



SCHOOL OF DENTAL MEDICINE

CASE WESTERN RESERVE  
UNIVERSITY

# **Advanced Education in General Dentistry Manual**

<https://case.edu/dental/departments-programs/advanced-education-general-dentistry-aegd>

Revised 2023

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On behalf of the faculty and staff, I want to congratulate you on your decision to further your education, and to welcome you to our program at Case Western Reserve University, School of Dental Medicine.

This manual outlines most of the policies, procedures, and educational goals for the program, and should serve you as a guide for the next twelve months. Any changes or additions will be promptly communicated to you.

My office is always open, and I encourage open communication with all faculty, residents and staff

I am looking forward to a productive year and wish you all the success during your residency and for the rest of your career.

Best Wishes,

**Hussein M. Assaf, DDS, MS,**  
**Professor**  
**Director, AEGD Program**  
**[hxa23@case.edu](mailto:hxa23@case.edu)**

## **I. Faculty and Staff**

### **Hussein M. Assaf, DDS, MS, Professor, Department of Comprehensive Care Director, AEGD Program**

Dr. Assaf earned his bachelor of science degree while attending The University of Bordeaux I, France, in 1981, and his Maitrise from the University of Bordeaux II, in 1982. He received his Doctor of Dental Surgery from The Ohio State University, College of Dentistry in 1993. He completed the AEGD residency at Langley Air Force Base in 1994. He joined the CWRU faculty in 1996, where he directs the esthetic dentistry course. He also co-directs and lectures in several pre and post doctoral courses.

### **Evan D. Tetelman, DDS Clinical Associate Professor, Comprehensive Care**

Dr. Tetelman received his Doctor of Dental Surgery degree from The Ohio State University in 1979. He completed a post graduate general practice residency at The Long Island College Hospital in Brooklyn New York. He also possesses a Certificate in Oral Pathology from the New York Institute of Oral Pathology Sloan Kettering Hospital, New York, New York. Dr. Tetelman is the co-director of the pre-doctoral implant courses at CWRU. He is presently in a private practice in Cleveland, Ohio.

### **Jay C. Resnick, DDS, FAGD Associate Clinical Professor, Comprehensive Care**

Dr. Resnick received his Doctor of Dental Surgery degree from The Ohio State University College of Dentistry in 1972. He competed a general practice residency at the Mount Sinai Hospital of Cleveland in 1973. Dr. Resnick is presently in a private practice in Cleveland, Ohio.

### **Keith Norwalk, DDS Clinical Assistant Professor Advanced Education in General Dentistry School of Dental Medicine**

## **Supporting Faculty**

Dr. Shahin Etemadi-- Endodontics  
Dr. Michel Venot, Prosthodontics  
Dr. Jeffrey Young, General Dentistry

## **Support Staff Members**

Ms. Tanera Hutz, RDH  
Ms. Ella Flewellen, coordinator  
Ms. Nitu Jha, Dental Assistant  
Ms. Asia Thompson, Dental Assistant  
Ms. Maneth Kheng

## **Important contact information :**

Barbara A. Sciulli  
Registrar/Financial Aid Officer  
(216) 368-3256  
FAX: (216)368-6771  
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Office of Graduate Studies  
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[Nicole.spinosa@case.edu](mailto:Nicole.spinosa@case.edu)

## II. Orientation

### 1. University Hospitals Orientation

- a. Bring multiple forms of ID (Driver license, passport)
- b. Dress: Business casual, keep in mind you will be getting photographs taken for ID cards
- c. I-9 Employment Eligibility Form, get hospital badge including your DEA number and MD number (Doctor ID number), fingerprinting, parking pass, lab coat pick up, health clinic appointment (if not already completed), set up direct deposit (bring blank check)
- d. Please visit this site and follow the instructions prior to orientation

<https://www.uhhospitals.org/medical-education/graduate-medical-education/incoming-residents-and-fellows/next-steps>

### 2. CWRU Orientation

- a. Dress: Business/Business casual, you will be taking group photos
- b. HIPAA training
- c. Radiation Safety
- d. Infection Control
- e. Meetings with financial aid and Dean of Graduate Studies
- f. 1<sup>st</sup> chief resident will volunteer or be assigned
  - i. 1<sup>st</sup> chief resident will carry the pager until they create a resident call schedule. You are expected to be able to answer a page within 5 minutes
- g. If you have other health insurance coverage (i.e. through the hospital, spouse's work), make sure to WAIVE the provided insurance from Case every semester.
  - You should be notified via email how to do this each semester

### 3. Contact Info:

- a. Nicole Spinosa: 216-368-1168, [Nicole.spinosa@case.edu](mailto:Nicole.spinosa@case.edu)
- b. Hospital information line is 216-844-1000
- c. You will receive a Residents Directory with all of our contact info

### 4. Fees:

- a. You will be expected to pay an application fee (\$180 estimate) prior to residency
- b. Tuition will show up on your Case Student account (\$4860 estimate)
  - You are required to pay a computer fee for ~\$100

**5. Loans:**

- Ms. Barbara Sciulli at Case is your financial aid contact person and she also handles any loan deferments which will not be sent until July 1<sup>st</sup> at the earliest since that is technically the first day of your residency.
- There are private that loans that may be available to you. Contact Mrs. Barbara Sciulli for more information.

**6. Education:**

It is your responsibility to take a pro-active approach to your advanced dental education

- If a subject, procedure, medication, syndrome, etc. presents itself to you and you are unfamiliar with it, please research it and initiate conversation about the topic with your fellow residents and/or attending

**7. Last minute changes to the schedule:**

You must be flexible when there are last minute changes to the schedule, and work as a team to make sure the dental pager is **always** handled and all scheduled patients are handled appropriately. Occasional courses/seminars may be added to the schedule on a short term basis and you are expected to make arrangements to be in attendance.

Last minute cancelling or rescheduling of patients is ***not*** allowed. If, an unseen emergency that warrants rescheduling patients, it must approved by Dr. Assaf

**8. Scrubs:**

- a. You will have access to the scrub machine with your UH badge. A swipe is located on the back of the badge, which allows you to get 3 sets of scrubs out of the machine at one time. You can deposit and receive them as often as you want. **These are to be the only scrubs used at the hospital and AEGD clinic**
- b. The scrub machine is located outside of the Prentiss O.R. or Mather O.R. locker rooms (you can only choose one)

### III. Schedule and Vacation Policy:

Please always refer to Google calendar for updated posting of seminars and activities

1. **Schedule**: Each resident is expected to be in the dental clinic from **8:00-5:00 Monday-Friday**. On days when there is no 8am class, there will be a treatment planning session either with each other or with an attending.
2. **Vacations**: Each resident is allowed 10 clinic days of vacation/sick leave. There are some exceptions for family emergencies and medical appointments as approved by the director. All vacation time must be approved with a time off request sheet at least 3 weeks prior
  - a. Requests are not approved until clinic coverage is confirmed therefore do not make travel arrangements until you have been informed that your request was approved.
  - b. If you need time off with a short notice, be sure to work closely with Dr. Assaf and the current chief resident.
  - c. Only 2 residents are allowed to request vacation at the same time
3. **Classes**: When you have class, you are not scheduled anywhere but class. Attendance is mandatory for all classes, seminars and presentations. Be come to prepared and ready to actively participate in the class.
4. **Implant Grand Rounds**: Every other Tuesday morning at 7:00am, all residents are required to attend a joint treatment planning session with the oral surgery department. The cases discussed in these group discussions will be focused on patients receiving complex oral surgery and implant placement
  - a. 2 residents will each prepare a case presentation on a mutual OS/AEGD patient and include any relevant journal articles of interest to help aid in the discussion
  - b. Oral surgery and AEGD will alternate weeks on presentation responsibility, but it is important to collaborate with the OS department to get all needed information gathered between the 2 departments on the patient being discussed
  - c. AEGD residents will focus on the restorative aspect of the treatment and the OS will focus on the surgical aspect, but both will be discussing all aspects of treatment
  - d. As the AEGD resident, it is crucial for you to **understand the comprehensive treatment plan** and discuss any alternative treatments



## **IV. Program Goals and Objectives**

1. To provide the residents with the didactic knowledge and clinical experience to deliver multi- disciplinary comprehensive oral health care to a wide range of the population beyond the level of pre-doctoral education. (This includes the management of the medically and/or immuno-compromised patient, the physically handicapped patient, as well as the geriatric and the underserved segment of the population)
2. Enable the residents to identify and treat the most common medical and/or dental emergencies encountered in every day dental practice.
3. To develop in the residents the values of professional ethics and acceptance of cultural diversity in the practice of dentistry.
4. To develop the skills of self-evaluation and critical thinking.
5. To provide the residents with experience to improve their ability to interact, function and communicate effectively with other health care professionals in the delivery of comprehensive treatment.
6. To encourage the resident to continue the process of lifelong learning through continuing education, professional meetings, and review of literature.
7. To provide the residents with training in patient, practice and risk management in order to manage a private dental practice.

## **V. Educational Objectives**

### **A. Patient Assessment and Diagnosis**

**The curriculum in this area is intended to enable the resident to:**

1. Collect the necessary data for diagnosis and treatment planning.
2. Analyze the data to formulate sound diagnosis and treatment planning.
3. Assess the patient's medical and dental status.
4. Make referrals to medical - dental specialists when needed.
5. Formulate a differential and definitive diagnosis.
6. Request consultation from dental and medical specialists.

### **B Planning and providing comprehensive, multidisciplinary Oral Care.**

**The curriculum in this area is intended to enable the resident to:**

1. Systematically evaluate and develop a problem list.
2. Formulate a sequenced treatment plan and alternative plans.
3. Present the treatment plans to the patient.
4. Implement the accepted treatment plan.
5. Re-evaluate the treatment plan and implement changes as needed.

### **C Obtaining Informed Consent**

**The curriculum in this area is intended to enable the resident to:**

1. Obtain informed consent.
2. Understand the medical-legal implications of informed consent
3. Explain to the patients risks and benefits of proposed treatment

### **D Sedation, pain and Anxiety Control**

**The curriculum in this area is intended to enable the resident to:**

1. Evaluate the patient for conscious sedation.
2. Provide sedation, pain and anxiety control beyond local anesthetic.
3. Be familiar with the use of oral sedation and inhalation sedation.
4. Be familiar with the pharmacological agents used in conscious sedation.

### **E Restoration of Teeth**

**The curriculum in this area is intended to enable the resident to:**

1. Recognize all abnormalities of enamel and dentin and restore the teeth to their physiologic form and function using the appropriate restorative materials.
2. Identify the need for periodontal therapy in conjunction with the restoration of defective or carious teeth.

3. Understand the effects of various dental materials on pulpal tissue and the need for pulpal protection.
4. Understand the principals and indications for restoring endodontically treated teeth.
5. Be familiar with the need and use of post and core.

**F Replacement of Teeth using Fixed and Removable Appliances**

**The curriculum in this area is intended to enable the resident to:**

6. Understand and apply current concepts in fixed and removable prosthodontics including diagnosis, treatment planning and prognosis
7. Understand and apply current concepts in restoring implants with fixed and removable prosthesis
8. Apply skills in the preparation delivery and adjustment of a fixed and removable prosthesis.
9. Effectively communicate with the laboratory on all aspects of fixed and removable prosthesis fabrication.
10. Understand and apply the decision making process for consultation and referral of cases to a specialist.
11. Apply the techniques for the fabrication of a fixed or removable appliance from preliminary impression to delivery and follow-up.
12. Select teeth, types, shades, molds and occlusion.
13. Apply the techniques of surveying and partial denture designs.
14. Understand the rational for immediate removable appliances.

**G Periodontal Therapy**

**The curriculum in this area is intended to enable the resident to:**

15. Perform a comprehensive periodontal examination to establish a diagnosis and prognosis for treatment.
16. Understand the rational for treatment and/or referral of case.
17. Integrate periodontal health in the overall treatment plans and modify those plans according to the periodontal condition of the patient.

**H Pulpal Therapy**

**The curriculum in this area is intended to enable the resident to:**

1. Diagnose pulpal exposure.
2. Differentiate between pulpal and periodontal lesions.
3. Perform routine endodontic therapy.
4. Manage emergencies of pulpal origin.

**I Hard and Soft Tissue Surgery**

**The curriculum in this area is intended to enable the resident to:**

1. Perform routine dentoalveolar surgery from a general practice point of view.
2. Understand pain and infection control.
3. Perform wound debridement and necessary suturing.
4. Perform intra-oral biopsies.
5. Understand the risks, complications, prevention, and management associated with the various procedures.
6. Understand the principles and techniques for basic flap designs.
7. Recognize situations and indications for referral to a specialist.
8. Understand the principles of the surgical phase of implant dentistry.

**J Treatment of Dental Emergencies**

**The curriculum in this area is intended to enable the resident to:**

1. Be able to diagnose and treat patients with dental emergencies.

**K Treatment of Medical Emergencies**

**The curriculum in this area is intended to enable the resident to:**

1. Recognize, prevent and manage the most common medical emergencies encountered in the dental practice.
2. Be proficient in providing CPR/BCLS.

**L Medical Risk Assessment**

**The curriculum in this area is intended to enable the resident to:**

1. Recognize normal physical findings as well as significant deviations.
2. Understand the disease entity and its effects in the dental management of the patient.

**VI. Goals and Objectives for  
Assignments to Other  
Services/Rotations**

**B Community Service**

Care Alliance. **One evening per Month.**

Medworks. **2 days in Novemebr**

## VII. Clinic duties and Standards of Care

1. Each resident is expected to see 4-8 patients every day. Always communicate with the front desk the procedure and time you need to perform it.
  - a. On days when you know you are doing a surgical procedure ( such as p-erio surgery, implant placement...), it is your responsibility to arrange to have an assistant to work just with you.
  - b. You will have to collaborate with your co-residents to ensure availability of assistants, and to avoid conflict in scheduling.
    - i. One assistant is always to be available as a floater to take x-rays or retrieve supplies.
  - c. Always maintain a clean and organized operatory and laboratory .

### 1. **Documentation within Patient Records**

Adequate documentation within the patient record ensures that quality of care can be understood and verified by persons reading the record following completion of treatment. Each patient record should include the basis for verifying the following:

- a. **Medical History:**
  1. Each record should contain a current medical history signed and dated by the patient.
  2. All positive entries on the health history should be commented on by the resident in the remarks section of the medical history form.
  3. Medical history should be updated yearly.
- b. **Hypertension Screening:**
  1. A blood pressure reading will be taken and recorded on the health history form for all patients 18 years of age or older.
  2. Patient determined to have abnormal blood pressures during the screening will be referred when indicated, for further screening and diagnosis. Documentation of the referral and the findings will be included in the chart.

c. Medical Referral:

1. All medical referrals must be documented as part of the treatment entry.
2. When consults are returned, results of the referral as well as any recommendations for modification of dental treatment will be documented.
3. Advice of the consultant should be followed during treatment or reasons for not following the advice delineated in the treatment entry.

d. Evidence of Definitive Diagnosis and Treatment:

1. Each treatment entry should describe the definitive diagnosis of the patient's chief complaint or the reason for the visit, care provided, and disposition of the patient.
2. All necessary diagnostic studies should be ordered and/or performed during the treatment appointment whenever considered necessary. Results of the diagnostic studies should be recorded in the treatment entry.
3. The recorded diagnosis should be consistent with the patient's chief complaint.
4. Provisions for proper post-operative follow-up should be evident in each treatment entry where indicated.

e. Comprehensive Treatment:

1. All patient should have a recorded treatment plan prior to initiating treatment. This treatment plan should indicate priorities for treatment needed. For simple cases requiring minimal treatment, this treatment plan might only be an entry in the Remarks Section.

For complicated multidisciplinary cases, a separate treatment plan should be developed and maintained within the record until treatment is complete.

2. All treatment performed should be in accordance with the prepared treatment plan, or reasons for deviation from or alterations to the treatment plan explained either in the treatment entry or on the treatment plan.

f. Informed Consent:

1. Informed consent should be obtained and signed from all patients prior to commencing any procedure.

- g. Documentation of Anesthesia:  
All anesthesia used during a procedure should be identified in the treatment entry by:
1. Type of anesthesia and concentration.
  2. Type and concentration of vasoconstrictor, if any.
  3. Amount administered.
- h. Prescribed Medication:
1. All medication should be prescribed according to currently accepted therapy.
  2. The following should be recorded in the progress notes for all medications dispensed and/or prescribed.
    - a. Medications to include strength (i.e. Amoxicillin 500mg)
    - b. Amounts prescribed and/or dispensed.
    - c. Amount for controlled substances should also be written.
    - d. Directions for use.
- i. Continuation of Treatment:  
All patient records should reflect the patient's next appointment. Treatment entry should reflect patient disposition.
- j. Operative Dentistry:
1. The following will be included in the treatment entry for all restorative procedures:
    - a. Diagnosis for the need for restorative therapy.
    - b. Tooth surfaces involved.
    - c. Description of treatment rendered, including materials used.
  2. Proper isolation should be used for placing all restorative materials. If a rubber dam is not used, an explanation is required.
  3. Brand names of cavity liners, bases, and other restorative materials will be included in each treatment entry for restorative procedures.
  4. Preparations designed for resin restorative materials will have enamel margins acid etched. Appropriate dental protection will be used prior to acid etching when indicated..
  5. Cavity varnish or a bonding agent will be placed under amalgams.



6. Restorative treatment for posterior endodontically treated teeth will include completed cuspal protection or an explanation of non-coverage.

k. All cases including prosthodontic treatment should include:

1. A comprehensive examination will be performed prior to formulation of a prosthetic treatment plan.
2. Diagnostic casts will be made prior to mouth preparation for cast metal removable dentures.
3. Before teeth are prepared to receive full coverage crown, they will be evaluated with the aid of pre-preparation radiographs which show the apical area of the tooth.
4. Vital teeth that are prepared to receive cast restorations will be provided with protective interim restorations while the definitive restoration is being fabricated.
5. All post-insertion treatment and post-insertion complications will be documented in the progress notes.

l. Treatment involving periodontics care should include the following:

1. All patients will be evaluated utilizing appropriate and sufficient documentation. Documentation materials can include full mouth radiographs, periodontal charting, plaque, bleeding point and other indices, biopsies, diagnostic study models, and occlusal records.
2. Following the initial evaluation, a periodontal treatment plan will be written to include all periodontal treatment and appropriate interdepartmental referrals.
3. Thorough scaling and root planning will be accomplished when indicated, and local anesthesia will be used as needed. The patient will be given specific plaque control instructions and will be monitored for compliance.
4. A re-evaluation should be accomplished following the initial preparation stage to determine the need for further treatment and/or referral. A bleeding point record should be part of the assessment procedure.
5. Surgical intervention will be documented as to type, areas involved, anesthesia utilized, drugs or biologic materials used, suture and dressing placement, prognosis (when other than favorable) and disposition of the patient.

6. Post-operative treatments for complications of therapy will be documented.
  7. Following completion of periodontal treatment a recommendation will be made regarding follow-up maintenance requirements.
- m. All cases involving endodontic treatment should include:
1. A statement concerning the diagnosis and need for endodontic treatment.
  2. Use of a rubber dam for isolation on all endodontic procedures.
  3. Documentation of the disposition of the case for final restorative treatment following final obturation should be contained within the dental health record.
  4. Pre and post-operative radiographs of the treated tooth should be included in the record and referenced in the progress notes.
  5. Recommended follow-up should be described in the dental record for all cases involving trauma.
  6. Rubber dam will be utilized on all cases where vital or non-vital bleaching procedures are performed
- n. All oral surgery cases should include:
1. Removal of teeth:
    - a. A pre-operative evaluation of the need for extraction should be accomplished to include diagnostic radiographs.
    - b. Methods, types, and amounts of anesthesia should be listed.
    - c. The nature of the procedure will be included in the treatment entry (extraction, surgical removal, etc.)
    - d. Numbers and types of sutures will be indicated.
    - e. Description of analgesic prescribed to include name, dosage, amount prescribed, and patient instructions for use.
    - f. Documentation that home care instructions were given to the patient should be included in the progress notes.
    - g. All recommendations for follow-up care should be documented.

2. For cases involving nitrous oxide conscious sedation the following will apply:

- a. A sedation log will be used to record all pre-intra-, and post-sedation data. The Form will become a permanent part of the record and a statement will be made on the form stating:
  - 1. Pre-and post sedation vital signs, to include blood pressure, pulse rate and respiration rate.
  - 2. Blood pressure, pulse and respiration rate should be taken as needed during the procedure.
  - 3. Time sedation began and ended.
  - 4. Concentration of nitrous oxide and oxygen used during the sedation.
  - 5. Methods used for monitoring patient, i.e. precordial stethoscope, pulse oximeter, visual observation, etc.
  - 6. Any untoward reaction to the inhalation agent.
  - 7. Condition of the patient on discharge.
  - 8. Post operative instructions given to the patient or their escort.
  - 9. In the case of residents, the name of the credentialed staff supervising the procedure.
- b. Appropriate assessment of the patient's full recovery from nitrous oxide sedation must be made prior to release.

4. Criteria for biopsy procedure documentation include:

- a. A description of the lesion is included as part of the treatment entry.
- b. The procedure performed and type of biopsy taken (aspiration, incisional, excisional, etc.) will be documented.
- c. Documentation will include the method of specimen fixation for histopathologic examination, and the name of the oral pathology center to which submitted.
- d. A working or differential diagnosis will be given.
- e. When the biopsy results are returned from the center, the following will be accomplished and documented in the treatment record.
  - 1. Date biopsy results returned to resident.
  - 2. The center accession number, anatomic site, and diagnosis.
  - 3. Identification of Histopathologic Center rendering report.
  - 4. Date and method of patient notification if indicated.
  - 5. Recommendation for follow-up if required.

o. The following standards apply to dental implant cases:

1. Initial evaluation will include appropriate radiographs (with grids if indicated), study models, and review of the current medical history.
2. All cases will be reviewed by the attending faculty prior to treatment to determine suitability as an implant case.
3. Signed informed consent should be obtained prior to treatment.
4. Treatment entry must include the position, size, length and manufacturer of the fixture, as well as the use of bone grafts or alloplastic materials such as membranes. Also, a comment on the prognosis of the fixture, if less than good is recommended.
5. Prosthetic treatment notations should include the type of prosthodontic attachments and restorative materials used.
6. The checklist for implant placement must be properly filled and signed.

P The following standards will apply to all treatment where antibiotic and analgesic usage is noted:

1. The medications will only be prescribed according to currently accepted therapy.
2. In each case where analgesics and/or antibiotics are prescribed, the following information should be in the treatment entry:
  - a. Name and strength of the medication prescribed.
  - b. Dosage prescribed.
  - c. Amount prescribed.
  - d. Instructions to patients on use.

q. Standards for dental radiographs.

The following standards are considered mandatory for all dental radiographs ordered, taken or read.

1. Radiographs ordered should be minimum in number and should be consistent with patient symptoms and the diagnostic task.
2. Radiographic findings will be recorded in the progress notes on the dental health record for all radiographs taken.
3. Lead shielding (aprons) will be used on all patients during radiographic exposure.
4. A quality control test device will be utilized to determine proper

functioning of all exposure and development equipment prior to the first patient seen for each day.

5. All radiographs will be mounted, dated, and placed within the dental health record. Mounts will be properly identified to ensure proper identification.
6. A radiology log is maintained in the patient record.

## VIII. Call Duty and Procedures

1. Once the **yearly call list** is created, it is the responsibility of residents to switch weeks according to their needs
  - a. If call weeks need to be switched, they are meant to be switched in their entirety.
  - b. Acting Chief Resident must be informed of any changes.
  
2. Pick up the on-call pager from the previous resident on Monday morning at 8:00am on the week of call
  - a. First time on-call may be taken as groups of two
    - o This allows residents to have some support as they ease into the requirements of the hospital.
  - b. The acting Chief Resident is always second on call. When the chief is on call it is their responsibility to determine who is second on call.
  - c. At any time during the year, if a resident has questions regarding consultations or emergency treatment to be rendered in the ED, a co-resident should be consulted. If there is still questions regarding protocol or treatment, Dr. Faddoul needs to be contacted.
  - d. Expect to go see every patient with request for chemo/radiation clearance.
  - e. Record all calls in the AEGD call log and every 3 months provide this information to Colleen Friday, the acting chief is responsible for making sure this happens.
  
3. **Pager [Dental Pager 35326]**
  - a. All pages received should be returned in as quick a manner as possible, no more than 5-10 minutes.
  - b. The pager call back number is **216-844-1000**
    - o If the display shows a number beginning as 216-938-XXXX, call the pager call back number and ask if there a dental patient waiting on the line or if they have left a phone number to call them back.
    - o If the display shows a number such as 7XXXX-3XXXX or 4XXXX-3XXXX, this is a resident or attending paging from hospital or the emergency department. The first number is the phone line they are calling from and the second is their personal pager. **CALL THIS NUMBER BACK IMMEDIATELY.**
    - o If they do not answer and need to be paged from outside of the hospital, call **216-207-7244** and enter the pager number, then enter your cell phone number and hit #
  - c. If the battery is out or the pager is not working, make sure the hospital operator (216- 844-1000) and ED are informed.
    - o The pager can be taken to the basement of Bolwell for servicing.

#### 4. Emergency Department

- a. At the beginning of your call week, check the supplies in the emergency management tackle box to make sure all the supplies are replenished and NOT expired.
  - o The tackle box is located in the sterilization room.
- b. If a page is received from the **ED during business hours** and they request a consultation or treatment to be rendered, consider requesting to have the patient discharged from the ED and sent to the AEGD clinic or DMD Emergency clinic.
  - o However, if the patient is to be admitted to the hospital, it is best to do palliative treatment in the ED.
- c. If a page is received **after business hours**:
  - o It is the resident's responsibility to be within 30 minutes of the hospital when on call.
  - o Bring the second resident on call if you are informed of potential tooth splinting, make sure you have the emergency tackle box – **2 residents should always be present when doing procedures in the ED.**
  - o There is emergency physician parking located in the parking garage close to the Emergency Department.
- d. Once in the ED, ask to speak with the primary team or look up the patient's MRN to get a brief history of why they are in the ED.
  - o Be sure to consult with the ED attending either before [and let them know what you will be doing] or after seeing the patient [let them know of your findings, treatment, and follow up recommendations.]
- e. Complete a consultation form appropriately on the computer and if a post op note if necessary.

#### 5. Inpatient Hospital Consultations

- a. Consultations are usually performed by the resident on call, but should be handled as soon as possible by any resident if there is a cancellation in their schedule.
  - o If clinic is busy, your priority is to the patient in your clinic schedule.
  - o To be an effective dental service, consultations should be **completed within 24 hours of their request.**
- b. If the patient is ambulatory and able to be transported, it is recommended a panorex (a.k.a. orthopantogram) be ordered up by the primary team.
- c. Thoroughly review the patient's medical history and any useful diagnostic information (e.g. panorex) before doing the patient exam.
- d. Take a pen, pen light, disposable mirror and tongue blade. If you have a light on your loupes, it is extremely helpful during intraoral exam.
- e. Proceed to consult:
  - o Ask who on the primary team and discuss what they are concerned with and what you will be doing.
  - o Introduce yourself to patient and any family members present.
  - o Perform a complete head and neck extraoral and intraoral exam.
  - o If help is needed due to the patient's cooperation or medical compromise, ask the nursing staff for assistance.
- f. Complete a consultation form appropriately on the computer
  - o Reason for consultation, primary attending, HPI (this should include an update on patient's dental history), review of systems, physical exam (objective findings), panorex findings, assessment/recommendations, be sure to
  - o Follow up with primary team requesting consult to verify the results of

your consultation and make sure they understand your recommendations.



## **IX. Operating Room Guide**

**Responsibilities:** Residents are responsible for coordinating all operating day tasks (including paperwork, calling patients and following up with patient compliance). All residents must be familiar with any medical conditions, medications, allergies as well as the tentative treatment plan for all patients being seen in the OR

1. Check with Dr. Faddoul's schedule to see when he is available.
2. See Patty in OS and ask what days are available in the OR.
3. After Surgery Reservation Request sheet has been completed and patient has agreed to certain OR dates, the chief needs to scan the Surgery Reservation Request form
  - a. Look the patient up on University Hospitals EHR or call 216-844-3567 to get the patient's MRN if you do not already have it.
  - b. If a patient does not have an MRN have them create one for you.
4. The scanned Surgery Reservation Request sheet needs to be emailed as an attachment to [surgeryscheduling@uhhospitals.org](mailto:surgeryscheduling@uhhospitals.org)
  - a. This has to be completed on UH's email system only.
  - b. Subject line should be as follows: Attending name/date of surgery/OP (outpatient)/Last name of patient/CPM (yes or no)/time scheduled.
  - c. Example: Faddy Faddoul/June 15 2014/OP/Finklestein/YES/7:15am
5. Once the e-mail has been sent, a message will be sent back to you the same day or the next, with a PAT date and time for you. You are responsible for calling the patient and letting them know of this appointment.
  - a. If they need a new time for the PAT, let them call 216-844-1778
6. Give a copy of the Surgery Reservation Request form to Patty so she knows to block out that time for AEGD.

### **7-14 Days Before OR day:**

1. Confirm if any pre-admission testing (PAT) is needed and the patient is scheduled.
2. Review charts (H&P, treatment plan)
3. Assign surgery times
  - a. Start times are typically 7:15am, 9:15am, 11:15am, 1:15pm, 3:15pm
  - b. Prioritize according to condition (e.g. Autistic patients need to be as early as possible), medical necessity and joint cases.
  - c. The first patient is to arrive at 6:00am, all subsequent patients are to arrive 1.5-2 hours before schedule OR time.
  - d. Call patients and give their initial arrival times, NPO instructions, and transportation.
    - i. Keep in mind that these times will often change 1-2 days before OR due to cancellations and add-ons.

### **2 Days Before OR day:**

1. Call patients to confirm arrival times.
2. NPO instructions: 6 hours solids, 2 hours clear liquids.
3. Check current health status of patient (e.g. respiratory issues)
  - a. If patient has had a recent illness – we must wait 4-6 weeks following resolution

of illness to schedule for the OR again.

## **OR Day:**

### ***Before Treatment***

1. Enter patients History and Physical (H&P)
  - a. Enter document
2. Obtain Consent
  - a. Exam, cleaning, x-rays, fluoride, Chlorhexidine, sealants, silver/white fillings, extractions, etc.
    - i. Have patient's initial next to extractions.
3. Complete nursing check list.

### ***Operating Room***

1. Check setups for any anticipated equipment that may be required for treatment including possible need for Lidocaine.
  - a. Dental room is a "clean" room (non-sterile) – however sterile surgical gloves are used during treatment after hand scrub .
2. Treatment Guidelines:
  - a. Nurses will assist in positioning and draping the patient after intubation.
  - b. Remember to inform the Nurses of throat pack in and out as well as a 20 minute warning for anesthesia to expedite patient's awakening .
  - c. Typical procedure sequence is:
    1. X-rays
    2. Throat pack placement
    3. Prophylaxis
    4. Restorations – Posterior quadrants before anterior Set a goal of 20 minutes per quadrant
    5. Extractions
    6. Chlorhexidine swab
    7. Fluoride
    8. Removal of throat pack

### ***After Treatment***

1. Discharge patient through UHCare Inpatient
  - a. Order Reconciliation
    - i. Select discharge – ambulatory surgery.
2. Speak to the patients/guardians about treatment preformed, post-op instructions for restorations and extractions, appointments scheduled for follow up in necessary
  - a. Once the PACU nurse has okayed visitors, parents/guardians may be brought back to see the patient.
3. Any borrowed Tapper equipment must be returned and accounted for .
4. Post Op Note – done after dictation.

## X. Dictation Outline

Telephone number inside-hospital: 258

Telephone number outside-hospital: 216-286-6000

Physician #: [**Your Physician number**] followed by #

Facility Code: **1** followed by #

Report Type: **1** followed by #

Enter the patients **MRN** followed by #

This is [**YOUR NAME**] dictating an operative report for:

1. Pt's name
2. Medical Record #
3. Procedure Date
4. Copy Distribution
  - a. First to Pt's medical record
  - b. Second to Dr. Fady Faddoul DDS
  - c. Third to myself
  - d. Fourth to Dr.

Pre-operative Diagnosis: Severe Dental Infection

Post-operative Diagnosis: Severe Dental Infection

Operation: Oral Rehabilitation under General

Anesthesia

Reasons for patient going under General Anesthesia: State dental anxiety or patient's medical condition (explain)

Surgeon: Dr. Fady Faddoul DDS

Assistant Surgeon: 1<sup>st</sup> Dr. \_\_\_\_\_ Anesthesia

2<sup>nd</sup> Dr. \_\_\_\_\_

used was Sevoflurane. Complications:

Blood loss: Operative Note:

The pt. was brought to the operating room and placed in the supine position. An IV was placed in the pt's left hand. General anesthesia was achieved via nasotracheal intubation using [left or right] nares. The pt. was draped in the usual manner for dental procedures. After draping the pt. with a lead apron, ##### radiographs were taken. All secretions were suctioned from the oral cavity, and a moist gauze was placed in the back of the oropharynx as a throat pack.

It was determined that teeth \_\_\_\_\_ were carious.

Sealants were placed on teeth \_\_\_\_\_.

Teeth \_\_\_\_\_ were restored with Amalgam.

Teeth \_\_\_\_\_ were restored with Composite.

Teeth \_\_\_\_\_ were extracted. Gelfoam was placed for hemostasis.

A full mouth prophylaxis with prophylaxis paste and rubber cup was performed, followed by Fluoride varnish. Patient's oral cavity was swabbed with chlorhexidine pre and post surgery. The pt's oral cavity was suctioned free of all blood and secretions. The throat pack was removed. The pt. was extubated and breathing spontaneously in the operating room. The pt. was taken to the PACU in stable condition.

Press **9** for job number.



University Hospitals

SURGERY RESERVATION REQUEST

KEY to PROCEDURE NOTIFICATION CODES:

- A Angiogram Films to OR
- CT CAT Scans to OR
- X X-Rays to OR
- B Blood Needed for Surgery
- H Pre-Op Line Insertion
- I Intensive Care Unit Post-Op
- P Pathology
- ID Precautions for Infectious Diseases
- S Sequential Compression Device Pre-Op
- M Intra-Op Monitoring

DIVISION REQUEST:  SICU  NSU  NIU

ELOS (days): \_\_\_\_\_ FOR OB ONLY EDC: \_\_\_\_\_ FOR MEDICAL ONLY:  COVERED  UNCOVERED

OUTPATIENT:  SD SURG  IN HOUSE

OR FACILITY:  MENTOR  ZEEBA  OTHER

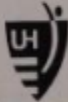
APLHIA  BEDFORD  GREEN RD  RICHMOND HTS  LHCMC  WESTLAKE

<b>PATIENT INFORMATION</b>	[REDACTED]															
<b>INSURANCE INFORMATION</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">PRIMARY</th> <th style="width: 50%;">SECONDARY</th> </tr> <tr> <td>VERIFICATION PHONE</td> <td></td> </tr> <tr> <td>ACTIVE INSURANCE REFERRAL #, DATE, INITIALS</td> <td></td> </tr> <tr> <td>CERT AUTHORIZATION NUMBER</td> <td></td> </tr> <tr> <td>CERT AUTHORIZATION CONTACT PERSON</td> <td></td> </tr> <tr> <td>CERT AUTHORIZATION PHONE</td> <td></td> </tr> <tr> <td>BILLING ADDRESS</td> <td></td> </tr> </table>		PRIMARY	SECONDARY	VERIFICATION PHONE		ACTIVE INSURANCE REFERRAL #, DATE, INITIALS		CERT AUTHORIZATION NUMBER		CERT AUTHORIZATION CONTACT PERSON		CERT AUTHORIZATION PHONE		BILLING ADDRESS	
	PRIMARY	SECONDARY														
	VERIFICATION PHONE															
	ACTIVE INSURANCE REFERRAL #, DATE, INITIALS															
CERT AUTHORIZATION NUMBER																
CERT AUTHORIZATION CONTACT PERSON																
CERT AUTHORIZATION PHONE																
BILLING ADDRESS																
GROUP # POLICY # _____ GROUP NAME _____																
BENEFIT PREDETERMINATION REQUEST: <input type="checkbox"/>																
REF. MD: ADMITTING PHYSICIAN: <u>FADY TADDOUL DDS MS</u> Phys # _____ REFERRING PHYSICIAN: _____																
<b>CLINICAL INFORMATION</b>	PATIENT PLACEMENT: <input type="checkbox"/> ADULT <input type="checkbox"/> RRMC <input type="checkbox"/> PSYCH <input type="checkbox"/> OB <input type="checkbox"/> GYN															
	SERVICE: <u>AEGD</u> PRIMARY CARE PHYSICIAN: <u>JOHN HIESTAND</u> PHONE: <u>(284) 78-8377</u> REFERRING FACILITY: <u>AEGD</u> PHONE: _____															
	EXTENDED CARE FACILITY CONTACT NAME: _____ PHONE: _____															
	SECONDARY DIAGNOSIS: _____ ICD-9: _____															
PRIMARY DIAGNOSIS: <u>DENTAL CARIES</u> ICD-9: _____ JUSTIFICATION FOR ADMISSION PRIOR TO SURGERY: <u>DOWN SYNDROME</u>																
Vio Anaph: <input type="checkbox"/> RESERVATION ALREADY SENT <input type="checkbox"/> H & P OFFICE <input type="checkbox"/> NOTES <input type="checkbox"/> OP PERMIT <input type="checkbox"/> TEST RESULTS <input type="checkbox"/> CONSULTATION REPORTS <input type="checkbox"/> OTHER _____																
ADMIT DATE: _____ SURGERY/PROC DATE: <u>12/15/2013</u> SCHEDULED TIME: <u>1:30 PM</u> ANESTHESIA TYPE: <u>GENERAL</u>																
LOCATION: <input checked="" type="checkbox"/> MATHER <input type="checkbox"/> HAMPFREY <input type="checkbox"/> OSC <input type="checkbox"/> PRENTIS <input type="checkbox"/> COR <input type="checkbox"/> OTHER _____																
<b>PROCEDURE INFORMATION</b>	SURGICAL POSITION: <input type="checkbox"/> SITTING <input type="checkbox"/> LATERAL <input type="checkbox"/> PRONE <input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> KRASKA SIDE: <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BILATERAL															
	OTHER COMMENTS: _____ PATIENT HAS: <input type="checkbox"/> OSA and CPAP <input type="checkbox"/> PACEMAKER OR ICD (INDICATE CASE) <input type="checkbox"/> VAGAL NERVE STIMULATOR <input type="checkbox"/> WEIGHT ABOVE 300 LBS															
	SURGICAL DURATION (OUT TO CLOSE): <u>3</u> CPT CODES: _____ PROCEDURE(S): <u>EXAM, X-RAYS</u> <u>PROPHYLAXIS</u> <u>FILLINGS</u> <u>EXTRACTIONS</u>															
	Special Equipment/Instrument Request: <u>DENTAL CART PORTABLE X-RAY MACHINE</u> <u>CAVITRON</u>															
	NOTIFY (CIRCLE): <input type="checkbox"/> A <input type="checkbox"/> CT <input type="checkbox"/> S <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> M <input type="checkbox"/> FLUORO: <input type="checkbox"/> Yes <input type="checkbox"/> No															
	PRECAUTIONS: <input type="checkbox"/> STANDARD <input type="checkbox"/> CONTACT DROPLET <input type="checkbox"/> STRICT AIRBORNE <input type="checkbox"/> AIRBORNE <input type="checkbox"/> PROTECTIVE															
ANESTHESIA EVALUATION: <input type="checkbox"/> SURGEON REQUESTS CPM VISIT (page 2 required) <input type="checkbox"/> CPM VISIT NOT REQUESTED SURGEON SIGNATURE: _____ PT WEIGHT: _____ ALLERGIES: _____ SPECIAL NEEDS: <input type="checkbox"/> SEVERE VISUAL OR HEARING IMPAIRMENT <input type="checkbox"/> LIMITED MOBILITY OR NURSING HOME PATIENT <input type="checkbox"/> VENTILATOR DEPENDENT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> SPECIAL BEHAVIORAL OR EMOTIONAL NEEDS <input type="checkbox"/> NON-ENGLISH SPEAKING <input type="checkbox"/> PATIENT TRAVELS BY CART ONLY																
OR CHANGES: _____ OR DATE/TIME CHANGE: _____ NEW DATE/TIME #1: _____ NEW DATE/TIME #2: _____ NEW DATE/TIME #3: _____																



\*SPO14337\* SP-14337 Surgery Reservation Request (2/12)

Request Completed By: GAURI MANKAME, DMD DATE: 10/28/2013  
 PHONE: 368-3290 FAX: 368-6310



University Hospitals

CENTER FOR PERIOPERATIVE MEDICINE

PATIENT'S NAME	
DATE OF BIRTH	

**\*\*When requesting a CPM Consultation the following items are required:**

1. Surgeon's Note/H&P Detailing Surgical Problem
2. CPM Patient Health Questionnaire

SCORE:

3. If available, any other Pertinent Clinical Data to be provided (Outside Records, EKG, Stress Test)

CPM FAX NUMBER: 216-844-5399

PRE-SURGICAL INSTRUCTIONS and/or REASON FOR CONSULTATION:

EKG diagnosis: \_\_\_\_\_ CXR diagnosis: \_\_\_\_\_

Other Preoperative Consultations Already Ordered: \_\_\_\_\_

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> CPM Consult Requested | <input type="checkbox"/> Bowel prep                            |
| <input type="checkbox"/> NSurg ASA / Plavix Protocol      | <input type="checkbox"/> Other (describe above)                |
| <input type="checkbox"/> Request central line insertion   | <input type="checkbox"/> Special Circumstance (describe above) |

**X** SURGEON'S SIGNATURE \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

CPM Notes:

Patient has OSA and CPAP       Patient has ICD / Pacemaker

Day of Surgery Labs Requested:

CPM Physician / Nurse Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Wt: \_\_\_\_\_ HR: \_\_\_\_\_ Temp: \_\_\_\_\_

BP: \_\_\_\_\_ HR: \_\_\_\_\_ SpO2: \_\_\_\_\_

**Diagnostic Testing Orders:**  
 Check to defer selection to CPM

SURGEON	Blood	CPM
<input type="checkbox"/>	CBC	<input type="checkbox"/>
<input type="checkbox"/>	CBC w/ DIFF	<input type="checkbox"/>
<input type="checkbox"/>	CHEM BASIC	<input type="checkbox"/>
<input type="checkbox"/>	CHEM HEP	<input type="checkbox"/>
<input type="checkbox"/>	CHEM COMP	<input type="checkbox"/>
<input type="checkbox"/>	COAG PANEL (PT/PTT/INR)	<input type="checkbox"/>
<input type="checkbox"/>	NASAL SWAB MSSA	<input type="checkbox"/>
<input type="checkbox"/>	NASAL SWAB MRSA	<input type="checkbox"/>
<input type="checkbox"/>	ESR	<input type="checkbox"/>
<input type="checkbox"/>	CRP (not high sensitivity)	<input type="checkbox"/>
<input type="checkbox"/>	HEPATITIS PANEL	<input type="checkbox"/>
<b>Special Panels</b>		
<input type="checkbox"/>	BARIATRIC PANEL	<input type="checkbox"/>
<input type="checkbox"/>	RENAL TRANSPLANT	<input type="checkbox"/>
<input type="checkbox"/>	PANCREATIC TRANSPLANT	<input type="checkbox"/>
<input type="checkbox"/>	LIVER TRANSPLANT	<input type="checkbox"/>
<b>Additional Blood Tests</b>		
<input type="checkbox"/>	GLUCOSE	<input type="checkbox"/>
<input type="checkbox"/>	CALCIUM	<input type="checkbox"/>
<input type="checkbox"/>	MAGNESIUM	<input type="checkbox"/>
<input type="checkbox"/>	TSH	<input type="checkbox"/>
<input type="checkbox"/>	ETOH	<input type="checkbox"/>
<input type="checkbox"/>	OTHER	<input type="checkbox"/>
<b>Blood Bank Exp 21 Days</b>		
<input type="checkbox"/>	T&S	<input type="checkbox"/>
<input type="checkbox"/>	T&C UNITS	<input type="checkbox"/>
<input type="checkbox"/>	AUTOLOGOUS UNITS	<input type="checkbox"/>
<b>Urine Tests</b>		
<input type="checkbox"/>	UA WITH MICRO	<input type="checkbox"/>
<input type="checkbox"/>	URINE CULTURE	<input type="checkbox"/>
<input type="checkbox"/>	URINE TOX SCREEN	<input type="checkbox"/>
<b>Pregnancy</b>		
<input type="checkbox"/>	SERUM HCG	<input type="checkbox"/>
<input type="checkbox"/>	URINE HCG	<input type="checkbox"/>
<b>Radiologic</b>		
<input type="checkbox"/>	CHEST X-RAY	<input type="checkbox"/>
<input type="checkbox"/>	KNEE PROTOCOL R	<input type="checkbox"/>
<input type="checkbox"/>	KNEE PROTOCOL L	<input type="checkbox"/>
<input type="checkbox"/>	KNEE PROTOCOL BILAT	<input type="checkbox"/>
<input type="checkbox"/>	HIP PROTOCOL R	<input type="checkbox"/>
<input type="checkbox"/>	HIP PROTOCOL L	<input type="checkbox"/>
<input type="checkbox"/>	CT	<input type="checkbox"/>
<input type="checkbox"/>	ULTRASOUND	<input type="checkbox"/>
<input type="checkbox"/>	OTHER FILMS	<input type="checkbox"/>
<b>Cardiology</b>		
<input type="checkbox"/>	EKG	<input type="checkbox"/>
<input type="checkbox"/>	ECHOCARDIOGRAM	<input type="checkbox"/>
<input type="checkbox"/>	STRESS TEST	<input type="checkbox"/>
<input type="checkbox"/>	HOLTER	<input type="checkbox"/>
<b>Consultations</b>		
<input type="checkbox"/>	CARDIOLOGY	<input type="checkbox"/>
<input type="checkbox"/>	EP LAB	<input type="checkbox"/>
<input type="checkbox"/>	PULMONARY	<input type="checkbox"/>
<input type="checkbox"/>	HEMATOLOGY	<input type="checkbox"/>
<input type="checkbox"/>	RENAL	<input type="checkbox"/>
<input type="checkbox"/>	PAIN	<input type="checkbox"/>
<input type="checkbox"/>	OTHER CONSULTS	<input type="checkbox"/>
<b>Additional Info</b>		
<input type="checkbox"/>	PRIOR EKG	<input type="checkbox"/>
<input type="checkbox"/>	PRIOR ECHOCARDIOGRAM	<input type="checkbox"/>
<input type="checkbox"/>	PRIOR STRESS TEST	<input type="checkbox"/>
<input type="checkbox"/>	PRIOR CARDIAC CATH	<input type="checkbox"/>
<input type="checkbox"/>	PACER/CD DEVICE DATA	<input type="checkbox"/>
<input type="checkbox"/>	PFT/ABG	<input type="checkbox"/>
<input type="checkbox"/>	ANESTHESIA RECORD	<input type="checkbox"/>
<input type="checkbox"/>	CARDIOLOGY RECORDS	<input type="checkbox"/>
<input type="checkbox"/>	PULMONARY RECORDS	<input type="checkbox"/>
<input type="checkbox"/>	OTHER INFO	<input type="checkbox"/>

Form Completed By: Gauri Mantame, DMD Date: 10/28/2013 Phone: 568-3290 FAX: 368-6310

CPM Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ New Appt Time #2: \_\_\_\_\_

## **XI. Expectations and Call Schedule**

### **Seminars:**

All residents must attend all seminars given by the faculty and guest lecturers. It is the responsibility of the chief resident to ensure that the conference rooms are cleaned before and after every seminar. The residents are also expected to present one of their clinical cases at the Interdisciplinary Seminar and at the Dental Study Club.

### **Table Clinic:**

Residents are expected to present a table clinic at the Ohio Dental Association annual meeting held during the month of September, and at the professional's Day held by CWRU School of Dentistry during the month of March. The topic of their presentation must be discussed with the faculty prior to submission.

### **On-Call Schedule:**

All residents will rotate weekly to cover AEGD after hours emergencies. While on call, the residents are not to leave town or take vacation time. Should the resident not be able to take call while scheduled, it is his/her responsibility to find coverage.

### **Oral Presentations:**

All residents are required to formally present to the faculty 3 times during their residency. One of the presentations will be a medical topic /condition that may influence and/or may require modification of dental treatment. The oral presentations will be evaluated by the faculty and becomes as part of the overall evaluation of the resident.

Residents are expected to identify a multidisciplinary case, completely document the case, and present it to the faculty.

Oral presentations schedule:

October: Treatment planning clinical case presentation.

February: Medical topic or a medical condition and dental implications.

June: Final presentation, clinical case.

## **Meetings and Conferences**

**ODA Annual Session:** This meeting takes place annually in Columbus, Ohio in the fall. All residents are required to attend. You will have the opportunity to hear lectures and present your table clinic. Work with Dr. Resnick to pick good CE courses for all the residents to attend.

**CWRU Professionals Day:** This meeting takes place annually at Case Western Reserve University. If space is available, you will be sitting in on lectures from local and national speakers. You will also be presenting your table clinics usually with all the other graduate programs and fourth year dental students.

**Greater Cleveland Grand Rounds:** This meeting takes place usually near the end of the program. It consists of all the local AEGD/GPR programs meeting for a day and presenting a topic and including a case with the treatment they have been doing in their program.

**North Coast Spring Meeting:** Another meeting similar to the ODA, but a smaller venue. This is typically the last time you will have a chance to present your table clinic poster and your first opportunity to choose CEs by yourself or as a group.



## **XII. Record Keeping and confidentiality policy**

Every patient seen in the AEGD Program must have an AEGD Chart. All charts must be handled with the strictest confidentiality. All patients must receive a copy of the “Patient Bill of Rights” at the initial visit.

It is the resident’s responsibility to ensure that patients’ records are organized, complete and legible. All patient records must include the following:

2. Informed consent
3. Medical history
4. Dental history
5. Caries and periodontal charting
6. Definitive diagnosis and treatment plan
7. Properly labeled radiographs
8. Progress notes or treatment entry

All of the above **must** be signed by the resident and verified by an attending faculty member or program director. Where appropriate, the patient signature must also be included (e.g. health history, consent form, treatment plan).

Please refer to Standards of Care, Section 1, for further details.

Initially, for the first month of the residency, all charts are reviewed daily by the program director and faculty, and on a monthly basis thereafter. The form on the following page will be used to review patient’s charts and to direct the resident to correct any noted deficiencies.

All patient records and patient information **must** be handled and kept with strict confidentiality.

5. Patient charts are not to be removed from the AEGD Clinic.
6. All charts must be returned to the front desk at the end of each day for safekeeping.
7. Patient information and treatment are not to be discussed with anyone not involved with the care of the patient.
8. A signed release consent **must** be obtained from the patient in order to release their records or treatment information to a third party.

### **XIII. Resident Evaluation**

Evaluation of residents progress towards achieving the goals and objectives of the program will be done on a quarterly basis by the program director. Attending faculty is expected to evaluate each resident and submit their evaluation to the program director.

The form on the next page will be used to evaluate the residents. The criteria for evaluation are explained within the form.

Additionally, each rotation director will also evaluate the residents at the end of their rotation and forward it to the AEGD program director using the above information along with his own comments, the program director will evaluate each resident on a one-on-one basis.

**AEGD Resident Evaluation**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Resident: \_\_\_\_\_

1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Evaluation held  
on

Using the guidelines, please indicate for each resident whether or not he/she met the criteria, as well as any area that needs improvement. A narrative must be provided to explain any deficiency.

Criteria	Yes	No	Improvement Needed
<b>Knowledge/academic performance:</b> Has the knowledge to allow him/her to adequately treat patients in this discipline. Successful performance on written examinations when applicable.			
<b>Clinical ability/quality of dental treatment:</b> Provides high quality dental treatment.			
<b>Diagnostic acumen:</b> Rarely makes errors in diagnosing dental/oral pathology.			
<b>Treatment Planning:</b> Consistently uses sound judgement in determining treatment planning needs; formulates, then follows rational treatment plans.			
<b>Productivity/time management:</b> Is well prepared for clinical sessions and efficiently utilizes patient appointment time for maximum training opportunity.			
<b>Attitude motivation:</b> Consistently exhibits interest in advancing his/her clinical and didactic knowledge; is an active participant in didactic sessions.			
<b>Patient Management:</b> Establishes effective rapport with patients; prioritizes appointment sequencing to coordinate with other rotations, dental laboratories, etc.			
<b>Administrative responsibilities/record management:</b> Maintains accurate, concise, neat, legible and timely paperwork (dental record, consults, etc.)			
<b>Communication skills:</b> is able to intelligently discuss aspect of diagnosis and treatment with teaching faculty and present professional lectures and presentations as required.			
<b>Stress Management:</b> Handles stressful patients and situations well.			
<b>Professional Behavior and reliability:</b> Can be relied upon to follow through with instructions, assignments, and duties. Treats staff with respect. All professional standards are upheld.			
<b>Overall evaluation:</b>			

Narrative if needed: \_\_\_\_\_

Faculty Signature \_\_\_\_\_

Resident: \_\_\_\_\_

**Oral Presentation Evaluation  
AEGD Program  
CWRU School of Dental Medicine  
Resident's Presentation**

Resident: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please evaluate the resident on each of the following criteria using:

1. Acceptable                      2. Needs Improvement

Please comment on what improvement is needed below in the provided space.  
Use other side of paper if additional space is needed.

---

1. Knowledge of topic	1	2
2. Relevance to dentistry	1	2
3. Understanding relevance to dentistry	1	2
4. Ability to answer questions	1	2
5. Overall presentation	1	2
6. Citation (References)	1	2
7. Critical thinking	1	2
8. Professionalism	1	2

**Comments:**

---

---

---

---

**Evaluator's Signature**\_\_\_\_\_

## **XIV. Faculty evaluation**

The program's faculty will be evaluated annually by the program director with input from the residents. Residents are expected to evaluate each faculty based on the criteria in the form on the next page.

To maintain confidentiality, the resident will complete the evaluation and submit it to Mr. Marcos A. Rivera, Director of Student Services who will compile the evaluations and forward them to the program director.

These evaluations are very important and we encourage a thorough and honest evaluation.

**FACULTY EVALUATION  
AEGD PROGRAM**

**Graduation Year:** \_\_\_\_\_

**Faculty Name:** \_\_\_\_\_ **Clinical**

**Didactic**

**Specialty:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

		Excellent ->		Poor	
1.	Attendance	4	3	2	1
2.	Knowledge of materials	4	3	2	1
3.	Ability to teach	4	3	2	1
4.	Interaction with residents	4	3	2	1
5.	Interaction with patients	4	3	2	1
6.	Willingness to help	4	3	2	1
7.	Fairness in evaluation	4	3	2	1
8.	Providing constructive criticism	4	3	2	1

**Comments:**

**Note:** Please e-mail this evaluation to Mr. Marcos A. Rivera at [marcos.rivera2@case.edu](mailto:marcos.rivera2@case.edu) or send U.S. Mail to Mr. Marcos A. Rivera at 10900 Euclid Avenue, Cleveland, Ohio 44106

## Criteria for faculty evaluation

The following criteria will be used to evaluate the effectiveness of the AEGD faculty. A scale from 4-1 with 4 being excellent and 1 being poor will be used. Additional comments are welcomed and encouraged.

1. **Attendance**
  - Punctuality (starting time and finishing time)
  - Availability (presence when scheduled)
2. **Knowledge of Materials**
  - Can the faculty member provide you with additional information beyond what was given in dental school?
3. **Ability to Teach**
  - Can the faculty member relate the information in a way that you can understand?
4. **Interaction with residents**
  - Does the faculty member treat the residents with a respectful attitude?
5. **Interaction with Patients**
  - Does the faculty member treat the patients with respect?
6. **Willingness to help**
  - Does the faculty member demonstrate procedures?
  - Is the faculty member on the clinic floor and actively teaching as apposed to providing verbal assistance from the office or conference room?
7. **Fairness in Evaluation**
  - Do you believe the faculty has worked with you enough to evaluate your work?
  - Do you believe the faculty has consistently provided you with a fair evaluation?
8. **Providing Constructive Criticism**
  - Do you believe the faculty provided you with criticism so you may improve your skills or procedures, in a professional manner, rather than being demeaning?

Infection control Manual

<https://case.edu/dental/sites/case.edu.dental/files/2018-04/ICM.pdf>

## **XV. Emergency Policy and Infection Control Policy**

Please refer to the Medical Emergency Care Policies and Procedures

[https://dentvs-cm.dent.cwru.edu/p/Medical\\_Emergency\\_Care\\_Policies\\_and\\_Procedures](https://dentvs-cm.dent.cwru.edu/p/Medical_Emergency_Care_Policies_and_Procedures)

Please refer to Infection Control Manual Policies and Procedures

[https://dentvs-cm.dent.cwru.edu/p/Infection\\_Control\\_Manual\\_Policies\\_and\\_Procedures](https://dentvs-cm.dent.cwru.edu/p/Infection_Control_Manual_Policies_and_Procedures)