, discuss logistics, etc before they are fully on their own • Discuss further residency training possibilities for students who express interest
Evaluation Mechanism	Hands-on/direct observation

Oral Pathology/ Forensic Short Course Spring 2023-24

Course/Seminar Name	Introduction to Oral Pathology and Epithelial Pathology Part 1
Course/Seminar Director	MAJ Mewar, Parth
When Course/Seminar is offered and how many total hours.	When: April 10, 2023 Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review clinical descriptors of lesions • Develop a strategy for describing various lesions.
Specific Goals and Objectives or Competencies to be achieved	OP: 1, 2
Evaluation Mechanism	Checks on learning

Course/Seminar Name	Epithelial Pathology Part 2
Course/Seminar Director	MAJ Mewar, Parth
When Course/Seminar is offered and how many total hours.	When: 10 April 2023 Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review the etiology, prevalence, and pertinent clinical information for various epithelial lesions
Specific Goals and Objectives or Competencies to be achieved	OP: 1, 2
Evaluation Mechanism	Checks on learning

Course/Seminar Name	Bone Part I- Odontogenic Infection, Cysts and Tumors
Course/Seminar Director	MAJ Mewar, Parth
When Course/Seminar is offered and how many total hours.	When: Hours: 3
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review the etiology, prevalence, and pertinent clinical and radiographic presentations for odontogenic infections, cysts and tumors affecting hard tissues of the jaw,
Specific Goals and Objectives or Competencies to be achieved	OP: 1, 2
Evaluation Mechanism	Checks on learning

Course/Seminar Name	Bone Part II- Benign Fibrous Osseous Lesions, other bone diseases and malignancies
Course/Seminar Director	MAJ Mewar, Parth
When Course/Seminar is offered and how many total hours.	When: Hours: 3
Course/Seminar Objective(s)	<ul style="list-style-type: none"> Review the etiology, prevalence, and pertinent clinical and radiographic presentations for various diseases/ conditions/ syndromes affecting hard tissues of the jaw,
Specific Goals and Objectives or Competencies to be achieved	OP: 1, 2
Evaluation Mechanism	Checks on learning, Q & A after lecture

Course/Seminar Name	Bone Part III- Differentials, Sino-nasal/ ENT
Course/Seminar Director	MAJ Mewar, Parth
When Course/Seminar is offered and how many total hours.	When: Hours: 3
Course/Seminar Objective(s)	<ul style="list-style-type: none"> Review create/differentials for hard tissues of the jaw and sinuses by location of the jaw, tooth position, shape, lesion number, clinical presentations, and patient demographics.
Specific Goals and Objectives or Competencies to be achieved	OP: 1, 2
Evaluation Mechanism	Checks on learning, Q & A after lecture

Course/Seminar Name	Dental Forensics
Course/Seminar Director	Forensic course- lecture
When Course/Seminar is offered and how many total hours.	When: April 2022-23 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Background information the Dentist’s role in Forensic Identification • Historical scenarios of the use thereof • Understand the ID and processing of remains • Identification techniques using x-rays, photos and dental records • Exercise scenario
Specific Goals and Objectives or Competencies to be achieved	OP: 1, 2
Evaluation Mechanism	Checks on learning

Course/Seminar Name	Dental Forensics
Course/Seminar Director	Forensic course- exercise
When Course/Seminar is offered and how many total hours.	When: April 2023 Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Matching of Dental records to hypothetical victims, following a mass causality event
Specific Goals and Objectives or Competencies to be achieved	OP: 1, 2
Evaluation Mechanism	Checks on learning following PE.

Periodontics

Course/Seminar Name	Intro to Periodontics
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: August (Orientation) Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand principles of comprehensive periodontal examination • Periodontal Diagnosis (new AAP diagnosis system) • Understanding how to incorporate AAP diagnosis and classification system in treatment planning
Specific Goals and Objectives or Competencies to be achieved	<p>PER-CO: 1, 3 PER-DO: 1</p> <p>Complete periodontal charting correctly, with mobility, attachment levels, probe depths and furcation involvements noted</p> <p>Be able to correctly classify periodontal diagnosis IAW new Periodontal World Workshop definitions based on patient clinical findings and radiographs</p>
Evaluation Mechanism	Practice cases / checks on learning / patient evaluations

Course/Seminar Name	Photography and Lab
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: October (Orientation) Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review of principles of photograph (light, exposure, color, white balance, etc...) • Camera settings for intraoral photography (shutter speed / F-Stop). • Composition of photographs • Cheek retraction, use of mirrors and retraction devices .
Specific Goals and Objectives or Competencies to be achieved	<p>CC-CO: 4</p> <p>Complete photograph series of fellow classmates as practice</p> <p>Photograph patients during clinical evaluations and treatment procedures</p>
Evaluation Mechanism	Hands-on & direct observation

Course/Seminar Name	Implant Surgical Treatment Planning
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	8-30-2023 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Be familiar with the history of endosteal implants • Understand criteria for implant success and failure • Incorporate essential steps of examination and diagnosis in the treatment planning of implants • Understand principles of implant positioning as they relate to biological and restorative success • Know the space requirements for implants
Specific Goals and Objectives or Competencies to be achieved	IM-CO: 1, 2, 3, 4
Evaluation Mechanism	Direct observation

Course/Seminar Name	ZimVie Implant Surgery/ Restoration Lecture & Lab
Course/Seminar Director	ZimVie Rep. Nathan Powell
When Course/Seminar is offered and how many total hours.	August 2023 Hours: 8
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Implant History and Design of the Biomet3i Implant • Understand basics of Biomet 3i implant surface • Understand principles of implant surgery • Open-Tray vs closed tray vs encode impressions • Be familiar with strategies for restoring implants (impression copings, custom abutments, etc...) • Hands-on practice placing implants in simulated jaws free hand and using navigator kit
Specific Goals and Objectives or Competencies to be achieved	IM-CO: 1, 2, 3, 4
Evaluation Mechanism	Lecture/ PE Hands-on lab w/ direct observation

Course/Seminar Name	Esthetics/ E. Crown- Lengthening (ECL)
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	09-30-2023 Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand limits of and indications of surgical correction to address gingival esthetic concerns • Determine when to use soft tissue vs hard tissue additive or regenerative surgical procedures to correct esthetic concerns • Determine when to use respective procedures to correct esthetic concerns
Specific Goals and Objectives or Competencies to be achieved	PER-CO: 1, 2, 5 PER-DO: 1, 2
Evaluation Mechanism	Checks on learning

Course/Seminar Name	Suturing Lab (ECL Lab component)
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	09-30-2023 Hours:4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Surgical technique and considerations • Discuss Suture materials/ properties • Wound healing • Challenges and conclusions
Specific Goals and Objectives or Competencies to be achieved	PER-CO: 2, 5 PER-DO: 2
Evaluation Mechanism	Hands-on exercise w/ direct observation

Course/Seminar Name	Prognosis, Initial Therapy, and Maintenance
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: 11-18-23 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand periodontal prognosis based on objective clinical criteria • Understand limits of non-surgical therapy and how to evaluate periodontal status post treatment • Understand determination of periodontal maintenance schedules based on effectiveness of therapy and patient oral hygiene
Specific Goals and Objectives or Competencies to be achieved	PER-CO: 1, 2, 4 PER-DO: 1, 2
Evaluation Mechanism	Direct observation and clinical evaluation of patients

Course/Seminar Name	'Fundamentals of Alveolar Ridge Preservation' Lecture & Lab
Course/Seminar Director	Dr. Samar Shaikh, Eric Hostetter Geistlich
When Course/Seminar is offered and how many total hours.	When: 2-10-2024 Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understanding how to classification sockets • Utilize biological principles of blood supply when treatment planning • Understand principles of atraumatic extractions • Be familiar with various grafting strategies for socket preservation • Understand the benefits of various biological materials
Specific Goals and Objectives or Competencies to be achieved	IM-CO: 4 Others: <ul style="list-style-type: none"> • Know when RP is indicated Be familiar with RP materials and techniques
Evaluation Mechanism	Checks on learning, hands-on exercise w/ direct observation

Course/Seminar Name	Osseous Surgery and Disease Management
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	2-24-24
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand when osseous respective surgical techniques in treatment of moderate periodontal disease should be utilized • Understand limits of osseous surgery pertaining to level of disease present based on osseous defect extent
Specific Goals and Objectives or Competencies to be achieved	PER-CO: 1, 2, 5 PER-DO: 1, 2
Evaluation Mechanism	Direct observation

Course/Seminar Name	Connective Tissue Grafts and Mucogingival Surgery
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: TBD Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand the etiology of recession and other mucogingival defects • Understand the classification of mucogingival defects and how it relates to treatment outcomes • Review/understand biotypes • Understand goals and indications of mucogingival surgery • Be familiar with various treatment options for mucogingival defects • Be familiar with various mucogingival surgical techniques
Specific Goals and Objectives or Competencies to be achieved	PER-CO: 1, 2, 5 PER-DO: 1, 2
Evaluation Mechanism	Direct observation

Course/Seminar Name	Bone Augmentation Techniques
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: TBD Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand principles of bone augmentation to restore defective alveolar ridge • Understand principles of bone augmentation to preserve alveolar socket following extraction of teeth • Realize limits of bone augmentation dependent on defect size and available osseous tissue remaining after oral surgery
Specific Goals and Objectives or Competencies to be achieved	PER-CO: 1, 2, 5 PER-DO: 1, 2
Evaluation Mechanism	Checks on learning

Course/Seminar Name	Periodontal Re-cap (Review)
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: TBD Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review of periodontal diagnosis and treatment • Review of implant therapy • Preparation for Mock oral boards
Specific Goals and Objectives or Competencies to be achieved	Multiple
Evaluation Mechanism	Checks on learning

Prosthodontics

Course/Seminar Name	Introduction to Prosthodontics
Course/Seminar Director	MAJ Millstead Thomas
When Course/Seminar is offered and how many total hours.	When: August 2023 (orientation) Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize new residents with the diagnosis and treatment planning aspects of prosthodontics • Discussion of local lab and ADL lab submission processes • Ensure the residents understand the various reasons why teeth are replaced • Give residents an opportunity to ask questions regarding prosthodontic rotations
Specific Goals and Objectives or Competencies to be achieved	PRO-CO: 2 PRO-DO: 1
Evaluation Mechanism	Informal lecture, Q/A following lecture

Course/Seminar Name	Introduction to Facebows, Articulators, and diagnostic records/mounting
Course/Seminar Director	MAJ Millstead Thomas
When Course/Seminar is offered and how many total hours.	When: August 2023 (orientation) Hours: 1
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Familiarize the residents with the facebow 2. Know how to identify and know the difference between two types of facebows 3. Learn how to properly utilize the arbitrary and kinematic facebows 4. Discuss the different classification of articulators
Specific Goals and Objectives or Competencies to be achieved	PRO-CO: 2, 3 RPO-DO: 11
Evaluation Mechanism	Q/A following lecture

Course/Seminar Name	Introduction to Facebows, Articulators, diagnostic records/mounting (Lab component), and analog wax-up
Course/Seminar Director	MAJ Millstead Thomas
When Course/Seminar is offered and how many total hours.	When: August 2023 (orientation) Hours: 4
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Residents to take alginate impression and pour casts with type III dental stone. 2. Take protrusive records and Facebow (FB) records, Utilizing an arbitrary FB 3. Mount casts Celenza Class IIIb (Arcon) Semi-adjustable articulator 4. Practice diagnostic wax-ups on a anterior tooth
Specific Goals and Objectives or Competencies to be achieved	PRO-CO: 2, 3 RPO-DO: 11
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Principals of tooth preparation Part I: The principals
Course/Seminar Director	MAJ Millstead Thomas
When Course/Seminar is offered and how many total hours.	When: October 2023 (orientation) Hours: 2
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Discuss Shillingburg's five principals of tooth preparation 2. Discuss Goodacre's nine principals of tooth preparation 3. Discuss how the 9 principals relate to type of crown type is to be utilized.
Specific Goals and Objectives or Competencies to be achieved	PR-CO: 15 PR-DO: 1, 2 IM-CO: 3, 4
Evaluation Mechanism	Q/A following lecture, check on learning throughout

Course/Seminar Name	Principals of tooth preparation Part II: Retraction techniques and materials
Course/Seminar Director	MAJ Millstead Thomas
When Course/Seminar is offered and how many total hours.	When: orientation Hours: .5 hrs
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Brief discussion of Supra-Crestal attachment (biologic width) and how that influences crown margin depth 2. Indications for one- cord and two- cord retraction techniques 3. Honorable mention of types of astringents/ hemostatic agents used retraction techniques
Specific Goals and Objectives or Competencies to be achieved	PR-CO: 15 PR-DO: 1, 2 IM-CO: 3, 4
Evaluation Mechanism	Q/A following lecture

Course/Seminar Name	Principals of tooth preparation Part III: Typodont tooth preparations
Course/Seminar Director	MAJ Millstead Thomas
When Course/Seminar is offered and how many total hours.	When: orientation Hours: 3 hrs
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Hands-on practice on Columbia dentiform typodonts 2. Crown preparation to standard for <ol style="list-style-type: none"> a. Anterior crown (Empress or Enamic) b. Molar crown (e.max or Enamic) 3. Preparation saved for Cad-Cam course Part I
Specific Goals and Objectives or Competencies to be achieved	PR-CO: 15 PR-DO: 1, 2 IM-CO: 3, 4
Evaluation Mechanism	Q/A following lecture

Course/Seminar Name	Treatment of Endodontically treated teeth
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: Orientation Hours:2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review preparation principles for Endodontically -treated teeth endo crowns • Review current literature regarding endo-crowns • Discussed indications/ Contra-indications for use prefabricated and cast posts (indirect)
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 2,7 CC-DO: 2,3,4
Evaluation Mechanism	Check-backs on learning, Q/A after lecture

Course/Seminar Name	Introduction to Digital Dentures
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: Orientation Hours:1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review Ivoclar digital denture system • Compare and contrast the steps of the ivoclar system vs. traditional methods
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 2,7 CC-DO: 2,3,4
Evaluation Mechanism	Check-backs on learning, Q/A after lecture

Course/Seminar Name	Removable Partial Denture Prosthesis
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: OCT 2023 Hours: 2
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Identify the different Kennedy Classifications 2. Discuss the importance of surveying a cast 3. Learn how to properly sequence when designing an RPD: Rests, major connectors, minor connectors, denture base and direct retainers 4. Help resident refresh RDP Design for Treatment planning board
Specific Goals and Objectives or Competencies to be achieved	PR-CO: 4 PR-DO: 2
Evaluation Mechanism	Check-backs on learning, Q/A after lecture

Course/Seminar Name	Cement Retention vs Screw Retention Crowns
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: January 2024 Hours: 2
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Discuss advantages and disadvantages of both cement and screw retained prosthesis 2. Discuss most system used in the military 3. Discuss the anatomy and biology of peri-implant soft tissue 4. Discuss the major problems related with cement 5. Ensure residents know how to utilize LABTRAC when submitting cases to the ADL
Specific Goals and Objectives or Competencies to be achieved	PR-CO: 15 PR-DO: 1, 2 IM-CO: 3, 4
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Complete Dentures Occlusion
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: 27 Jan 2024 Hours: 1
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Discuss complete denture occlusion 2. Ensure residents know how to set-up anterior teeth using phonetics, aesthetics and lip support and posterior teeth using reference points as discussed 3. Discuss the various occlusal schemes
Specific Goals and Objectives or Competencies to be achieved	PR-CO: 3, 6, 7
Evaluation Mechanism	Check-backs on learning, Q/A after lecture

Course/Seminar Name	Complete Dentures
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: 27 JAN 2024 Hours: 2
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Discuss importance of clinical examination on a complete denture patient 2. Discuss techniques for preliminary impressions, custom trays, border molding and final impressions 3. Discuss the different methods of assessing CR and determining VDO 4. Review how to take a bite registration, use the facebow, establish a midline for the patient and mount the case on an articulator for placement of denture teeth
Specific Goals and Objectives or Competencies to be achieved	PR-CO: 5, 7, 11 PR-DO: 2
Evaluation Mechanism	Check-backs on learning, Q/A after lecture

Course/Seminar Name	Immediate Complete Dentures, tRDPs, and Esthetic go-by's
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: May 2024 Hours: 2
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Review the objectives of classic immediate dentures and transitional immediate dentures 2. Discuss the advantages and disadvantages of immediate dentures 3. Discuss the importance of a proper diagnosis and treatment plan before deciding what type of immediate denture is prescribed 4. Discuss the indications and contraindications of overdentures
Specific Goals and Objectives or Competencies to be achieved	PR-CO: 1, 2, 3
Evaluation Mechanism	Check-backs on learning, Q/A after lecture

Course/Seminar Name	Porcelain Veneers
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: February 2024 Hours: 2
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Discuss the advantages and disadvantages of veneers and when they are indicated 2. Describe a step-by-step technique when preparing a tooth for a veneer: Depth cuts, proximal cuts, gingival margin, incisal margin and final margin 3. Ensure the residents know how to properly make provisional veneers
Specific Goals and Objectives or Competencies to be achieved	PR-CO: 10, 12 PR-DO: 2
Evaluation Mechanism	Check-backs on learning, Q/A after lecture

Course/Seminar Name	Orofacial pain Part I: TMD Anatomy
Course/Seminar Director	LtCOL Weber, Thomas (Consultant)
When Course/Seminar is offered and how many total hours.	When: Winter 2023-24 Hours: .5
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review TMJ joint capsule/tissues and associated structures • Review TMJ function under normal healthy conditions • Review Cervical muscles and associated structures: blood supply, and innervation
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-9
Evaluation Mechanism	Checks on learning, Q and A after lecture

Course/Seminar Name	Orofacial pain Part II: TMD Diagnosis
Course/Seminar Director	LtCOL Weber, Thomas (Consultant)
When Course/Seminar is offered and how many total hours.	When: Winter 2023-24 Hours: 1.5
Course/Seminar Objective(s)	<p>surveys Diagnostic criteria/TMD Taxonomy which includes</p> <ul style="list-style-type: none"> • TMJ Disorder • Masticatory Muscle disorders • Headache • Associated structure <p>Each category is followed by a case example, diagnostic tests performed, and signs/ symptoms pathognomonic as results of clinical findings/ tests.</p>
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-9
Evaluation Mechanism	Checks on learning, Q & A after lecture.

Course/Seminar Name	Orofacial pain Part III: HX & Exam
Course/Seminar Director	LtCOL Weber, Thomas (Consultant)
When Course/Seminar is offered and how many total hours.	When: Winter 2023-24 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Reviews importance of History and Exam, Soap not, and the interviewing process during initial TMD examination. • Introduction to the “LIFT PAIN AT A DOC” Acronym • Describes the Co-morbid contributors that modify or impact TMD disorders (i.e. Sleep, nutrition, etc.) • Discusses clinical tests to help determine diagnosis
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-9
Evaluation Mechanism	Checks on learning, Q and A after lecture

Course/Seminar Name	Orofacial pain Part IV: SELF- CARE
Course/Seminar Director	LtCOL Weber, Thomas (Consultant)
When Course/Seminar is offered and how many total hours.	When: Winter 2023-24 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Reviews therapeutic goals of TMD treatment • Describes Wilkes Classification • Surveys 4 strategies for TMD treatment: Medical management, rehab, arthroscopy, and arthroplasty • Outline Clinical practice guidelines for primary treatment • Provides self-care activities as per primary treatment.
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-9
Evaluation Mechanism	Checks on learning, Q and A after lecture

Course/Seminar Name	Orofacial pain Part IV: SELF- CARE
Course/Seminar Director	LtCOL Weber, Thomas (Consultant)
When Course/Seminar is offered and how many total hours.	When: Winter 2023-24 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Reviews therapeutic goals of TMD treatment • Describes Wilkes Classification • Surveys 4 strategies for TMD treatment: Medical management, rehab, arthroscopy, and arthroplasty • Outline Clinical practice guidelines for primary treatment • Provides self-care activities as per primary treatment.
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-9
Evaluation Mechanism	Checks on learning, Q and A after lecture

Course/Seminar Name	Orofacial pain Part V: MEDICATIONS
Course/Seminar Director	LtCOL Weber, Thomas (Consultant)
When Course/Seminar is offered and how many total hours.	When: Winter 2023-24 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Define: Off-label use, Number needed to treat, and titration • Compare and contrast efficacy of medications commonly used to treat acute/ chronic OFP • Prescription Recommendations based upon pain acute/ chronic and neuropathic OFP • Drug classification, side-effects, indications, and contra-indications
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-9
Evaluation Mechanism	Checks on learning, Q and A after lecture

Course/Seminar Name	Orofacial pain Part VI: Sleep Bruxism and TMD Lit review & Neuropathic Pain
Course/Seminar Director	LtCOL Weber, Thomas (Consultant)
When Course/Seminar is offered and how many total hours.	When: Winter 2023-24 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review the actual association B/t Sleep Bruxism TMD Symptoms • Definition of Neuropathic pain, Trigeminal Neuralgia (TN), TN sub-types • Discuss Epidemiology, pathophysiology, presentation, and treatment for TN, Glossopharyngeal neuralgia, Burning mouth disorder, and Persistent Idiopathic Facial Pain (PIFP), • Compare odontogenic pain vs. PIFP • Introduction to disorder called occlusal dysesthesia
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-9
Evaluation Mechanism	Checks on learning, Q and A after lecture

Course/Seminar Name	Orofacial pain Part VII: Headache & NVOP
Course/Seminar Director	LtCOL Weber, Thomas (Consultant)
When Course/Seminar is offered and how many total hours.	When: Winter 2023-24 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • A survey of the different types of headaches, when to refer, and when/ if it is an emergency • Classify headaches by ICHD-3: Primary headaches, migraines, tension type headaches, and Trigeminal Autonomic Cephalalgias • Discuss Giant Cell Arteritis, prevalence, etiology, signs/ symptoms • Present headache red flags that warrant a medical emergency
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-9
Evaluation Mechanism	Checks on learning, Q and A after lecture

Course/Seminar Name	Orofacial pain Part VIII: OFP Case exercise
Course/Seminar Director	LtCOL Weber, Thomas (Consultant)
When Course/Seminar is offered and how many total hours.	When: Winter 2023-24 Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Following review of health history form and patient questionnaire Resident facilitates complete TMD interview and work up on an OFP exam form, in groups of 2-3 residents • Resident dental assistants simulate patient signs/symptoms • Following data gathering resident determine a differential diagnosis, propose Tx plan, and recall schedule • Upon completions residents present the case to their colleagues
Specific Goals and Objectives or Competencies to be achieved	CC-SOC-9
Evaluation Mechanism	Checks on learning, Q and A after lecture

Sedation Course (Anxiety and Pain Control)

Course/Seminar Name	Introduction to Sedation
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Ensure residents are familiar with the AEGD-1yr Program expectations for mild and moderate sedations • Give residents an opportunity to ask questions regarding sedation protocols
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 5
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Pre- Anesthesia Evaluation
Course/Seminar Director	MAJ Cho, Jai-ik
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: .5
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize new residents with the different sedation policies and required documentation • Give residents an opportunity to ask questions regarding sedation paperwork
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 1
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Record Keeping and Physiological Monitoring
Course/Seminar Director	MAJ Cho, Jai-ik
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1.5
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize new residents with the different levels of sedation • Familiarize new residents with the required equipment needed for the different levels of sedation • Review the various deep sedation medications and reversal agents • Review the potential complications associated with deep sedation
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 2, 3, 6, 7
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Airway Management
Course/Seminar Director	MAJ Cho, Jai-ik
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review anatomy of the conducting and respiratory zones of the respiratory system. • Review the major functions of the conducting and respiratory zones of the respiratory system. • Explain in detail the process of inhalation and exhalation • Review various disease states that alter the rate of gas exchange in the respiratory system
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 8
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Enteral Sedation
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1.5
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Familiarize new residents with the different levels of sedation • Review the various minimal and moderate sedation medications • Review the various minimal and moderate sedation reversal medications • Review the potential complications associated with minimal and moderate sedation
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 2, 3, 6, 7
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Nitrous Oxide
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1.5
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review the history of N2O • Understand the indications and contraindications of N2O • Understand the necessary paperwork for administering N2O • Know how to use existing N2O equipment • Demonstrate how to perform a safety check on N2O equipment • Review techniques for administering N2O
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 4
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Nitrous Oxide hands-on
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1.5
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Demonstrate how to perform a safety check on N2O equipment • Practice techniques for administering N2O
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 4
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Pain and Anxiety
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review the major reasons for dental anxiety and how pain control plays a huge part in managing these cases • Review the major systems of that are responsible for pain • Review in detail objective ways of identifying pain • Explain in detail various pain control techniques
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 1, 5
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Local Anesthesia
Course/Seminar Director	MAJ David Sabovich
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Neurophysiology and Pharmacokinetics of Local Anesthetics • Pharmacology of Local Anesthetics • Adverse Events • Injectable & Topical Local Anesthetics • Maximum Recommended Dosages • Injection Techniques
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 3
Evaluation Mechanism	Question and Answer following lecture

Course/Seminar Name	Opioid Prescribing
Course/Seminar Director	MAJ Sabovich, David
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1.5
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Discuss Historical of opioid use, From opium to fentanyl • Review Opioid Mechanism of action • Describe Efficacy of morphine equivalents • Discuss Opioids prescribing guidelines • Present Case examples when prescription of Opioids is indicated
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 6
Evaluation Mechanism	Question and Answer following lecture

Course/Seminar Name	IV/IM Access/ L-PRF
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: .1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Ensure the residents know the various areas for IV/IM routes of administration • Review the equipment and supplies needed to employ IV/IM routes of administration • Go over various potential complications associated with IV/IM routes of administration • Discuss how to harvest PRF from patient's blood
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 9
Evaluation Mechanism	Question and Answer following lecture

Course/Seminar Name	IV Lab/ L-PRF
Course/Seminar Director	Department of Periodontics Staff
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Learn how to set up and use IV sedation equipment properly • Have residents practice administering an IV on each other under direct supervision • Demonstrate how to harvest PRF from blood
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 9
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	IV Lab/ L-PRF
Course/Seminar Director	Department of Periodontics Staff
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Learn how to set up and use IV sedation equipment properly • Have residents practice administering an IV on each other under direct supervision • Demonstrate how to harvest PRF from blood
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 9
Evaluation Mechanism	Hands-on/direct observation

Course/Seminar Name	Assisting considerations for Sedated patients
Course/Seminar Director	MAJ Cho, Jai-ik
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: .5 hours
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Ensure Residents and assistants are aware of the duties and responsibilities when assisted in a sedation case • Discuss and review SOP guidelines to maximize safety • Compare and Contrast Assisting duties in a sedation patient vs. non-sedated patient
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 7
Evaluation Mechanism	Lecture/ Q and A throughout

Course/Seminar Name	Medical Emergencies
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Ensure the residents know where the crash cart is and where the medications are located • Review the various medical emergency medications in the crash cart and how to employ them • Go over various medical emergency scenarios with residents and clinic staff
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 7
Evaluation Mechanism	Resident present lectures to seminar

Course/Seminar Name	Written Competency exam
Course/Seminar Director	MAJ Cho, Jai-ik
When Course/Seminar is offered and how many total hours.	When: October 2023 Hours: 1hr
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Exam taken to show material was successively understood.
Specific Goals and Objectives or Competencies to be achieved	
Evaluation Mechanism	Written examination

Course/Seminar Name	Sterile Surgical Set-up
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Discuss the increase failure rate in regenerative procedures when a sterile field standard is not followed • Discuss TJC Survey requirements • Minimum PPE requirements • Proper equipment set-up
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 7
Evaluation Mechanism	Lecture/ Q and A throughout

Course/Seminar Name	Sterile Surgical Set-up
Course/Seminar Director	LTC Choi, Alicia
When Course/Seminar is offered and how many total hours.	When: Orientation 2023 Hours: .5 hours
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Hands-on demonstration of sterile set-up with assistants and residents
Specific Goals and Objectives or Competencies to be achieved	PC-CO: 7
Evaluation Mechanism	Lecture/ Q and A throughout

Cad-Cam Course Part I

Course/Seminar Name	Introduction CAD/CAM Dentistry
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: Orientation week Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Be familiar with CEREC 5.2 Software • Understand the critical factors of tooth preparation (crowns, inlays, onlays) for CAD/CAM materials. • Be familiar with basic CAD/CAM equipment maintenance. • Be able to prepare four types of crowns for cementation (e.max, empress, enamic, Cerasmart) • Apply the concepts learned by completing a typodont exercise.
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 2, 2 PRO-DO: 1, 2
Evaluation Mechanism	Checks on learning, quizzes

Course/Seminar Name	Introduction to Dental Ceramics & CAD/CAM Materials
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: CAD/CAM Orientation week (during orientation) Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand the basic composition of dental ceramics • Remember various methods of classification • Understand the significance of common mechanical properties of dental ceramics. • Understand the four categories of ceramics used in CAD/CAM dentistry. • Apply the concepts of dental ceramics to make informed decisions regarding materials. • Evaluate the suitability of a tooth preparation for various dental ceramics. • Understand the concepts of bonding to ceramics.
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 6 CC-DO: 2 PRO-CO: 8
Evaluation Mechanism	Checks on learning

Course/Seminar Name	CEREC Hands-on Exercise
Course/Seminar Director	MAJ Millstead, Thomas, MAJ Bedoya, LTC Ochsner
When Course/Seminar is offered and how many total hours.	When: CAD/CAM Orientation week (October) Hours: ~4
Course/Seminar Objective(s)	<ol style="list-style-type: none"> 1. Scanning of Dentiform models Anterior molar crown on previously prepped typodonts with Omni-Cam or Primescan 2. Scan/ design crowns <ol style="list-style-type: none"> a. Anterior crown (Empress or Enamic) b. Molar crown (e.max or Enamic) 3. Review Milling procedures 4. Lab-side practice <ol style="list-style-type: none"> a. Polishing enamic b. Crystallization/staining/glazing e.max 5. Intra-oral scans practice on resident partner
Specific Goals and Objectives or Competencies to be achieved	PRO-CO: 3, 8, 10, 12, 13 PRO-DO: 1
Evaluation Mechanism	<ul style="list-style-type: none"> • Direct observation/ Practical exercise

Course/Seminar Name	CAD/CAM Restorations: Seating and Cementation
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: CAD/CAM Orientation Week (October) Hours: 1
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Utilize step-wise process for crown try-in, preparation for bonding, and insertion on typodont
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 3,7 PRO-CO: 3, 12, 13
Evaluation Mechanism	Direct observation during hands-on exercise

Course/Seminar Name	Implant Restorations Part 1: Intro to BlueSky Plan
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: OCT Hours:4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review Implant design and components • Review principles of restorative-centric implant planning • Understand various digital wax-up techniques using CEREC InLab and BlueSky plan • Review navigation of BlueSky Software • Review steps of fabrication of 3D-printed surgical guide for Biomet 3i implant placement • PE: Digital planning, fabrication of surgical guide
Specific Goals and Objectives or Competencies to be achieved	PRO-CO: 1, 15 PRO-DO: 1 IM: 1, 3, 4
Evaluation Mechanism	Check-backs on learning, direct observation during PE

CAD-CAM Part II

Course/Seminar Name	Review of Implant Restorations Part 1: The Restoration
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: Hours:4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review Cement-retained vs screw-retained vs screw-ment crowns • Review implant crown materials (gold vs pfm vs zirconia vs emax) • Review impressions techniques (open vs closed) • PE: Implant restoration fabrication using CEREC and TiBase
Specific Goals and Objectives or Competencies to be achieved	PRO-CO: 1, 15 PRO-DO: 1 IM: 1, 3, 4
Evaluation Mechanism	Check-backs on learning, Q/A after lecture

Course/Seminar Name	Implant Restorations Part 2: Practical Exercise
Course/Seminar Director	MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: Mar 24' Hours: 4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand various digital wax-up techniques using CEREC InLab and BlueSky plan • Review navigation of BlueSky Software • Review steps of fabrication of 3D-printed surgical guide for Biomet 3i implant placement • PE: Implant restoration fabrication using CEREC and TiBase
Specific Goals and Objectives or Competencies to be achieved	PRO-CO: 1, 15 PRO-DO: 1 IM: 1, 3, 4
Evaluation Mechanism	Direct observation during PE

Course/Seminar Name	Digital Wax-up Demonstration and hands-on exercise
Course/Seminar Director	MAJ Bedoya, Angelica
When Course/Seminar is offered and how many total hours.	When: March Hours:4
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Understand various digital wax-up techniques using CEREC In-Lab, mesh-mixer, and form labs software. • Review navigation of BlueSky Software • PE: Digital planning, fabrication of digital wax-up
Specific Goals and Objectives or Competencies to be achieved	PRO-CO: 1, 15 PRO-DO: 1 IM: 1, 3, 4
Evaluation Mechanism	Check-backs on learning, direct observation during PE

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Course/Seminar Name	Fixed Orthodontic Treatment vs. Removable Aligner therapy
Course/Seminar Director	LTC Ochsner, Travis
When Course/Seminar is offered and how many total hours.	Spring 24' 2 hours
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • History of aligner therapy • Understand Current trends in aligner therapy • Review indications/ Contraindications for use • Discuss limitations of tooth movements with aligner therapy
Specific Goals and Objectives or Competencies to be achieved	
Evaluation Mechanism	Check-backs on learning, Lecture Q & A

Course/Seminar Name	Bluesky Bio Orthodontic software
Course/Seminar Director	LTC Ochsner, Travis
When Course/Seminar is offered and how many total hours.	Spring 24' 2 hours
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Utilizing intra-oral scans review navigation of Bluesky Bio orthodontic software for aligner therapy • PE: Digital planning and stepwise instructional of how to fabricate printed models to create vacuum-formed aligners
Specific Goals and Objectives or Competencies to be achieved	
Evaluation Mechanism	Direct observation during PE

Course/Seminar Name	CERAMICS review and intro to Zirconia
Course/Seminar Director	Consultant or MAJ Millstead, Thomas
When Course/Seminar is offered and how many total hours.	When: May Hours: 2
Course/Seminar Objective(s)	<ul style="list-style-type: none"> • Review basic ceramic composition and classification • Review indications and contraindications of dental ceramics • Understand basic types of dental CERAMICS • Review handling and preparation of various ceramics for bonding • Understand Zirconia – indications, composition, strengths, drawbacks • Review literature regarding zirconia bonding
Specific Goals and Objectives or Competencies to be achieved	CC-CO: 5, 6, 7 CC-DO: 2, 6 PROS-DO: 2
Evaluation Mechanism	Check-back on learning,