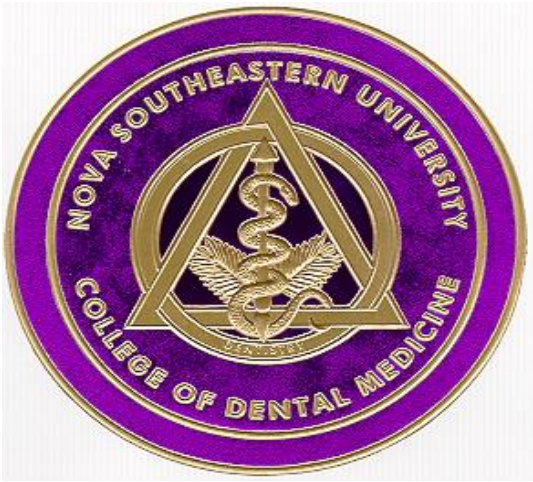
NOVA SOUTHEASTERN UNIVERSITY
COLLEGE OF DENTAL MEDICINE



DEPARTMENT OF PEDIATRIC DENTISTRY
POSTGRADUATE ADVANCED EDUCATION
TRAINING PROGRAM

APPENDIX X
POLICIES AND PROCEDURES MANUAL

POLICIES AND PROCEDURES MANUAL

TABLE OF CONTENTS

POLICIES AND PROCEDURES MANUAL

APPENDIXES

Provision: Changes to this document must be reviewed and approved by the faculty, program director and chairperson of the Pediatric Dentistry Section, Division of Developmental Sciences, in consultation with the NSU College of Dental

Medicine (CDM) administration. For additional information please see the *NSU CDM Post Graduate Student Manual.*

Note: Changes to this document may be made as dictated by the NSU College of Dental Medicine Bylaws, policies, procedures and protocols.

Revised and Completed by Dr. Alejandro Ibarra, 2013

I. INTRODUCTION

This manual is intended to serve as a reference source for post-graduate students (residents) and faculty in the post-graduate Pediatric Dentistry Training Program at NOVA Southeastern University (NSU). Understanding and following the policies and procedures found in this manual may help you understand the Goals and Objectives of the Pediatric Dentistry Section, Division of developmental Sciences, in the College of Dental Medicine (CDM). Our goal is to help you become proficient, knowledgeable, board certified Pediatric Dentists who contribute to improving the oral health of children and adolescents in your communities including infants, children and adolescents with special health care needs (SHCN). By exposing residents to different clinical settings, we aim to prepare and encourage them to practice in these settings upon entering their clinical practice.

The Postgraduate Pediatric Dentistry Training Program at NSU is a standard *24-month Program* that is fully accredited by the Council on Dental Accreditation (**CODA**) of the American Dental Association (ADA). The CODA accreditation requirements and standards for post-graduate pediatric dentistry training of residents are the framework for the goals and objectives outlined in this manual.

The program aims to train and guide residents in their education by providing the following:

1. The clinical and didactic training to acquire the skills and knowledge to become a caring and highly competent Pediatric Dentist.

2. Exposure to patients with varied and potentially complex medical and psychosocial backgrounds that require primary and comprehensive oral health care services and specialty care in a patient and family welcoming environment.

3. Exposure and training in general hospital protocol with special concentration on the pediatric medicine department, emergency room and operating room.

4. Practical application of dental and medical didactic information into clinical practice. (Literature review and case presentations).

5. The opportunity to participate in research and teaching activities.

6. Preparation for the Qualifying Examination (QE) of the American Board of Pediatric Dentistry (ABPD) as a first step in the certification process to become ABPD Diplomates (*see appendix*).

II. THE PROGRAM

DEFINITION

Pediatric Dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence including those with special health care needs.

ACCREDITATION STATUS

The Postgraduate Program in Pediatric Dentistry at NSU-CDM is fully accredited by the Commission on Dental Accreditation (CODA) and is structured to meet or exceed the Guidelines for Advanced Specialty Education Programs in Pediatric Dentistry. ADA, 1995.

ELIGIBILITY AND SELECTION

To be eligible for admission into the Postgraduate Program in Pediatric Dentistry, one must have received a degree in dentistry (DDS,DMD) from a dental school accredited by the Commission on Dental Accreditation (CODA), or a recognized equivalent degree from a school in another country (ex. Canada, Mexico, Colombia, India etc.).

To be accepted in the program, applicants must have completed and passed Part I and II of the National Boards Dental Examination (NBDE).

Applicants may also be selected if they have completed one (1) or two (2) years of post-graduate dental training in an American dental institution accredited by CODA.

Foreign trained dentists are eligible for admission into the program if they have completed equivalent training in the United States in a CODA accredited institution that grants a DDS or DMD degree.

> ***Note***: Due to increasing academic achievements by applicants year after year, the standardization of the selection process dictates that applicants of different levels of achievement be compared in order to select the most qualified group of residents. Although the selection of residents is not based solely on academic achievements, applicants must be aware of the basic requirements for admission outlined in this document and application documents.

In addition to the credentials outlined above, the following achievements are also considered important to attain eligibility. Committed participation in academic research, community outreach (domestic or abroad), academic and/or clinical involvement with the specialty of pediatric dentistry and other personal and professional achievements that promote the applicant's standing as a qualified applicant.

Candidates are chosen from an academically outstanding group of applicants with the intention of selecting a well-balanced group of competent and enthusiastic residents.
The Faculty Selection Committee is dedicated to following the eligibility and selection process outlined by the CODA.

INSTITUTIONAL COMMITMENT

The Nova Southeastern University College of Dental Medicine is committed to providing the facilities and faculty necessary to enable the program to become one of the nation's outstanding programs in Pediatric Dentistry. The College supports the ongoing improvement and measured expansion of the program's activities, services and commitments to the university, College of Dental Medicine, the faculty and post-graduate students (residents) of the Department of Pediatric Dentistry, and the community.

III. GOALS AND OBJECTIVES

Program Goals with Goal-Specific Objectives
NSU-CDM
Postdoctoral Program in Pediatric Dentistry

Goal #I: To graduate Pediatric Dentists who possess and apply the knowledge and skills required to diagnose, understand the basis of, and adequately treat, alone or in concert with other dental and medical practitioners, Pediatric Dentistry cases while maintaining the health of the patient.

Objectives:

1. Pediatric Dentistry residents will receive a performance rating of satisfactory from the faculty and Program Director during the evaluation periods.

2. Pediatric Dentistry residents will demonstrate proficiencies in the basic science concepts and clinical applications related to the specialty of Pediatric Dentistry.

3. Pediatric Dentistry residents will reach the program's stated clinical procedural goals and requirements.

4. Patients will rate their experience at the NSU-CDM Postdoctoral Pediatric Dentistry Clinic satisfactory.

5. Patients treated at the NSU-CDM Postdoctoral Pediatric Dentistry Clinic will agree that their treating resident(s) provided quality care.

Goal #II: To prepare Pediatric Dentistry residents for certification by the American Board of Pediatric Dentistry

Objectives:

1. Program graduates will be successful in attaining American Board of Pediatric Dentistry certification

Goal #III: To prepare Pediatric Dentistry residents to effectively communicate knowledge of Pediatric Dentistry and related craniofacial anomalies to others

Objectives:

1. Pediatric Dentistry residents will be proficient in communicating knowledge of Pediatric Dentistry and related diseases to faculty members and fellow residents

2. Pediatric Dentistry residents will be proficient in communicating knowledge of Pediatric Dentistry and related diseases to predoctoral students

3. Pediatric Dentistry residents will be proficient in communicating knowledge of Pediatric Dentistry and related diseases to patients

Goal #IV: To graduate Pediatric Dentistry who possess the knowledge and skills required to critically evaluate the dental literature, research, technological advancements, and therapeutic procedures, and apply this knowledge into their clinical practice.

Objectives:

1. Pediatric Dentistry residents will demonstrate proficiency in Biostatistics and research design methodologies.

2. Pediatric Dentistry residents will demonstrate proficiency in current and classic literature.

Goal #V: To graduate Pediatric Dentistry who understand the theory and methods of clinical and basic science research

Objectives:

1. Pediatric Dentistry residents will perform a satisfactory research project and paper suitable for publication

2. Pediatric Dentistry residents will be encouraged to present their research findings at local, regional, national, and international scientific meetings

3. Pediatric Dentistry residents will be encouraged to complete their optional Master of Science in Dentistry degree

Goal #VI: To receive feedback form program graduates in as part of the ongoing evaluation of the postdoctoral Pediatric Dentistry program

Objectives:

1. Pediatric Dentistry residents will indicate overall satisfaction with the program on Resident Exit Survey
2. Program graduates will participate in the post-graduation Alumni Survey

Goal #VII: To graduate Pediatric Dentistry who understand the importance of life-long learning, professional development, and their responsibility to the community-at-large.

Objectives:

1. Pediatric Dentistry residents will attend local, regional, national and international clinical and scientific meetings

2. Pediatric Dentistry residents will attend continuing education courses

3. Program graduates will attend continuing education course

4. Program graduates will become members and leaders in professional organizations

5. Program graduates will successfully complete the ABPD certifying examination

6. Program graduates will contribute service to the non-dental community.

NOTE: Although it is the intention of the faculty of the Pediatric Dentistry Section and the Administration of the College of Dental Medicine to provide residents with a comprehensive and enriching post-graduate educational experience, there are certain limitations, which the faculty and administration must negotiate. Some of these limitations are: length of the program, budgetary constraints, number of full-time faculty, access to technologically advanced clinical instruments, etc. Therefore, each resident should recognize these limitations and make it a professional endeavor to supplement areas of the curriculum where he or she and mentoring faculty feel there is a need for further study.

IV. PROGRAM ADMINISTRATION

The overall responsibility for the operation of the Postgraduate (postdoctoral) Pediatric Dentistry Program rests with Dr. Robert Uchin, Dean of the College of Dental Medicine. Dean Uchin appoints the Chief of the Division of Developmental Sciences, the Chair of the Pediatric Dentistry Section and the Director of Postgraduate Pediatric Dentistry.

Program Director
The responsibilities of the Program Director include:

1. Ongoing evaluation of the program content, faculty and resident performance. Reporting program effectiveness outcomes to the chairman and faculty.

2. Responsibility for resident selection in concert with the faculty. Documentation of all resident eligibility and selection is conducted as per CODA accreditation standards.

3. Administration of the program activities on a daily basis including oversight of clinics, didactic program, rotations, on call responsibilities and maintenance of all schedules.

4. Coordination with other Program Directors and postgraduate departments including attendance of director's meetings and committee membership.

5. Ensure adequate records are maintained to document the resident's experiences and compliance with requirements resulting in successful graduation. Documenting performance of board examinations will be used to measure outcomes assessment and program effectiveness.

6. Participate in supervision of clinical and didactic activities of the program.

7. Ensure the evaluation of residents' performance in the didactic and clinical portions of the curriculum, including extramural rotations.

Assistant Program Director
The Assistant Program Director and the Program Director collaborate in the management of the program. The assistant director meets with the director on a regular basis and is aware of all program activities and assists the director to ensure uninterrupted management of the program in the director's absence.

Faculty

The faculty of the Pediatric Dentistry Section helps determine admission criteria, recommends candidates for admission and teaches, supervises and evaluates the progress of residents. The responsibilities of the faculty include:

1. Being aware of and dedicated to the goals and objectives of the program. Ensuring residents comply with the policies and procedures of the department and AAPD guidelines.

2. Presentation of seminars, lectures, conferences and other didactic activities.

3. Review of patient electronic health records (EHRs) and records with residents to ensure accuracy, completeness and compliance with school policies and procedures.

4. Overall responsibility for patient care, evaluation and management including treatment planning, treatment completion, management of potential complications, decisions on treatment and follow up and general disposition of the clinical cases. Assigning patients to residents based on their clinical competence and general requirements.

V. FACULTY MEMBERS

Full Time:

Dr. Ana Karina Mascarenhas, Professor and Chief Division of Developmental Sciences

Dr. Romer Ocanto, Associate Professor and Chairman of the Pediatric Dentistry Section

Dr. Alejandro Ibarra, Associate Professor and Post Graduate Pediatric Dentistry Program Director, Diplomate, American Board of Pediatric Dentistry

Dr. Jose Larumbe, Assistant Professor and Assistant Program Director, Post Graduate Pediatric Dentistry

Dr. Alberto Noguera, Assistant Professor Predoctoral and Post Graduate Pediatric Dentistry, Director, Pre Doctoral Pediatric Dentistry

Dr. Oscar Padilla, Associate Professor Post Graduate Pediatric Dentistry

Dr. Lesbia Molina, Assistant Professor Post Graduate Pediatric Dentistry

Dr. George White, Assistant Professor Post Graduate Pediatric Dentistry

Part Time:

Dr. Sandra Brener, Assistant Professor

Dr. Dan Arnold, Adjunct Assistant Professor

Dr. Harvey Hill, Adjunct Assistant Professor

Dr. Yedda Gomez-Ruane, Adjunct Assistant Professor

Dr. William Pena, Adjunct Assistant Professor

Dr. Shannon Ashley, Adjunct Assistant Professor

Dr. Melanie Bond, Adjunct Assistant Professor

Dr. Jason Lipoff, Adjunct Assistant Professor

Dr. Cecilia Brenner, Adjunct Assistant Professor

Dr. Sergio Real, Adjunct Associate Professor, Post Graduate Orthodontics

Dr. Richard Sherman, Adjunct Associate Professor

Dr. Ed Packer, Adjunct Assistant Professor Chairman, Department of Pediatrics
NSU College of Osteopathic Medicine

Dr. Luis Salcedo, Adjunct Assistant Professor Chief, Pediatric Anesthesiology
Joe DiMaggio Children's Hospital

Dr. Sandra Kaufman Pediatric Anesthesiology Joe DiMaggio Children's Hospital

Dr. Eric Stelnicki, Adjunct Assistant Professor Director, Cranio-Facial Team
Joe DiMaggio Children's Hospital

VI. DIDACTIC COURSES

The following are Clinical Science Core and Clinical Core courses. These subject areas are to be presented and assimilated by residents starting with basic "understanding" and progressing to "in depth" knowledge. The 'understanding' level of knowledge may be exceeded. In addition, the required Biomedical Sciences* will also be presented within the first year as per Accreditation Standards. **

1. Pre-Clinical Pediatric Dentistry Overview and Laboratory Exercises
2. Review of American Academy of Pediatric Dentistry (AAPD) Guidelines
3. Oral Disease Process including Caries and Gingival Lesions
4. Classical and Current Literature Review
5. Research Projects & Methods
6. Psychological and Social Child Development
7. Identification and management of Child Abuse
8. Language development and speech delay/disorders
9. Behavior Management/Guidance including pharmacological management
10. Pharmacological Agents including airway and emergency management
11. Oral Pathological Conditions including pediatric oral lesions and syndromes and epidemiology
12. Operative Dentistry including caries prevention and current techniques
13. Management of Traumatic Episodes in Children and Adolescents
14. Orthodontics and Growth & Development
15. Knowledge and Management of patients with special health care needs (SHCN), including rotation at Joe DiMaggio Children's Hospital
16. Hospital Dentistry, Rotations and Seminars
17. Case Documentation & Presentation
18. Board Review and Cases
19. Guest Lecturer Series
20. Practice Management and Guidance
21. Evidence-Based Dentistry in Pediatric Dentistry

*(*Biomedical Sciences: Biostatistics and Clinical Epidemiology, Pharmacology, Microbiology, Embryology, Genetics, Anatomy and Oral Pathology. ** Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry, Commission on Dental Accreditation.)*

VII. GENERAL RULES

COMMUNICATION IN THE DEPARTMENT

Distribution of important information such as schedules, announcements, meetings, assignments, etc. will be ***exclusively via email to your NSU email address.*** No other email addresses will be used. ***It is the responsibility of each resident to check his or her NSU email account multiple times daily.*** Information published to these accounts will be considered definitive notification. Residents will be held responsible for the information, schedule changes and announcements made via email. The PG1, PG2 and Faculty schedules will be made available to residents and Faculty.

DRESS CODE

All residents must abide by the NSU resident dress code (scrubs of a designated color) at all times. Casual wear is not allowed on campus or satellite sites unless specifically stated by the director and/or faculty. *See NSU CDM Post Graduate Student Manual*.

DECORUM – Code of Student Conduct

Residents are expected to conduct themselves in a professional and courteous manner at all times on campus and affiliated satellite sites as outlined in the NSU College of Dental Medicine Post Graduate Student Manual (ex. Pediatric Dental Care Center at Kids, Joe DiMaggio Children's Hospital, Broward General Hospital and Autistic clinic at Mailman Institute). Residents that violate policies and procedures of conduct will be subject to disciplinary action. *See NSU CDM Post Graduate Student Manual*.

VACATION TIME AND SICK LEAVE

You are not expected to work when you are ill; however, absences affect everyone and your patient load will be shifted to your co-residents. As a result, patients may wait longer for treatment and delays may occur in the clinic. We request that sick calls be taken with consideration to your patients, co-residents and the staff. If for any reason you wake up feeling bad or sick, **you must call immediately to the Program Director** and **also to the PCC** in the assigned clinical site to let her know about your possible absent.

All requests for leave/absence must be **pre-approved two weeks prior** to the absence unless it is an emergency or you are ill. If you are out due to illness, you must complete an absence report immediately upon your return to the school and provide a physician's note if time absent exceeds 48 hours. These forms are available in the secretary's office. It is your responsibility to get the form signed by the Program Director.

In the event you are out for any reason, it is your responsibility to arrange for coverage (i.e., emergency coverage or lit preparation). **The arrangements you make with your fellow classmates must be noted on your Request for Leave and Absence form.**

If the number of days you are absent exceed the allotted time in the program (20 days per year including winter, spring and summer breaks) set forth by the Accreditation Standards for the Advanced Specialty Education Programs in Pediatric Dentistry, as well as our Postgraduate Pediatric Dentistry Manual, it is at the discretion of the program director to require you to make up those days at the end of the program.

All residents will be allowed five (5) personal days during the academic year, and anything past the allowed personal days will require approval by the Associate Dean for Advanced Education Programs.

VIII. RESIDENT RESPONSIBILITIES – Clinical Program

Treatment Visits, Rotations and Emergency On-call Service – Descriptions and Protocol. Resident clinical Handbook *

Scheduling of Appointments

All residents, 1st & 2nd year, are expected to be on-time and prepared to perform their assigned duties regardless of their individual patient load or personal schedule. Preparation for patients scheduled at 9:00am should occur at least by **8:45am**, for patients scheduled at 1:00 pm should occur at least by **12:45.** It is vital that you keep faculty and staff informed of any deviation in your expected schedule. Should a resident not have a patient, he/she is expected to engage in clinical or didactic activities (ex. assist their colleagues as guided by the faculty, review list of active patient's treatment plans, etc.)

Appropriate and efficient utilization of available clinic time is a very important part of residents' clinical education. Please ensure you view your patient schedule a week ahead *and* during the week to be prepared for your clinical assignments. The effective utilization of clinical opportunities will be a point of consideration during faculty evaluation of residents. Residents are expected to be present and on time for all assignments unless reassigned by the Program Director.

Clinic appointments are to be arranged through the department patient care coordinator (*PCC*). ***Although you will be able to schedule appointments, you will not be able to cancel or reschedule appointments in AxiUm***. Your daily Kids and JDM schedule will be available for review in the AxiUm system and posted in the PG Clinic. It is essential that your individual schedule be **accurately planned** in order to allow proper allocation of personnel, facilities and supplies. **NOTE**: Residents may not cancel a patient without the direct knowledge of the Patient Care Coordinator (PCC), faculty member and/or the program director. A contact note indicating the reason for the cancellation must be made by the PCC in the patient's electronic health record (EHR) once the cancellation has been approved.

Initial Visits and Recall

A complete medical history and treatment plan, reviewed and approved by faculty, is required to initiate patient care. The attending faculty is responsible for treatment provided by residents. Each resident is responsible to the attending and to the department as a whole. ***The resident will consult the attending prior to initiating treatment*** *for any patient*. No treatment will be provided to a patient without available attending faculty being present. During the early months of residency, one should expect close supervision and evaluation by the faculty. As each resident develops and demonstrates his/her capability and judgment, faculty may gradually decrease the level of direct supervision. Evaluation will be ongoing.

Treatment Planning

Successful treatment planning requires the objective assessment of our own ability and confidence as well as assessment of our patient's developmental stage, ability to cooperate and complexity of the treatment planned. Considering the patient's comprehensive needs and relevant factors (patient's age, behavioral response, special needs), and organizing the treatment plan realistically, with the goal of completing the patient's care in the smallest number of visits should be a main priority. After discussion

with faculty and approval of the **Treatment Plan**, the treatment plan ***must*** be entered into AxiUm immediately and **should include the anticipated number visits based on quadrant dentistry.**

Continuing Care

Residents are expected to be efficient in the use of the time and facilities available. While the volume of **treatment completed** is important, it is but one of many measures used in assessing a resident's progress. Faculty will cover specific expectations regarding patient treatment procedures and levels of resident supervision during departmental orientation. Residents are invited to seek Faculty guidance at any time, for any reason. Resident input and/or constructive criticism is welcome. From time to time residents will individually meet with Faculty to formally review and document progress and performance. At the end of first year residents will meet individually with the Program Director to evaluate progress and performance.

Orthodontic Treatment

Patients diagnosed and treatment planned for orthodontic treatment must be scheduled with the Dept. of Orthodontics faculty for initial and ongoing treatment. The patient's parent/legal guardian must understand and agree to a payment plan in writing (see form). This information must be entered into AxiUm for each patient undergoing orthodontic treatment. Orthodontic records are to be completed on all patients of record.

Emergency Care

The attending faculty assigns patients presenting for emergency care. Patients presenting as "emergencies**"** require a through medical history, appropriate radiographs and the resident's assessment of the patient, their emergent needs and the resident's recommendations for care. This information is then presented to the attending faculty. After resolution of the emergency, the patient should be reappointed for emergency follow up and a new patient visit. *Note*: for patients following up from on-call emergencies at the hospital (JDCH Memorial), please review the Trauma Log for hospital record notes.

Treatment under Conscious Sedation. Rotation sedation

As an adjunct clinical experience, residents are exposed to conscious (oral) sedation techniques by selected faculty members. Historically, pediatric dentistry programs employ this technique (pharmacotherapy) as an adjunct to conventional behavior management techniques.

At Kids and JDM, you will be exposed to single and combine-agent oral sedations (ex. Midazolam, Diazepam), using agents that are reversible. Patients are to be evaluated prior to any treatment under sedation and a medical history review with the patient's physician may be necessary. A protocol for all conscious sedation procedures will be available (**Sedation Protocol Manual**) and the faculty ensures that postgraduate students follow said protocol. **Students that fail to follow the protocol will not be allowed to sedate patients.**

During sedations one resident is to be the *operator* (treating doctor) and one is to be the *monitor* (recorder of events and vitals). The faculty supervises the sedation and a dental assistant **must** be present at all times for chair-side assistance.

> **Note**: under no circumstances are postgraduate students to administer any sedative agent without the direct supervision of a faculty member. Any student found to have violated this stated rule may be **suspended** from the clinic immediately.

Sedation Log
All conscious sedation sessions are to be recorded in a sedation record form. The forms are to be placed in the sedation log located in the Pediatric Dentistry clinic at Kids and JDM. Postgraduate students are to keep a copy of the sedation records of the patients they treat.

Appointment Length
New patient, recall and restorative treatment appointments will be allotted 45-60 minutes due to the nature of the appointment. Also, time must be provided for new patient encounters as behavior guidance, review of medical history and questions by parents/guardians take up time. Emergency treatment and orthodontic treatment visits may be assigned less time, as they are usually problem-focused or limited treatment, respectively.

> **Note**: Time *must* be set aside towards the end of the appointment in the morning session and afternoon session for completion of treatment **notes and codes**, review and signature by the attending faculty. ***Failure to comply with this requirement may result in suspension from clinical duties***.

Informed Consent
All parents/guardians must review, approve and their consent of the treatment plans for their child. Additionally, they *must accept and acknowledge financial responsibility prior to the initiation of treatment (if applicable). Patients undergoing orthodontic treatment must be placed on a written payment agreement (orthodontic department protocol) that must be stated in Axium.*

Consultations and Referrals
Interdepartmental consultations and external consultations (with physicians and other healthcare professionals) must occur with the consent and direct knowledge of the attending faculty. Referrals are to be discussed with the attending faculty and the name of the faculty member must be documented in the treatment note patient's EHR (electronic health record).

Late Patients
Only the attending faculty has the authority to accept or deny treatment to a patient presenting over *15 minutes* late. To accommodate schedule changes and late arriving patients, the attending faculty may assign residents to patient care or other duties as necessary. Every effort will be made to fairly distribute the workload.

Parents/Caregivers/Guardians in the Operatory
The ability of the operating dentist to manage and treat the patient in the operatory in a safe manner is of the utmost importance. *Parents/Guardians accompanying the patient*

must *be informed that only a limited number of the individuals allowed in the operatory for the following reasons:*

1. Patient behavior guidance (management) requires a focused rapport between the dentist and the patient (of cooperative age) *without distraction or interruption*.

2. The presence of parent/guardian must not divide the patient's attention and should support the dentist-patient relationship. *There presence of* ***more*** *than one parent is discouraged unless it is beneficial to the treatment of the patient*. (Determined by the faculty, resident and parent/guardian).

3. Parent/Guardian who is present during the Treatment Planning visit should remain constant for all continuing visit unless a discussion has taken place with the dentist and a joint decision has been made against this arrangement. Continuity of clinical conditions is key to behavior guidance and an interruption in continuity may lead to poor behavior guidance results.

4. **Siblings and other visitors must wait in the reception area**. If siblings are too young to sit alone in the reception area then another adult should be available to sit with them.

5. Patient transporters (special needs patients) must wait in the reception area unless their presence is required. The patient's accompanying nurse may remain in the clinical area for consultation and support.

6. Space limitations in the operatory must not be exceeded as this hampers the safe delivery of care. The dentist and support staff must be able to move around and manage the patient without people or objects in the way.

Fees
You are not expected to be a collection agent, however it is your responsibility to monitor your patient's account for delinquencies and bring them to the attention of the parent, the clinic coordinator or attending faculty.

Open Time ("*Down Time***")**
You are expected to use your time in the clinics constructively *at all times*. If your patient cancels or fails to appear for the appointment, you are to engage in scholarly or clinical activities (ex. Read articles for literature review, gather information for case presentation, assist a co-resident, etc.). Residents are **not** to leave the clinic without the direct knowledge of the attending faculty or program director.

AFFILIATED SATELLITE CLINICS

Pediatric Dental Care Center at Kids
This is our most recent site and it is located at 819 NE 26th Street, Wilton Manors FL 33305. It is a new twelve (12) chair facility dedicated to the care of infants, children and adolescents with Special Health Care Needs (SHCNs).

Joe DiMaggio's Center for Craniofacial Patients Pediatric Dentistry Clinic
This is our most recent site and it is located at the Joe DiMaggio Children's (JDC) Hospital in the City of Hollywood (20-30 minutes south of the NSU Davie campus). It is a new four (4)-chair facility primarily dedicated to the care of children and adolescents with Special Health Care Needs (SHCNs). Although we usually refer patients over the age of 13-14 years to the AEGD/Community Dentistry program at the Davie campus, at the Joe DiMaggio dental facility the patients will be seen into adolescence unless it is decided by the faculty and treating residents that the patient is best served at the school for consultation and referral reasons.

Autistic Clinic at Mailman Institute, Siegel Center.

Medical Rotations – Joe DiMaggio Children's Hospital

Anesthesia – 1st year rotation, 4 weeks (20 days).
Advanced education students/residents in pediatric dentistry complete a rotation through the anesthesiology department of a hospital. The anesthesiology rotation in pediatric dentistry is structured to provide the advanced specialty education student/resident with knowledge and experience in the management of children and adolescents undergoing **GENERAL** anesthesia. The rotation provides experiences such as pre-operative evaluation, risk assessment, assessing the effects of pharmacologic agents, venipuncture techniques, airway management, general anesthetic induction and intubation, administration of anesthetic agents, patient monitoring, prevention and management of anesthetic emergencies, recovery room management, postoperative appraisal and follow up. **(See requirements and evaluation for the rotation with Program Director).**

Pediatric Medicine – 2nd year rotation, 2 weeks. (10 days).
Advanced education students/residents in pediatric dentistry participate in a pediatric medicine rotation of *at least* two (2) weeks duration which is the student's/resident's principle activity during this scheduled period; and the rotation includes exposure to obtaining and evaluating complete medical histories, parental interviews, system-oriented physical examinations, clinical assessments of healthy and ill patients, selection of laboratory tests and evaluation of data, evaluation of physical, motor and sensory development, genetic implications of childhood diseases, the use of drug therapy in the management of diseases, and parental management through discussions and explanation. **(See requirements and evaluation for the rotation with Program Director).**

Pediatric Emergency – 2nd year rotation, 2 weeks. (10 days).
Each student/resident participates in an emergency room rotation. This rotation totals *at least two* (2) weeks duration and is an experience beyond regular dental emergency duties. **(See requirements and evaluation for the rotation with Program Director).**

Operating Room (O.R.) Rotation
Patients requiring full-mouth restoration under general anesthesia due to developmental, physical, mental and/or psychosocial reasons must be referred to the O.R. These patients cannot cope with dental treatment in the outpatient setting but have dental and

oral treatment needs that indicate expedient treatment in a medically-controlled environment that provides post-operative support services.

Referred patients are scheduled for the O.R. by the Department of Pediatric Dentistry, however, you must consult with the assigned attending faculty for details about the case and date and time in the O.R.

First year residents (PGY1) will not begin the O.R. rotation until the second half of their first year (December-January).

RECORD OF ACTIVITIES

No treatment procedure should be initiated prior to presenting and discussing the case with a Faculty member. Faculty approval must be given at the beginning, during and end of the procedure.

At the conclusion of each visit, appropriate notes must be entered into the AxiUm system. Notes should be complete, but not protracted. A brief statement regarding procedures planned for the next visit should conclude the note. A Faculty member must review and approve progress notes. Appointments are made through the **Peds Patient Care Coordinator (PCC).** Desired time and date, a concise listing of the next appointment's planned procedures,
Projected expense and time required **should be determined** prior to approaching the PCC. Forms and appointment cards to assist the appointment process are available and are to be used consistently.

No patient should be allowed to leave without faculty approval of treatment rendered. **Chart records must be completed daily.** Residents are responsible for acquiring appropriate faculty signatures, paper and electronic, at the conclusion of each appointment. "Open charts" accumulating beyond a certain level will lead to AxiUm "lock out" until cleared. Also, lack of compliance with AxiUm policies will result in cancellation of clinic patients and the resident(s) suspended from clinical duties. This policy is controlled and enforced by the CDM administration.

Emergency Call (*see resident on call schedule*)
Residents will be On Call for after hour's emergencies at two primary locations with the Memorial Healthcare System. The primary site is the Joe DiMaggio Children's Hospital Pediatric Emergency Department for one week at a time. The other major site is Memorial Hospital West (Pembroke Pines, FL). The 1st Call Resident (PG2) will carry the emergency pager at all times during the week. All pages must be answered **promptly**. Phone consultation with Faculty is encouraged. If it is determined that the patient must be seen in the Emergency Department (ED), the 1st Call Resident is to notify 2nd Call Resident (PG1). 2nd Call Resident will join 1st Call Resident at the ED to assist and observe. (RESIDENTS ARE ENCOURAGED NOT TO LIVE MORE THAN 30 MINUTES TRAVELLING TIME AS PER HOSPITAL EMERGENCY SERVICE REGULATIONS [Joint Commission on the Accreditation of Healthcare Organizations- JCAHO])., **if for some reason there are any changes in Resident rotation, it has to be notify, in writing, to the Program Director at least a week in advance.** PG2 will be on 1st Call from July to

December (PG1 2nd Call). PG1 from January to December will be on 1st Call (second and third semester).

During regular clinic hours, pediatric emergency patients are to be seen at the Kids and Joe DiMaggio Craniofacial Children's Dental Clinic. The ***On-Call Residents are expected to be available and if necessary, on site when assigned to cover the Kids clinic during holidays or breaks in the academic year or breaks in the schedule during academic meetings/seminars/retreats.*** The 2013-2014 Academic Year Calendar can be found in the schedule section of this manual.

If a patient calls stating they need emergency care, the on-call resident will gather the appropriate information regarding the patient (age, medical history, dental history, allergies etc). If the on-call resident determines the problem can be handled by phone and/or scheduled follow-up, then clear instructions are to be given to the parent/patient for F/U. If there is any uncertainty, the 1st Call Resident (PG2) should confer with Faculty by phone. If, in the opinion of Faculty, the severity and/or complexity of the problem requires on-site Faculty support and supervision, Faculty may join the On Call Residents at the ED. Residents must not see patients at the Kids and JDM after hours or during holiday periods without Faculty supervision. If deemed necessary by the faculty member on-call, the patient, the On-Call Residents and a Faculty member will meet at the Kids clinic. The On-Call Resident is responsible for contacting the Campus Security Service to arrange access.

Trauma Log
All treatment rendered at the hospital (JDCH Memorial system) is recorded in Emergency Department (ED) charts. After treating patients in the ED, a copy of the chart notes is to be placed in the Trauma Log located in the Pediatric Dentistry clinic at Kids or JDM. These notes are to be referred to when patients present for follow up treatment.

IX. RESIDENT RESPONSIBILITIES – Didactic Program

SEMINARS
Seminars will be conducted by department faculty, CDM faculty from other PG programs, faculty from affiliated/partnered NSU HPD schools and programs, Joe DiMaggio Childrens Hospital staff and visiting presenters.

Seminar topics will be based on the American Academy of Pediatric Dentistry (AAPD) policies and guidelines (aapd.org) and American Board of Pediatric Dentistry (ABPD) Qualifying Examination Blueprint (abpd.org).

Seminars will be held in the Assembly Building II in seminar rooms 1 and 2. Or in the Conference rooms at the CDM Building (3th floor), Dean´s conference room, conference rooms 1, 2, 3, or at the Pediatric Dental Care Center at Kids Lecture room.

Residents will also receive seminars/lectures during rotations at the Joe DiMaggio Children's Hospital by Hospital Staff.

CASE PRESENTATIONS

The written case presentation format and protocol will be provided to all residents. All residents are required to present cases in major treatment areas. Residents are to begin gathering clinically relevant information on patients that they intend to use as case presentations.

The goal of presenting cases is to introduce and discuss the planned, ongoing or completed care of a patient in order to promote a discussion of the patient's clinical care. The cases are to involve every major clinical area: Assessment, Diagnosis, Prognosis, Prevention, Growth and Development and Orthodontics, Therapeutics, Trauma, and Follow up/ Re-care.

Residents must gather all pertinent clinical and didactic (journal case reviews, textbooks, internet sites) patient related information for case presentations. The presentation must encompass every aspect of the patient's treatment (plan), from the initial visit to the recall visit. Residents are to consult the faculty (mentor) and each other for recommendations and case selection.

Relevant clinical data: Radiographs, pictures, diagnostic casts, treatment plan(s), medical history, dental history, psychosocial history, family history and other pertinent information.

Number and Type of Cases:

Number and Type of Cases require completing the Program:

First Year Residents: 10 cases will be presented at the end of the first year, in a formal presentation (PP) on May, to the Faculty and special guests.

2 (1) Restorative case treatment. - Patient in primary dentition (2.5-3 to 5.5-6 yrs of age) with (pulpotomy and/or pulpectomy) or without pulp involvement, the case must involve at least two (2) quadrants of treatment, involving single or multi-surface restorations and stainless steel crowns(presented at the end of first yr, as recall at the end of second yr)

2 (1) Restorative case treatment. - Patient in mixed dentition (6 to 12 yrs of age) with (pulpotomy and/or pulpectomy) or without pulp involvement, the case must involve at least two (2) quadrants of treatment, involving single or multi-surface restorations and stainless steel crowns(presented at the end of first yr, as recall at the end of second yr).

2 Orthodontic -interceptive case treatments. - Patient in Primary and mixed dentition (3 to 6 yrs and 6 to 12 yrs) case must involve any type of space maintenance and management, single or multiple tooth movement, and/or orthopedic appliance (ex. RPE).

2 Trauma Management cases- the case must involve any type of oral trauma including the dental, alveolar and soft tissue structures. One case in primary dentition and another involving permanent dentition.

1 Special needs patient- Patient in primary dentition (2.5-3 to 5.5-6 yrs of age), Patient in mixed dentition (6 to 12 yrs of age) or adolescent patient

1Preventive Treatment – the case must involve complete assessment and documentation of caries risk, anticipatory guidance, and treatment planning and ongoing preventive regimen. (This case is presented in the “Preventive Seminar Didactic Course”, winter semester).

Second Year Residents: 15 cases will be presented at the end of the second year, in a formal presentation on May (one month before graduation) to the Faculty and special guests.

2 (1) Restorative case treatment. - Patient in primary dentition (2.5-3 to 5.5-6 yrs of age) with (pulpotomy and/or pulpectomy) or without pulp involvement, the case must involve at least two (2) quadrants of treatment, involving single or multi-surface restorations and stainless steel crowns(presented at the end of first yr, as recall at the end of second yr)

2 (1) Restorative case treatment. - Patient in mixed dentition (6 to 12 yrs of age) with (pulpotomy and/or pulpectomy) or without pulp involvement, the case must involve at least two (2) quadrants of treatment, involving single or multi-surface restorations and stainless steel crowns(presented at the end of first yr, as recall at the end of second yr).

2 Orthodontic -interceptive case treatments. - Patient in Primary and mixed dentition (3 to 6 yrs or 6 to 12 yrs) case must involve any type of space maintenance and management, single or multiple tooth movement, and/or orthopedic appliance (ex. RPE).

2 Trauma Management cases- the case must involve any type of oral trauma including the dental, alveolar and soft tissue structures. One case in primary dentition and another involving permanent dentition.

2 Special needs patient- Patient in primary dentition (2.5-3 to 5.5-6 yrs of age), mixed dentition (6 to 12 yrs of age) or adolescent patient. The case must involve at least two (2) quadrants of treatment, involving single or multi-surface restorations and stainless steel crowns or any space management requirement; this patient could be a **mild sedation or conscious sedation case** or a healthy patient under sedation.

2 OR (Operating room, General anesthesia) case in primary dentition (2.5-3 to 5.5-6 yrs of age) mixed dentition (6 to 12 yrs of age) with (pulpotomy and/or pulpectomy) or without pulp involvement, the case must involve at least two (2) quadrants of treatment, involving single or multi-surface restorations and stainless steel crowns and/or extractions and space, aesthetic requirement.

1 Case (**your worst case**) a case where the “out come” was not the one you expected to be, it could be any case, in any major clinical area: Assessment, Diagnosis, Prognosis, Prevention, Growth and Development and Orthodontics, Therapeutics, Trauma, and Follow up/ Re-care.

2 Optional cases: This case could be any case that the Resident will like to present, a unique case, a case that you became very interested on or a **teaching case that represented an exceptional learning experience.**

"Sylabus and Template for case presentations will be given to the residents"

LITERATURE REVIEW.

Literature reviews will be conducted on a regular schedule with individual Residents assigned specific articles to summarize and present. The reading list for the American Academy of Pediatric Dentistry is the major source of articles. Residents are to prepare an abstract of each article assigned and be prepared to discuss the article in detail at the review. All residents are responsible for reading and being ready to discuss all the articles assigned for each session. Always consider the clinical relevance of an article. Residents should be able to defend and explain their analysis of the reading assigned. Attendance is mandatory at all sessions unless excused by the Program Director. Residents on certain rotations will not always be available to attend, but they are expected to do the reading and arrange to forward a copy of their summaries.

The following is an outline intended to assist you in analyzing scientific articles, research papers and printed material from other sources. Always consider the clinical relevance of the article/chapter/didactic material under discussion. All residents are responsible for reading and being prepared to discuss the assigned material. Constructive criticism is to be expected and residents must be prepared to defend/explain their positions whether presenting or questioning.

ABSTRACT AND ANALYSIS OF ARTICLES

I. Research Articles

A. Abstract (summarize) each part of the article.

1. Introduction
2. Materials and methods
3. Results
4. Conclusions and / or discussion

B. Analyze the article using the following guidelines:

1. What is the major thesis or premise advanced in the introduction?
2. Are the materials and methods adequate to prove the major premise?
3. Are the results convincing enough to draw any conclusions?
4. Are the conclusions drawn by the author(s) valid in view of the results? Elaborate on this.
5. If you were to re-do the experiment, how would you improve on it?
6. How can the results and conclusions obtained from this experiment are related to clinical practice?

II. Clinical Articles

A. Abstract (summarize) each part of the article.

1. Introduction
2. Technique presentation(s)
3. Results
4. Conclusions and / or discussion

B. Analyze the article using the following guidelines:

1. What are the author's reasons for reporting the technique?
2. In your estimation, is this technique an improvement or is it just a variation of an older technique? Explain.
3. Is the technique based on sound biologic principles?
4. Is this technique an outgrowth of some previous laboratory or clinical research or is it an outgrowth of clinical experience?
5. How applicable is this technique in clinical practice?
6. Does the technique present a solution to a clinical problem/disease or question?
7. To accurately review an article the reviewer must overcome his/her own biases.

III. Purpose of Article

A. What type of article?

1. Scientific – review of literature, retrospective
2. Empirical – case presentation/review
3. Clinical – prospective, retrospective, case review

IV. Materials and Methods

A. Control of variables.
B. Control of bias.

V. Results

A. Are the results consistent with the methodology used to determine them?
B. Are the correct statistical tools used to analyze the data (as you understand them)?

VI. Value

A. What does the study present that is valuable in your opinion?

VII. Criticisms and Suggestions

A. How would you improve the article?

VIII. Points to Remember (source: previous postgraduate director)

A. Anecdotal reports based on clinical experience are not scientific proof (no matter how convincingly stated).
B. Nothing is true except under certain circumstances; i.e. controls
C. Do not quote the authority but do quote the evidence.
D. For every variable the investigator recognizes there may be one he/she has failed to discover. For every variable that is controllable; there may be one that is not controllable. For every known there is an unknown. Correct statistical design is intended to discover whether the unknown variable (called chance) is operating and is important to the result.

E. Bias in the investigator is always present. The investigator should not know which factor is being investigated. You cannot validate a theory or treatment by offering unmeasured proof provided by the practitioner of that theory or treatment (bias).
F. Dogma
   a. Needs to be questioned for validity based on principles.
G. Empiricism
   Needs to be tested for reliability since it is based on observation and clinical judgment.
H. Scientific knowledge
   Needs to have careful experimental design.

TOPIC PRESENTATIONS, pending

GRAND ROUNDS

Residents in all post-graduate programs are **required** to complete one (1) grand round presentation in the 2nd year of the residency program. This case must be thoroughly referenced and organized in the appropriate format.

Gathering relevant information for a presentation is to be approached in a manner similar to Case Presentations. You are to choose an area of interest and in consultation with a faculty member and begin organizing relevant case information. (See appendixes).

RESEARCH PROJECTS

Residents **must** initiate and complete a research project using the elements of scientific method, including research design, accurate reporting, critical thinking and the formulation of conclusions based upon scientific data rather than opinion. The application of research methods and the evaluation of investigative data develop intellect, a creative attitude, improved interpretation of scientific literature and a desire for continued study.

Affiliation with hospitals, medical institutions and other health orientated organizations is encouraged to foster collaborative research. Residents should choose a faculty advisor within the Department of Pediatric Dentistry (or with the approval of the Director of Resident Research, an advisor from another department). The resident must work closely with the advisor to ensure satisfactory progress. Progress will be reported **monthly** to the Program Director using the prescribed format. Failure to submit reports by established deadlines can result in suspension until submitted.

The following timeline and milestones will be used in the assessment of Resident's progress. (*See Research Guide)*

PEDIATRIC DENTISTRY
PG1 RESEARCH TIME TABLE
YEAR 2013-2015

YEAR	MONTH	SPECIFIC REQUIREMENTS
1	November 2013	❑ Identify a full-time faculty mentor who agrees to supervise the research project. ❑ Select a tentative research topic of mutual interest to the student and the faculty mentor. ❑ **Notify Program Director** when the mentor(s) and tentative research topic have been chosen.
1	December 2013	❑ Work with faculty mentor(s) in developing a specific hypothesis that the research project will test. ❑ **Submit to Program Director** the specific hypothesis that will serve as the basis for the research project.
1	February 2014	❑ Write a concise, logical review of the pertinent literature review, that supports the propose hypothesis. (2-3) ❑ Submit literature review to faculty mentor and **Program director.**
1	May 2014	❑ Write a research protocol to include specific aims, literature review methodology and references. ❑ Submit completed protocol to faculty and postdoctoral students of the department.
1	June 2014	❑ Present the research protocol in a 20-30 minutes seminar to the department faculty and post-doctoral students.
2	September 2014	❑ Submit final copy of research protocol to the **Program Director.** ❑ Submit research protocol to the Institutional Review Board (IRB) if applicable.
2	November 2014	❑ Demonstrate progress with data collection by reviewing status of the project with faculty mentor and **Program Director.**
2	January 2015	❑ Ensure completion of data collection. ❑ Submit first draft of research paper
2	February 2015	❑ Submit project abstract for table clinic/poster presentation at regional or national meeting. The appropriate meeting will be chosen by consulting with the faculty mentor(s).
2	April 2015	❑ Present research findings and their significance in 20-30 minutes seminars to the faculty and the post-doctoral students of the department. ❑ Present table clinic/poster at the regional/national meeting ❑ Present internally to department faculty and residents. ❑ Submit final written report in the format required for publication in a refereed journal. The faculty mentor and the student are responsible for selecting the appropriate journal and ensuring that a manuscript is submitted for publication. ❑ Submit a copy of the report to the **Program Director.**

X. POSTGRADUATE COMPREHENSIVE EVALUTION

A. CLINICAL PROGRAM

Assessment Tools

- Daily Evaluation Forms
- Competency Assessment (pending)
- Patient Record Reviews
- Pediatric Advanced Life Support certification, PALS.
- Graduate Survey
- Patient Surveys

Year 1 - *Minimum Number of Non-Hospital Procedures to be satisfactorily assessed In Order to Establish Competence.*

1. Completion of Non-Hospital Comprehensive Treatment cases. Cases must involve the following procedures: (10) cases required.

- Review of medical and dental history with parent/guardian/caregiver of patient including review of systems, medications, allergies to medications and general allergies.
- Comprehensive oral examination including extra oral and intraoral examination of the anatomy.
- Radiographic diagnostic procedures as dictated by AAPD guidelines for children and adolescents for initial exam or recall exam (3 month, 6 month, 1 year).
- Preventive procedures involving oral hygiene instructions, diet counseling, topical and systemic fluoride recommendations (ex. varnish), and sealant use.
- Behavior management approach as defined by the AAPD guidelines and the specific needs of the patient and/or family determined by the patients developmental and emotional stage.
- Management of patients with special health care needs (SHCNs) and patients with complex medical histories involving consultations with patient's medical primary care provider and parent/caregiver and faculty.
- Therapeutic care of patients dentition involving minimal to invasive dental surgery encompassing all restorative techniques (preventive restorations, class I, II, III, IV, V and stainless steel crown restorations) and all restorative materials (sealants, composite, glass ionomer, amalgam and stainless steel crowns).
- Therapeutic care involving management of affected pulp tissue (pulpotomy, pulpectomy) of primary and permanent dentition involving appropriate referral for young permanent teeth and collaboration with the endodontic department faculty
- Management of the patients arch space (maintenance, regain, closure) as dictated by the Dept. of Orthodontics' guidelines under the supervision of orthodontic department faculty.
- Management of patients having experienced traumatic episodes including documentation (ex. Trauma forms) of extra and intraoral structures, prevention of

future trauma, hospital reports, reporting of suspected abuse with consultation of pediatric dentistry faculty.

2. Completion of clinical competency examination (starting in academic year for entering PGY1 residents).

Year 2 - *Minimum Number of Non-Hospital Procedures to be satisfactorily assessed In Order to Establish Competence.*

1. Completion of Non-Hospital Comprehensive Treatment cases (*see year 1*).(15) required. And follow- up the first year cases (10).

2. Completion of Operating Room Cases. Treatment in the operating room must involve the following procedures: Twenty (**20**) cases required. (At the end of the Program).

Comprehensive Oral Examination – extra/intraoral
Radiographs – bitewings, periapical, occlusal
Sealants
Restorations - 1, 2, 3 surface
Stainless Steel Crowns
Strip Crowns
Indirect Pulp Therapy
Pulpotomies – primary tooth
Pulpectomies – primary tooth
Extractions

3. Completion of Oral Sedation Cases. Treatment under oral sedation must involve the following procedures: Twenty (20) cases ***recommended***. Note: *Although the State of Florida requires 20 cases for granting a Conscious Sedation permit, this is an adjunct clinical experience and* ***no set numbers of cases are required for the program.***

Comprehensive Oral Examination – extra/intraoral
Radiographs – bitewings, periapical, occlusal
Sealants
Restorations - 1, 2, 3 surfaces
Stainless Steel Crowns
Strip Crowns
Indirect Pulp Therapy
Pulpotomies – primary tooth
Pulpectomies – primary tooth
Extractions

B. DIDACTIC PROGRAM

Assessment Tools

Year 1

- AAPD In-service Exam, incoming residents
- Core Courses – examinations
- Seminars – attendance, quizzes

- Case Presentations, monthly presentations and final presentation
- Grand Rounds – attendance
- Literature Review – summaries, PP reports and final evaluation
- Research Project – monthly reports
- Pediatric Advanced Life Support certification (PALS)

Year 2

- AAPD In-service Exam – standard, outgoing residents
- Core Courses - examinations
- Seminars – attendance, quizzes
- Case Presentations, monthly presentations and final presentation
- Literature Review – summaries, reports
- Grand Rounds – attendance, presentation
- Research Project –monthly reports, presentation, journal submission
- AAPD Qualifying Board Exam (**required**).

Professional Meetings.

Attendance at one meeting of the Annual Session of the American Academy of Pediatric Dentistry (AAPD) (Month of May) is required during the two years of the program. Additional meetings will depend on particular situations and must require Program Director approval.

C. GRADES

The following designations will be using in evaluating Post Graduate Pediatric Dentistry Residents in the clinical and didactic program:

HP – Honors
P – Pass
F – Failure, Improvement/Remediation Required

D. EXTENDED PROGRAM

As previously stated, the program length is twenty-four (24) months. As time must be allotted for the scheduled university vacation time and holidays, additional personal and professional leave time granted to residents must be considered in relation to the hours of didactic and clinical instruction time missed. If it is decided that the resident has missed a critical number of hours in any area, those hours must be completed by the resident at the conclusion of the residency at his or her expense (tuition, liability insurance, health insurance).

Leaves of absence for periods of up to 3 months will be considered for long-term illness, emergency circumstances other than illness and pregnancy. If leave of absence is granted, a certificate of residency completion will not be awarded until an extension of the training period equal to the absence is completed. While residents will be given every possible consideration in difficult situations, the CDM reserves the right to assess reasonable additional tuition.

XI. CLINICAL INSTRUMENTS AND EQUIPMENT

Instruments
Compliance with all OSHA and infection control measures is mandatory. Residents are responsible for the proper care, maintenance and sterilization of their hand pieces and instruments. Sterilization protocol and schedule was/will be covered during the general post-graduate orientation. Failure to conform to established guidelines can result in dismissal of a resident and his patient from a clinic session. Repeated failures will lead to suspension of the resident and/or the requirement of remedial training.

Equipment and Supplies
All materials and equipment that will be needed for a specific procedure should be available and at-hand prior to starting any procedure. Please be considerate of the needs of others when gathering materials and supplies. **Dental assistants will be available to assist you for four-handed dentistry for restorative and surgical procedures.** It is important that you and the attending faculty provide the dental assistant with the necessary instructions to enable a proper set-up of instruments and supplies **prior** to you seating your patient. This will facilitate efficient use of your clinical sessions.

Personal Equipment

Laptop
Your lap top computer is a specific model with certain custom features assuring compatibility with the NSU Network. Any questions or concerns regarding your computers should be directed to your program director or computer servicing department (ex. OIT).

Clinic Camera

A digital camera suitable for clearly documenting cases is required. The opinions of current residents and faculty regarding cameras and their useful and important features can be helpful in making a selection. If you own a digital camera adequate for this purpose and it meets basic requirements for **intraoral photography,** you are not required to purchase another. Residents are encouraged to participate in digital photography workshops.

XII. PROGRAM EFFECTIVENESS ASSESSMENT
Assessment Tools

1. American Academy of Pediatric Dentistry (AAPD) In-service Exam – (Entrance and Exit)
2. Daily Clinical Assessment Forms
3. Biannual Resident Faculty Resident Evaluations
4. Extramural Hospital Rotation Evaluations –
    a. Pediatric Medicine
    b. Pediatric Emergency Room
    c. Anesthesia
5. American Board of Pediatric Dentistry (ABPD) Qualifying Exam Results – 2nd year Residents
6. Annual Faculty Evaluations
7. Pediatric Advanced Life Support (PALS) certification
8. Presentations at Annual Dental Meetings – AAPD, ADA
9. Exit Survey for Pediatric Dentistry Residents
10. Patient Surveys
11. Alumni Survey

APPENDIXES

1. - Academic Calendar

2. - Sample – Dept Google Calendar

3. - Resident Directory

4. - Faculty and Department Directory

5. - American Academy of Pediatric Dentistry Clinical Guidelines

6. - American Board of Pediatric Dentistry Board Certification Process

7. - Recommended Resources

College of Dental Medicine
Postdoctoral Programs
Academic Programs
2013 – 2014 Calendar

Summer Semester

July 1, 2013	PG Orientation Begins
July 1, 2013	Summer Semester Begins
July 4, 2013	Independence Day Holiday, University Closed
August 30, 2013	Grand Rounds (Perio, Pedo, Perio, Pedo)
September 2, 2013	Labor Day Holiday, University Closed
September 20, 2013	Summer Semester Ends

Fall Semester

September 23, 2013	Fall Semester Begins
September 27, 2013	Grand Rounds (Endo, Pros, Endo, Operative, Ortho, Pro
October 2, 2013	Interdisciplinary Treatment Planning Conference (Endo, Pros)
October 25, 2013	Grand Rounds (OMFS, Ortho, Ortho, Pedo)
November 22, 2013	Grand Rounds (OMFS, Pedo, Endo, Endo, Perio)
November 28-29, 2013	Thanksgiving Holiday, University Closed
December 4, 2013	Indisciplinary Treatment Planning Conference (Ortho, Pedo, Operative)
December 6, 2013	Orthodontics Certificate Ceremony @4 PM
December 20, 2013	Fall Semester Ends @5 PM
December 23- January 1, 2014	Winter Holiday, University Closed

Winter Semester

January 1, 2014	New Year's Day, University Closed
January 6, 2014	Winter Semester Begins
January 20, 2014	Martin Luther King, Jr. Day Holiday. University Closed
January 31, 2014	Grand Rounds (OMFS, Ortho, Pros, Ortho, Pedo, Operative)
February 14, 2014	HPD Research Day
February 28, 2014	Grand Rounds (AEGD, Pedo, Endo, Perio,
March 5, 2014	Interdisciplinary Treatment Planning Conference (OMFS Perio)
March, 2014	Florida Board Exam (dates TBA)
March 28, 2014	Grand Rounds (Ortho, AEGD, Endo, Operative)
March 28, 2014	Winter Semester Ends

Spring Semester

March 31, 2014	Spring Semester Begins
April 25, 2014	Grand Rounds (OMFS, Perio, Pros, Pedo)
May, 2014	CDM Research Day TBA
May 26, 2014	Memorial Day Holiday, University Holiday
May 30, 2014	Grand Rounds (Pedo, AEGD, Ortho, Operative)
June 2014	Florida Dental & Dental Hygiene Boards
June 20, 2014	Certificate Ceremony @ 3 PM
June 23 –June 27, 2014	Semester Break

**subject to changes

Resident Directory


Sun Aug 18 – Sat Aug 24, 2013 (East
Sun 8/18
Mon 8/19
Tue 8/20
Wed 8/21
Thu 8/22
Fri 8/23
7am
8am
9am
10am
11am
12pm
1pm
2pm
3pm
4pm
5pm
6pm
LUNCH
LUNCH
LUNCH
LUNCH
LUNCH

RESIDENT ASSIGNMENT SCHEDULE

Resident schedules are available via the ***Google*** Calendar link (clearance will be granted to all residents) and a printed copy that will be made available. Please be advised that that schedule may change depending on various programmatic and extra departmental reasons. The Google schedule will remain the most up to date schedule at all times.

DEPARTMENT PHONE NUMBERS AND EMAIL ADRESSES

	Home Numbers	*Cells + other #s*	*Beepers*
Dr. Romer Ocanto	***954-390-7953***	***954-829-4986C.***	
rocanto@nsu.nova.edu	***954-262-1910Off.***		***Room 7343***
Dr. Alejandro Ibarra	***754-223-3089***	***954-240-0089C.***	
aibarrag@nova.edu	***954-262-7663Off.***		***Room 7346***
Dr. Jose Larumbe	***954-659-1935***	***954-815-6393C.***	***Room 7348***
jlarumbe@nsu.nova.edu	***954-262-7339Off.***		
Dr. Alberto Noguera			
nalberto@nova.edu	***954-262-1745Off.***	***954-217-5164C.***	***Room 7349***
Dr. Lesbia Molina	***954-262-1742Off***	***205-937-4499C.***	***Room 7348***
Ld637@nova.edu			
Dr. Oscar Padilla		***917-309-3007C.***	
poscar@nova.edu	***954-262-7520Off.***		***Room 7322***
Dr. Sandra Brener	***954-424-7996***	***954-394-8996C.***	
srbrener@nova.edu			***Room7349***
Dr. George White			
gwhite@nova.edu			
Marie Muller Admin. Asst.	***954-397-6387C.***		
mamuller@nsu.nova.edu	***954-262-1791Off.***	***NA***	***Room 7347***

Cindy Fuller, Susan Frederick 954-567-5650
cfuller@nova.edu
sfrederick@nova.edu
Pediatric Dental Care Center at Kids

Maria Iglesias,Sheckeraz,Vilma 954-262-2187Off.
JDM Clinic. 954-262-1789Clinic.

Additional Numbers

Front Desk	***954-262-7210***
Pager (first call) PG1	***954-730-3821***
Pager (second call) PG2	***954-730-3841***
Faculty (Pager)	***954-730-3878***
800- 356-0026	***800-541-6682***
Fax –third floor	***954-262-1782***

DEPARTMENT PHONE NUMBERS AND EMAIL ADRESSES

PEDIATRIC DENTISTRY RESIDENTS:

PG1

NAMES	HOME PHONE#	CELL PHONE#

DEPARTMENT PHONE NUMBERS AND EMAIL ADRESSES

PEDIATRIC DENTISTRY RESIDENTS:

PG2

NAMES	HOME PHONE#	CELL PHONE#
Moema Arruda **ma1433@nova.edu**	**404-509-6716** **N01386719**	**404-509-6716**
Neeva Chukkapalli **nc148@nova.edu**	**214-796-6964** **N00022849**	**214-796-6964**
Don Do **dd1145@nova.edu**	**714-716-6379** **N00844707**	**714-716-6379**
Paola Pellerano **pelleran@nova.edu**	**786-897-9896** **N00771289**	**786-897-9896**
Sirisha Govindaiah **sj808@nova.edu**	**510-648-0805** **N00795980**	**510-648-0805**
Ajay Joshi **aj734@nova.edu**	**317-213-7454** **N00148624**	**317-213-7454**
Lawrence Steiniger **ls1618@nova.edu**	**701-220-3532** **N01267899**	**701-220-3532**
Shana Wohlfeiler **sw1267@nova.edu**	**954-534-6260** **N01256625**	**954-534-6260**

AAPD GUIDELINES

Clinical Guidelines

	Oral and Dental Aspects of Child Abuse and Neglect
	Infant Oral Health Care
	Adolescent Oral Health Care
	Oral Health Care for the Pregnant Adolescent
Revised	Management of Dental Patients With Special Health Care Needs
	Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Children
	Role of Dental Prophylaxis in Pediatric Dentistry
Revised	Fluoride Therapy
Revised	Behavior Guidance for the Pediatric Dental Patient
	Appropriate Use of Local Anesthesia for Pediatric Dental Patients
	Appropriate Use of Nitrous Oxide for Pediatric Dental Patients
	Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update
	Use of Anesthesia Care Providers in the Administration of In-office Deep Sedation/General Anesthesia to the Pediatric Dental Patient
Revised	Pediatric Restorative Dentistry
	Pulp Therapy for Primary and Young Permanent Teeth
	Management of Acute Dental Trauma
	Management of the Developing Dentition and Occlusion in Pediatric Dentistry
New	Oral Health Care/Dental Management of Heritable Dental Developmental Anomalies
	Acquired Temporomandibular Disorders in Infants, Children, and Adolescents
	Pediatric Oral Surgery
	Appropriate Use of Antibiotic Therapy for Pediatric Dental Patients
Revised	Antibiotic Prophylaxis for Patients at Risk for Infection
Revised	Dental Management of Pediatric Patients Receiving Chemotherapy, Hematopoietic Cell Transplantation, and/or Radiation
	Recordkeeping
	Informed Consent

(www.aapd.org)

ABPD CERTIFICATION PROCESS

The ABPD certifies pediatric dentists based on standards of excellence that lead to high quality oral health care for infants, children, adolescents, and patients with special health care needs. Certification by the ABPD provides assurance to the public that a pediatric dentist has successfully completed accredited training and a voluntary examination process designed to continually validate the knowledge, skills, and experience requisite to the delivery of quality patient care.

Qualifying Examination

The Qualifying Examination (QE) is one section of the two-part certification process for Diplomate status in the American Board of Pediatric Dentistry. The examination is designed to generate evidence toward validation of the candidate's advanced training in pediatric dentistry. The QE must be successfully completed prior to registering for the Clinical Section of the certification process.
Please refer to the QE Overview below for more details and note especially sections IV and V on how to prepare for the examination.
There is no reading list associated with the Qualifying Examination.

Examination Blueprint

All topic areas for the examination are given the same degree of emphasis and require in-depth level of knowledge in the Qualifying Examination.

1. Microbiology
   a. Biological etiology of caries
   b. Transmission of cariogenic bacteria
   c. Epidemiology and treatment of periodontal diseases
   d. Immunology
   e. Research design
   f. Infection control

2. Prevention & anticipatory guidance
   a. Risk assessment
   b. Diet & nutrition
   c. Fluorides
   d. Remineralization
   e. Sealants
   f. Mouthguards
   g. Tobacco/substance abuse

3. Craniofacial growth and developing dentition and occlusion
   a. Anatomy and embryology
   b. Theories of growth

c. Occlusal analysis
d. Cephalometrics
e. Habits
f. Space management

4. Restorative dentistry & oral rehabilitation
    a. Dental materials
    b. Oral surgery
    c. Prosthetics
    d. Bleaching & microabrasion

5. Oral diagnosis/oral pathology/oral medicine
    a. Radiology & radiation hygiene
    b. Dental anomalies
    c. Oral/perioral lesions/anomalies
    d. Epidemiology & treatment of oral diseases
    e. Adjunctive diagnostic tests
    f. Temporomandibular disorders
    g. Medical emergencies in the dental office

6. Special health care needs
    a. Common findings and general medical considerations of congenital syndromes/diseases/disorders
    b. Common findings and general medical considerations of acquired pediatric diseases/ conditions
    c. Oral manifestations of congenital and acquired pediatric medical conditions
    d. Implications of SHCN for delivery of oral health care

7. Child development/behavior guidance
    a. Physical, psychological, and social development
    b. Principles of communication
    c. Anxiety & pain control
    d. Non-pharmacological behavior guidance
    e. Sedation & general anesthesia

8. Pulp therapy/orofacial trauma
    a. Pulp biology & pathology
    b. Indications & rationale for pulp therapy
    c. Orofacial trauma
    d. Soft tissue injuries
    e. Child abuse & neglect

Oral Clinical Examination
The purpose of the Oral Clinical Examination (OCE) is to enable the candidate to demonstrate proficiency in diagnosis, treatment planning, and clinical care.

The examination is composed of two parts; each is one-hour in duration, timed, and given during the same session. Each of the two parts is administered by a pair of examiners.

Each one-hour part consists of four clinical protocols (vignettes) that are presented to the candidate for discussion.
The topic areas that are covered are listed in the Overview as well as other pertinent information that the candidate will find useful.

Direct questions to:
American Board of Pediatric Dentistry
325 East Washington Street, Suite 208
Iowa City, IA 52240
Phone: 319-341-8488 or 1-800-410-1250
FAX: 319-341-9499
Email: info@abpd.org
www.abpd.org

RECOMMENDED READING LIST

TEXT BOOKS:

Dentistry for the Child and Adolescent, Ralph McDonald, Ninth Edition

Fundamentals of Pediatric Dentistry, Richard Mathewson

Pediatric Dentistry: Infancy through Adolescence, Jimmy R. Pinkham

Handbook of Pediatric Dentistry, Angus Cameron

Traumatic Dental Injuries, J.O. Andreasen

Sedation: A Guide to Patient Management, Stanley Malamed

The Handbook of Pediatric Dentistry, Arthur J. Nowak and Paul S. Casamassimo,Fourth Edition, The American Academy of Pediatric Dentistry.

JOURNALS:

Pediatric Dentistry, American Academy of Pediatric Dentistry

Journal of Dentistry for Children, American Academy of Pediatric Dentistry

International Journal of Pediatric Dentistry, British Society of Paediatric Dentistry and International Association of Paediatric Dentistry

The Journal of Clinical Pediatric Dentistry

Pediatric Dental Journal, the Japanese Society of Pediatric Dentistry

The Journal of Operative Dentistry

The Journal of Dental Research

WEBSITES:

American Academy of Pediatric Dentistry
AAPD. Org

American Board of Pediatric Dentistry
ABPD.org

American Academy of Pediatrics
AAP.org
American Dental Association
ADA.org