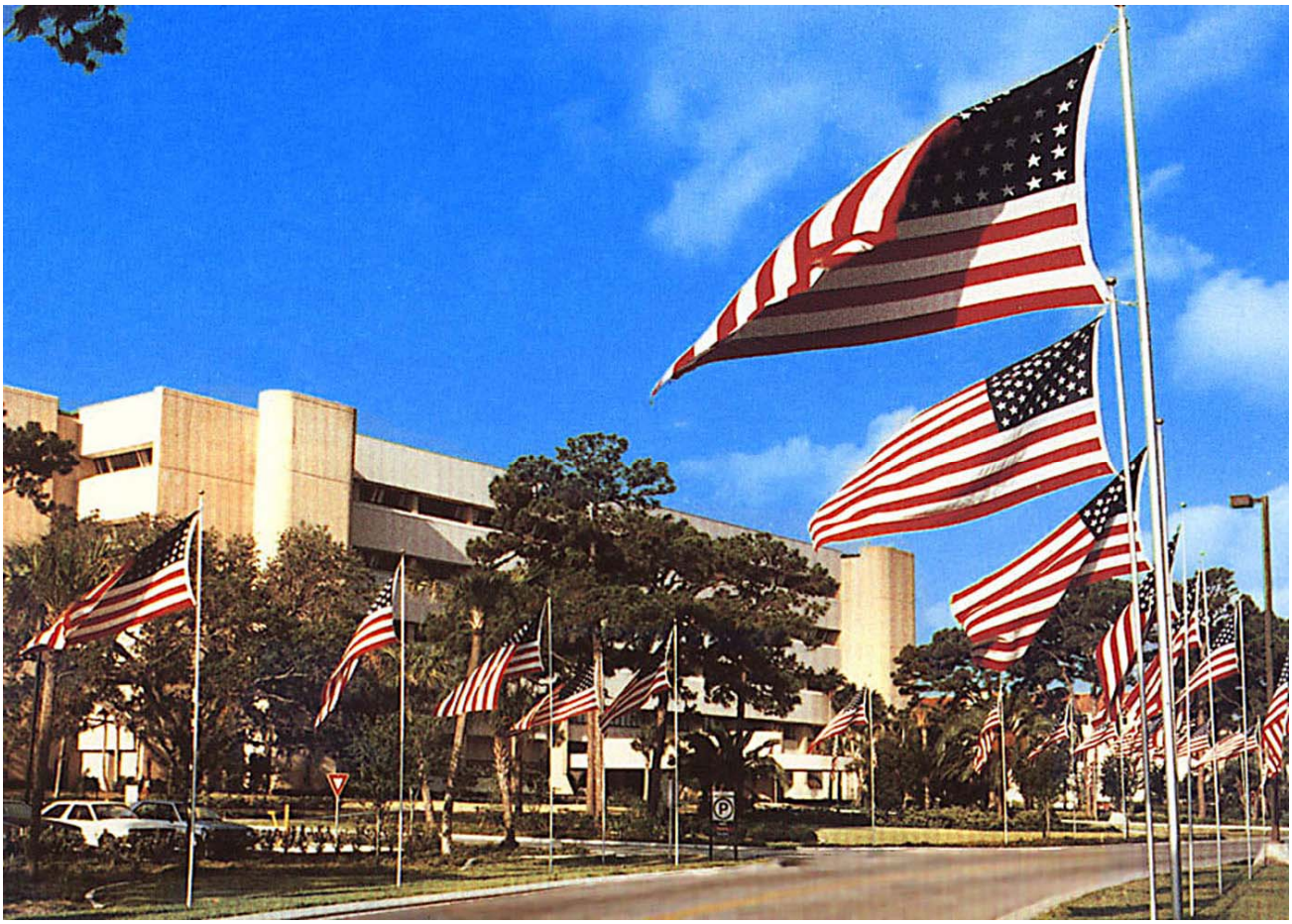
Department of Veterans Affairs



BAY PINES VAMC
ADVANCED EDUCATION IN GENERAL DENTISTRY RESIDENCY PROGRAM
2005 - 2006

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BAY PINES VA MEDICAL CENTER
DENTAL SERVICE

Staff Dentists:

Full-time staff dentists

Lawrence E. Scheitler, DDS, MPH
Service Chief
General Dentist

John B. Allwein, DDS
Assistant Chief
Oral & Maxillofacial Surgery

Elizabeth Nunez, DMD
Coordinator, Homeless
Veteran's Dental Program
General Dentist

Craig Nelson, DMD
Prosthodontist

Kate Tremblay, DMD
Prosthodontist

Irma M. Tassi, DMD
AEGD Residency Director
General Dentist

Part-time staff dentists

Luis E. Denizard, DMD
General Dentist

Susan Gordon, DDS
General Dentist

AEGD Residents 2005 – 2006:

Brandon Alegre, DMD, University of Florida
Denisse Hoan, DMD, University of Florida
Michael Mason, DMD, University of Pennsylvania

Dental Hygienists:

Phyllis McCormick, RDH
Cindy Porter, RDH

Auxiliary Staff:

Office:

Mary Lou Johnson, Administrative Officer
Doretha Howard, Lead Dental Assistant
Kim Hoellger, Secretary/Receptionist, DA
Cookie Lyttle, Secretary/Receptionist, DA

Dental Assistants:

Deanna Critelli, DA
Cathy Daniels, DA
Donna Dougan, DA
Carol Gaudette, DA
Rebecca Jamin, DA
Vicki Kirby, DA
Sharon Mayberry, DA
Linda Melendez, DA
Catherine Rudowski, DA
Jennifer Schlag, DA

Laboratory:

John Cataen
Thomas Hill
Matthew Corbett

Volunteers:

Penny & John Tyrrell, Shirley Hann, Jeanne Renninger,
Joe Kadjeski, Dr. Jack Frieman

PROGRAM DESCRIPTION AND GOALS /OBJECTIVES OF RESIDENCY

The overall goal of the Advanced Education in General Dentistry Program is to provide the resident with experience in general dentistry beyond the scope of the undergraduate dental curriculum and with experience in providing dental care in a hospital setting.

The primary goals and objectives of the residency include:

1. Resident to act as primary care provider for patients providing patient focused multidisciplinary comprehensive oral health care, emergency treatment, and maintenance. In doing so the resident will diagnose and treatment plan patients in a responsible and compassionate manner without compromise to ethics or morals. Treatment modalities to be used will encompass all dental disciplines and will encourage using advanced treatment modalities, all leading to improving the resident's competency and confidence.

2. Using sound clinical judgment, plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs.

3. Manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment.

4. Function effectively and efficiently in the hospital setting as a member of the health care team working with dental and medical specialists, and general practitioners. This also includes developing the resident's familiarity with hospital administration, organization, protocol, and interrelationships between various hospital departments.

5. Apply scientific principles to learning and oral health care. This includes using critical thinking, evidence or outcomes-based clinical decision-making and technology-based information retrieval systems.

6. Providing experience and enhancing the understanding of the relationship of oral disease to systemic health.

7. Understand the oral health needs of communities and engage in community service.

8. Providing resident education and reinforcing the dental educational experience/contact with other professionals as an ongoing process.

9. Preparing to meet future career goals.

The operational responsibility for the Advanced Education in General Dentistry Residency rests with the Director who is a full-time staff member. Clinical and didactic activities will occur at the VA Medical Center. (When enrolled in clinical or dicactic courses off- station, residents will be notified of the location prior to the start of the course.) Dental Residents are provided the same responsibilities and privileges as residents in all other medical specialties.

Competency and Proficiency Statements

<u>Competency</u>: written statement describing the levels of knowledge, skills, and values expected of residents completing the program.
<u>Proficiency</u>: written statement describing the levels of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality, and with a more efficient utilization of time.

Intended Outcomes of Residents' Education:

I. Planning and providing comprehensive, multidisciplinary oral health care:
   1. Function as the patient's primary and comprehensive oral health care provider. (P)
   2. Obtain and interpret the patient's chief complaint; medical, dental and social history; and review of systems. (P)
   3. Select and use assessment techniques to arrive at a differential, provisional and definitive diagnosis for patients with complex needs. (C)
   4. Explain and discuss with patients, or guardians of patients, findings, diagnoses, treatment options, realistic treatment expectations, patient responsibilities, time requirements, and treatment sequence in order to establish a rapport with patients that will serve as an avenue for effective communication in which the patient will become an informed participant in the planning of health care. (C)
   5. Use available diagnostic and prognostic information to integrate multiple disciplines into an individualized, comprehensive and sequenced treatment plan for patients with complex needs. (C)
   6. Modify the treatment plan, as indicated, to effectively manage unexpected circumstances or individual patient needs. (C)
   7. Perform dental consultations for patients. (P)
   8. Request medical consultations for patients. (P)

II. Health care delivery:
   1. Treat patients efficiently in a dental practice setting. (C)
   2. Understand the importance of scheduling systems and insurance and financial arrangements to maximize production in a dental practice. (C)
   3. Implement and use accepted sterilization, disinfection, universal precautions and occupational hazard prevention procedures in the practice of dentistry. (P)
   4. Provide patient care by working effectively with allied dental personnel, which includes performing sit-down four-handed dentistry. (C)
   5. Employ and promote ethical principles in the practice of dentistry and in relationships with patients, personnel and colleagues. (P)

III. Information management and analysis:

1. Develop a rational approach to evaluating the scientific literature and other sources of information to determine the utility of new concepts, materials and procedures. (C)
2. Utilize electronic media systems to access and retrieve information related to dentistry and patient care. (C)
3. Maintain a patient record system that accurately and concisely documents the patient's diagnostic database, the plan of care and the course of treatments in a format that facilitates the retrieval and analysis of the process and outcomes of patient treatment. (P)
4. Analyze the outcomes of patient care to assess the degree of success, patient satisfaction and/or the need for further treatments. (C)
5. Understand, and participate in, a system for continuous self-evaluation and quality improvement in a dental practice. (C)

IV. Oral disease detection and diagnosis

1. Expose periapical and bitewing radiographs of diagnostic quality. (C)
2. Obtain and interpret clinical and radiographic data and additional diagnostic information from other health care providers or other diagnostic resources. (C)
3. Refer to other health care professionals to utilize the services of clinical, medical or pathology laboratories. (C)
4. Perform limited history and physical evaluation and collect other data in order to establish a risk assessment for dental treatment and use that risk assessment in the development of a dental treatment plan (P)
5. Recognize and manage oral manifestations of systemic disease. (C)
6. Recognize and manage soft tissue lesions and/or common oral pathological abnormalities. (C)
7. Diagnose and manage a patient's occlusion. (C)

V. Promoting oral and systemic health and disease prevention:

1. Participate in community programs to assist in the prevention and reduction of oral disease. (C)
2. Use accepted prevention strategies such as oral hygiene instruction, nutritional education and pharmacologic intervention to assist patient in the improvement and maintenance of their oral and systemic health. (P)

VI. Assessment of medical risk:

1. Develop and carry out dental treatment plans for patients with special needs in a manner that considers and integrates the patient's medical, psychological and social needs. (C)

VII. Pain and anxiety control and sedation:

1. Provide control of pain and anxiety in the conscious patient through the use of psychological interventions, behavior management techniques, local anesthesia and oral conscious sedation techniques. (C)
2. Prevent, recognize and manage complications related to the use and interactions of drugs, local anesthesia and oral conscious sedation. (C)

VIII. Restoration of teeth:

1. Restore single teeth in the permanent dentition with a wide range of materials and methods. (P)
2. Place restorations and perform procedures to enhance the patient's facial esthetics.
3. Restore endodontically treated teeth. (C)

IX. Replacement of teeth using fixed and removable appliances:

1. Replace missing teeth for patients utilizing removable prostheses. (C)
2. Replace missing teeth for patients utilizing uncomplicated (6 units or less) fixed prosthesis. (C)
3. Communicate prosthesis design to laboratory technicians in a professional and effective manner and evaluate the resultant prosthesis. (C)
4. Serving the role of restorative dentist, participate with a surgeon in a team approach to the treatment planning process prior to endosseous implant insertion. (C)
5. Restore uncomplicated endosseous implants. (C)

X. Periodontal therapy:

1. Diagnose and treat early and moderate periodontal disease using non-surgical procedures. (P)
2. Diagnose and treat early and moderate periodontal disease using surgical procedures. (C)
3. Manage advanced periodontal disease. (C)
4. Evaluate the results of periodontal treatment then establish and monitor a periodontal maintenance program. (P)

XI. Pulpal therapy:

1. Diagnose and treat pain of pulpal origin. (P)
2. Perform uncomplicated non-surgical anterior and premolar endodontic therapy. (C)
3. Manage uncomplicated non-surgical molar endodontic therapy. (C)
4. Treat or manage endodontic complications. (C)

XII. Hard and soft tissue surgery:

1. Perform surgical and nonsurgical extraction of teeth. (C)
2. Perform uncomplicated pre-prosthetic surgery. (C)
3. Manage extraction of impacted third molars. (C)
4. Manage surgical treatment of oral lesions, including biopsy. (C)
5. Treat or manage patients with complications related to intra-oral surgical procedures. (C)

XIII. Treatment of dental and medical emergencies:

1. Treat patients with intra-oral dental emergencies and infections. (C)
2. Anticipate, diagnose and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment. (C)
3. Manage hard and soft tissue lesions of traumatic origin. (C)

XIV. Dental inpatient and outpatient care:

1. Properly screen patients for hospital dental care (P)
2. Become proficient in dental operating room protocol (P)
3. Be familiar with the types of dental care provided under general anesthesia (P)
4. Manage the dental inpatient from admission to discharge (P)
5. Respond to and initiate medical consultations (P)

Bay Pines Medical Center
Department of Veterans Affairs

Bay Pines VAMC provides comprehensive medical care including acute medical, surgical, and psychiatric care. Also provided are extended medical and psychiatric care, rehabilitative inpatient care, and outpatient care. In addition, the Medical Center supervises a community nursing home care program which is one of the largest in the VA system. The facility also operates Readjustment Counseling Centers in Sarasota and St. Petersburg, a large outpatient clinic in Ft. Myers, and Community Based Outpatient Clinics (CBOCs) in Dunedin, St. Petersburg, Ellenton, Sarasota, Port Charlotte, Naples and Sebring, Florida.

Mission

Honor America's veterans by providing exceptional health care that improves their health and well being.

Vision

To be a patient-centered integrated health care organization for veterans providing excellent health care, research and education; an organization where people choose to work; an active community partner; and a back-up for national emergencies.

Values

- Trust
- Respect
- Excellence
- Compassion
- Commitment

Domain of Value (Goals)

- To put **quality** first
- To provide easy **access** to care, expertise and knowledge
- To restore, preserve, and improve veterans' **function**
- To **satisfy** by exceeding veteran, family, and employee expectations
- To be **cost effective** by optimizing resource use to benefit veterans
- To build **healthy communities** by optimizing the health of the veteran and the VA community, and to contribute to the health of the Nation.

RESIDENT SCHEDULES

Orientation schedules, rotation schedules, team assignments, general dentistry attendings, emergency dental call schedule, domiciliary and nursing home rotations, and dental assisting schedules for the residency year can be found on the following pages in this section.

No deviation from these schedules is allowed without prior approval from the AEGD Director.

Periodically, a resident will have a schedule conflict in which he/she will be assigned to two different rotations/conferences/seminars at the same time. *It is the resident's responsibility to check with the Director as to which one he/she should attend.* In general, patients always come first.

Failure to attend scheduled seminars, conferences, rotations, or failure to schedule adequate clinical patients during assigned clinic time may result in termination from the program.

Dental Service Orientation

	Dr. Alegre	Dr. Hoan	Dr. Mason
7/1/2005 Friday	Dr. Tassi	Dr. Tassi	Dr. Tassi
7/4/2005 Monday	Holiday	Holiday	Holiday
7/5/2005 Tuesday AM	Dr. Scheitler	Dr. Scheitler	Dr. Scheitler
PM	Dr. Nunez	Dr. Nunez	Dr. Nunez
7/6/2005 Wednesday AM	Dr. Tassi/Pre-Test	Dr. Tassi/Pre-Test	Dr. Tassi/Pre-Test
PM	Dr. Tassi	Dr. Tassi	Dr. Tassi
7/7/2005 Thursday AM	OD/Front Desk	Dr. Tassi	Dr. Allwein
PM	Dr. Allwein	Hygiene	Dr. Nunez
7/8/2005 Friday AM	OD/Front Desk	Dr. Allwein	Dr. Tremblay
PM	Hygiene	Dr. Tremblay	OD/Front Desk
7/11/05 Monday through 7/15/05, Friday	Medical Center Orientation	Medical Center Orientation	Medical Center Orientation

Dr. Brandon Alegre

	AM	PM
July 1 Day One	Dr. Tassi	Dr. Tassi
July 3 - July 9	Dental Clinic Orientation	Dental Clinic Orientation
July 10 - July 16	Medical Center Orientation	Medical Center Orientation
July 17 - July 23	OS	OS
July 24 - July 30	DC	DC
July 31 - August 6	DC	DC
August 7 - August 13	DENTAL LAB	DENTAL LAB
August 14 - August 20	OS	DC
August 21 - August 27	OS	PROS - TREMBLAY
August 28 - September 3	OS	DC
September 4 - September 10	OS	DC
September 11 - September 17	OS	PROS - NELSON
September 18 - September 24	OS	DC
September 25 - October 1	OS	PROS - NELSON
October 2 - October 8	OS	DC
October 9 - October 15	OS	TBA
October 16 - October 22	PC	PC
October 23 - October 29	DC	PROS - TREMBLAY
October 30 - November 5	ANES	ANES
November 6 - November 12	ENT	ENT
November 13 - November 19	PROS - TREMBLAY	DC
November 20 - November 26	DC	DC
November 27 - December 3	DC	DC
December 4 - December 10	PLASTICS	PLASTICS
December 11 - December 17	ER	ER
December 18 - December 24	DC	DC
December 25 - December 31	ENT	ENT
January 1 - January 7	DC	DC
January 8 - January 14	PROS - NELSON	DC
January 15 - January 21	CARDIOLOGY	CARDIOLOGY
January 22 - January 28	DC	DC
January 29 - February 4	DC	TBA
February 5 - February 11	DC	DC
February 12 - February 18	PROS - TREMBLAY	PROS - NELSON
February 19 - February 25	DC	TBA
February 26 - March 4	DC	DC
March 5 - March 11	DC	DC
March 12 - March 18	PRACTICE MGMT	PRACTICE MGMT
March 19 - March 25	DC	TBA
March 26 - April 1	TAMPA VAMC	TAMPA VAMC
April 2 - April 8	DC	DC
April 9 - April 15	DC	DC
April 16 - April 22	DC	DC
April 23 - April 29	DC	DC
April 30 - May 6	TBA	DC
May 7 - May 13	DC	DC
May 14 - May 20	DC	DC
May 21 - May 27	DC	DC
May 28 - June 3	DC	DC
June 4 - June10	TBA	DC
June 11 - June 17	DC	DC
June 18 - June 24	DC	DC
June 25 - June 30	FINAL WEEK	OUTPROCESS

Rev 5/27/05

Dr. Denisse Hoan

	AM	PM
July 1 Day One	Dr. Tassi	Dr. Tassi
July 3 - July 9	Dental Clinic Orientation	Dental Clinic Orientation
July 10 - July 16	Medical Center Orientation	Medical Center Orientation
July 17 - July 23	DC	DC
July 24 - July 30	OS	OS
July 31 - August 6	DC	DC
August 7 - August 13	PC	PC
August 14 - August 20	DC	DC
August 21 - August 27	PROS - NELSON	DC
August 28 - September 3	ER	ER
September 4 - September 10	DC	DC
September 11 - September 17	DENTAL LAB	DENTAL LAB
September 18 - September 24	ENT	ENT
September 25 - October 1	PROS - TREMBLAY	DC
October 2 - October 8	ANES	ANES
October 9 - October 15	DC	DC
October 16 - October 22	DC	DC
October 23 - October 29	DC	DC
October 30 - November 5	OS	PROS - TREMBLAY
November 6 - November 12	OS	DC
November 13 - November 19	OS	DC
November 20 - November 26	OS	PROS - TREMBLAY
November 27 - December 3	OS	DC
December 4 - December 10	OS	PROS - NELSON
December 11 - December 17	OS	DC
December 18 - December 24	OS	TBA
December 25 - December 31	OS	DC
January 1 - January 7	PLASTICS	PLASTICS
January 8 - January 14	ENT	ENT
January 15 - January 21	DC	DC
January 22 - January 28	CARDIOLOGY	CARDIOLOGY
January 29 - February 4	PROS - NELSON	PROS TREMBLAY
February 5 - February 11	DC	TBA
February 12 - February 18	DC	DC
February 19 - February 25	DC	DC
February 26 - March 4	DC	PROS - NELSON
March 5 - March 11	DC	DC
March 12 - March 18	DC	DC
March 19 - March 25	DC	DC
March 26 - April 1	DC	DC
April 2 - April 8	PRACTICE MGMT	PRACTICE MGMT
April 9 - April 15	DC	DC
April 16 - April 22	TAMPA VAMC	TAMPA VAMC
April 23 - April 29	TBA	DC
April 30 - May 6	DC	DC
May 7 - May 13	DC	DC
May 14 - May 20	DC	DC
May 21 - May 27	DC	DC
May 28 - June 3	TBA	DC
June 4 - June10	DC	DC
June 11 - June 17	DC	DC
June 18 - June 24	TBA	DC
June 25 - June 30	FINAL WEEK	OUTPROCESS

Rev 5/27/05

Dr. Michael Mason

	AM	PM
July 1 Day One	Dr. Tassi	Dr. Tassi
July 3 - July 9	Dental Clinic Orientation	Dental Clinic Orientation
July 10 - July 16	Medical Center Orientation	Medical Center Orientation
July 17 - July 23	DC	DC
July 24 - July 30	DC	DC
July 31 - August 6	OS	OS
August 7 - August 13	DC	DC
August 14 - August 20	ER	ER
August 21 - August 27	ENT	ENT
August 28 - September 3	DC	DC
September 4 - September 10	PC	PC
September 11 - September 17	PROS - TREMBLAY	DC
September 18 - September 24	DC	PROS - NELSON
September 25 - October 1	ANES	ANES
October 2 - October 8	PROS - NELSON	DC
October 9 - October 15	DC	DC
October 16 - October 22	DC	PROS - TREMBLAY
October 23 - October 29	DENTAL LAB	DENTAL LAB
October 30 - November 5	DC	DC
November 6 - November 12	DC	DC
November 13 - November 19	ENT	ENT
November 20 - November 26	DC	DC
November 27 - December 3	PLASTICS	PLASTICS
December 4 - December 10	DC	DC
December 11 - December 17	DC	PROS - TREMBLAY
December 18 - December 24	DC	DC
December 25 - December 31	DC	DC
January 1 - January 7	OS	DC
January 8 - January 14	OS	DC
January 15 - January 21	OS	PROS - NELSON
January 22 - January 28	OS	DC
January 29 - February 4	OS	DC
February 5 - February 11	OS	DC
February 12 - February 18	OS	TBA
February 19 - February 25	OS	DC
February 26 - March 4	OS	TBA
March 5 - March 11	CARDIOLOGY	CARDIOLOGY
March 12 - March 18	PROS - TREMBLAY	PROS - NELSON
March 19 - March 25	TBA	DC
March 26 - April 1	DC	DC
April 2 - April 8	DC	DC
April 9 - April 15	TBA	DC
April 16 - April 22	DC	DC
April 23 - April 29	DC	DC
April 30 - May 6	DC	DC
May 7 - May 13	PRACTICE MGMT	PRACTICE MGMT
May 14 - May 20	TBA	DC
May 21 - May 27	TAMPA VAMC	TAMPA VAMC
May 28 - June 3	DC	DC
June 4 - June10	DC	DC
June 11 - June 17	TBA	DC
June 18 - June 24	DC	DC
June 25 - June 30	FINAL WEEK	OUTPROCESS

Rev 5/27/05

Team Assignments &
General Dentistry
Attendings
2005 - 2006

	July 1, 2005 - Oct 2, 2005	Oct 3, 2005 - Dec 26, 2005	Dec 27, 2005 - April 2, 2006	April 3, 2006 - June 30, 2006
Dr. Brandon Alegre	B Team - Dr. Scheitler	A Team - Dr. Tassi	B Team - Dr. Nunez	B Team - Dr. Scheitler
Dr. Denisse Hoan	B Team - Dr. Nunez	B Team - Dr. Scheitler	A Team - Dr. Tassi	B Team - Dr. Nunez
Dr. Michael Mason	A Team - Dr. Tassi	B Team - Dr. Nunez	B Team - Dr. Scheitler	A Team - Dr. Tassi
	Oral Surgery Attending	Dr. Allwein		
	Prosthodontics Attending	Dr. Nelson	Dr. Tremblay	

Thursday	Domiciliary Homeless Veteran One-Day Rotations
July 21, 2005	Mason
August 4, 2005	Hoan
August 18, 2005	Hoan
September 1, 2005	Mason
September 15, 2005	
September 29, 2005	
October 13, 2005	Hoan
October 27, 2005	Hoan
November 10, 2005	Mason
November 24, 2005	
December 8, 2005	Mason
December 22, 2005	Alegre
January 5, 2006	Alegre
January 19, 2006	Hoan
February 2, 2006	Alegre
February 16, 2006	Hoan
March 2, 2006	Alegre
March 16, 2006	Hoan
March 30, 2006	Mason
April 13, 2006	Alegre
April 27, 2006	Mason
May 11, 2006	Hoan
May 25, 2006	Alegre
June 8, 2006	Mason
June 22, 2006	Alegre

Thursday	Nursing Home Screening Exam One-Day Rotations
July 28, 2005	Alegre
August 11, 2005	Mason
August 25, 2005	
September 8, 2005	Hoan
September 22, 2005	
October 6, 2005	
October 20, 2005	
November 3, 2005	Mason
November 17, 2005	
December 1, 2005	
December 15, 2005	
December 29, 2005	Mason
January 12, 2006	
January 26, 2006	Alegre
February 9, 2006	Hoan
February 23, 2006	
March 9, 2006	Hoan
March 23, 2006	Alegre
April 6, 2006	
April 20, 2006	Alegre
May 4, 2006	Hoan
May 18, 2006	Mason
June 1, 2006	Alegre
June 15, 2006	Hoan
June 29, 2006	

Resident/Dental Assistant Schedule
2005 - 2006

	Vicki Kirby, DA (A Team)	**Catherine Rudowski**, **DA** (B Team)	Rotates Assistants Within Qtr.
Dr. Alegre	Oct 3, 2005 - Dec 26, 2005	July 1, 2005 - Oct 2, 2005 April 3, 2006 - June 30, 2006	Dec 27, 2005 - April 2, 2006
Dr. Hoan	Dec 27, 2005 - April 2, 20006	Oct 3, 2005 - Dec 26, 2005	July 1, 2005 - Oct 2, 2005 April 3, 2006 - June 30, 2006
Dr. Mason	July 1, 2005 - October 2, 2005 April 3, 2006 - June 30, 2006	Dec 27, 2005 - April 2, 2006	Oct 3, 2005 - Dec 26, 2005

Emergency
On - Call Schedule

The on-call schedule is as follows:

Each day of the week will be covered by a staff practitioner or resident during regular clinic hours of operation. (Depending on resident availability while attending rotations or due to compressed days, residency director may adjust these dates for resident coverage during regular clinic hours.)

Monday – Resident
Tuesday – Dr. Lawrence Scheitler
Wednesday – Dr. Elizabeth Nunez
Thursday – Dr. Irma Tassi
Friday – Resident

Residents will be on-call after hours 7-days/week, 24 hours/day. While on-call, you must be available to respond immediately. (If your on-call week falls on your compressed week or on a holiday, this means you must remain within a reasonable distance to respond to the call.) Disciplinary action will be taken for failure to follow protocol.

The VA resident on-call will carry **VA Pager XXXXXXX, phone number XXXXXXX**. The after hours on-call schedule appears on the next page. The resident carrying the pager will do so from Monday, 7:00am through Monday of the following week or Tuesday, 7:00am if the following Monday is a holiday. It is the responsibility of the resident on- call to pass the pager on to the next resident on-call. It is also the responsibility of the resident to make sure the batteries are replaced when necessary. (See Dental Service Administrative Officer for new batteries.)

Residents: Dr. Brandon Alegre XXXXXXXX (mobile)
Dr. Denisse Hoan XXXXXXXX (home)
Dr. Michael Mason XXXXXXXX (mobile)

The Attending in General Dentistry for the resident on-call is:
Dr. Irma Tassi
XXXXXXXXX (home)
XXXXXXXXX (mobile)

The Attending in Oral Surgery for the resident on-call is:
Dr. Jack Allwein
XXXXXXXXX (home)

The following may be contacted as needed:

Dr. Lawrence Scheitler
XXXXXXXXX (home)
XXXXXXXXX (mobile)

Dr. Katherine Tremblay
XXXXXXXX (home)
XXXXXXXX (mobile)

Dr. Elizabeth Nunez
XXXXXXXX (home)
XXXXXXXX(mobile)

Dr. Craig Nelson
XXXXXXXX (mobile)

OD Call Schedule
7/1/05-6/30/06

2005	Team on CD		Holidays	Team Assignment
July 1 -July 3	A	**Tassi**		A: Mason, B: Alegre, Hoan
July 4 - July 10	B	Tassi	Independence Day 7/4 Mon	
July 11 - July 17	A	**Tassi**		
July 18 - July 24	B	Mason		
July 25 - July 31	A	Alegre		
August 1 - August 7	B	**Hoan**		
August 8 - August 14	A	Alegre		
August 15 - August 21	B	Mason		
August 22 - August 28	A	Hoan		
August 29 - September 5	B	**Hoan**	Labor Day 9/5 Mon	
September 6 - September 11	A	Alegre		
September 12 - September 18	B	Mason		
September 19 - September 25	A	Hoan		
September 26 - October 2	B	**Alegre**		

Name in bold indicates on-call duty falling on a compressed day.

October 3 - October 10	A	Mason	Columbus Day 10/10 Mon	A: Alegre, B: Hoan, Mason
October 11 - October 16	B	Alegre		
October 17 - October 23	A	Hoan		
October 24 - October 30	B	**Mason**		
October 31 - November 6	A	Hoan		
November 7 - November 13	B	Alegre	Veteran's Day 11/11 Fri	
November 14 - November 20	A	Mason		
November 21 - November 27	B	**Hoan**	Thanksgiving 11/24 Thurs	
November 28 - December 4	A	Mason		
December 5 - December 11	B	Alegre		
December 12 - December 18	A	Hoan		
December 19 - December 26	B	Alegre	Christmas 12/26 Mon	

December 27 - January 2	A	Mason	New Year's 1/2 Mon	A: Hoan, B: Alegre, Mason
2006				
January 3 - January 8	B	Hoan		A: Hoan, B: Alegre, Mason
January 9 - January 16	A	Mason	MLK Day 1/16 Mon	
January 17 - January 22	B	**Alegre**		
January 23 - January 29	A	Alegre		
January 30 - February 5	B	Hoan		
February 6 - February 12	A	Mason		
February 13 - February 20	B	Hoan	President's Day 2/20 Mon	
February 21 - February 26	A	Alegre		
February 27 - March 5	B	**Mason**		
March 6 - March 12	A	Alegre		
March 13 - March 19	B	Hoan		
March 20 - March 26	A	Mason		
March 27 - April 2	B	Hoan		

				A: Mason, B: Alegre, Hoan
April 3 - April 9	A	Alegre		
April 10 - April 16	B	Mason		
April 17 - April 23	A	Hoan		
April 24 - April 30	B	Mason		
May 1 - May 7	A	Alegre		
May 8 - May 14	B	Mason		
May 15 - May 21	A	Hoan		
May 22 - May 29	B	**Alegre**	Memorial Day 5/29 Mon	
May 30 - June 4	A	Hoan		
June 5 - June11	B	Mason		
June 12 - June 18	A	Alegre		
June 19 - June 25	B	Mason		
June 26 - June 30	A	Hoan		

RESIDENT SEMINAR SCHEDULE
2005/2006
(Revised 6/14/05)

- **Dental seminars will be held from 3:00-4:30pm in the dental conference room.**

(Residents are also required to attend Medical Grand Round lectures on subjects in medicine. These lectures are held in the medical auditorium over the lunch hour. Announcements will be made in morning meeting about the subject and speaker for the next lecture.)

JULY
19- Orientation/Pt Evaluation, Medical Risk Assessment and Tx Planning. Dr. Allwein
21- Emergency Procedures and Anesthesia Techniques. Dr. Allwein
26- Simple Exodontia. Dr. Allwein
28- Complicated Exodontia. Dr. Allwein

AUGUST
2- Dental Photography. Dr. Nunez
4- Laboratory Techniques. Mr. Hill
9- CPRS/DRM/Dental Quick orders. Dr. Tassi
11- RPD Design I. Dr. Nelson
16- RPD Design II. Dr. Nelson
18- RPD Design III: .Dr. Nelson
23- Impactions. Dr. Allwein
25- Dentoalveolar Surgery: Pre-prosthodontic, Cysts. Dr. Allwein
30-Dentooral Infections and Post-operative Complications and Emergencies. Dr. Allwein

SEPTEMBER
1- SBE Prophylaxis. Dr. Tassi
6- Posts, Cores and Build-ups. Dr. Tremblay
8- Maxillofacial Trauma: Soft Tissue/Dentoalveolar. Dr. Allwein
15- Caries Risk Assessment. Dr. Nunez
20- Maxillofacial Trauma: Mandibular Fractures. Dr. Allwein
22- Oral Cancer. Dr. Nelson
27- Radiation Therapy. Dr. Tremblay

OCTOBER
4- Root Supported Overdenture/Partial Denture Prosthesis. Dr. Nelson
6- Latex Allergies. Dr. Nunez
11- Maxillofacial Trauma: Maxillary Fractures. Dr. Allwein
18- Tooth Preparation in Fixed Prosthodontics. Dr. Nelson
20- Occlusion and Materials Selection in Fixed Prosthodontics. Dr. Nelson
25- Orthognathic Surgery I. Dr. Allwein
27- Orthognathic Surgery II. Dr. Allwein

NOVEMBER
1- Complete Dentures I: Dx/Tx Planning/Impressions. Dr. Nelson
3- Complete Dentures II: Final Impressions. Dr. Nelson
8- Complete Dentures III: Jaw Relation Records. Dr. Nelson
15- Complete Dentures IV: Esthetic Try-In. Dr. Nelson
17- Complete Dentures V: Insertion/Trouble Shooting. Dr. Nelson

DECEMBER
1- Oral Pathology I. Dr. Allwein
6- Oral Pathology II. Dr. Allwein
8- Vita Shade Guides. Dr. Tremblay
13- Biopsy Techniques. Dr. Allwein
15- Relines/Rebases. Dr. Nelson
20- Removable Repairs. Dr. Nelson

JANUARY
5- PASS/Hygiene Aids-TBA
12- Periodontics Lecture I-Dr. Scheitler
17- Dental Implants I- Drs. Nelson and Tremblay
19- Periodontics Lecture II-Dr. Scheitler
24- Dental Implants II- Drs. Nelson and Tremblay

FEBRUARY
2- Periodontics Lecure III- Dr. Scheitler
9- Periodontics Lecture IV- Dr. Scheitler
16- Expanded Functions Dental Assistant- Mrs. Daniels
23- Herbal Medications- Dr. Tremblay

MARCH
2- Oral Malodor/Breath Rx I-Dr. Scheitler
9- Oral Malodor/Breath Rx II- Dr. Scheitler
21- Selected Topic. Dr. Mason
23- Selected Topic. Dr. Hoan

APRIL
11- Selected Topic. Dr. Alegre
27- Billing/Insurance/Front Desk. Ms. Lyttle

MAY
2- The Business of Dentistry I- Dr. Scheitler
4- The Business of Dentistry II- Dr. Scheitler
16-The Business of Dentistry III- Dr. Scheitler

RESIDENT TREATMENT PLANNING BOARD
AND LITERATURE REVIEW SCHEDULE
2005-2006
(Revised 6/14/05)

***Treatment planning boards (Tx Plan) and literature reviews (Lit Rev) will be scheduled on Thursdays from 8:00am to 9:00am and will be held in the Dental Conference Room.**

AUGUST
18-Tx Plan-Dr. Alegre

SEPTEMBER
1-Lit Rev-Drs. Mason and Hoan
8-Tx Plan-Dr. Mason
15-Tx Plan-Dr. Hoan
22-Tx Plan-Drs. Alegre and Mason

OCTOBER
6-Lit Rev-Drs. Alegre and Hoan
13-Tx Plan-Drs. Mason and Hoan
20-Tx Plan- Drs. Alegre and Hoan

NOVEMBER
3-Lit Rev-Drs. Alegre and Mason
10-Tx Plan-Drs. Alegre and Mason
17-Tx Plan-Drs. Mason and Hoan

DECEMBER
1-Lit Rev-Drs. Alegre and Hoan
8-Tx Plan-Drs. Alegre and Hoan
15-Tx Plan-Drs. Mason and Hoan

JANUARY
12-Lit Rev-Drs. Mason and Hoan
19-Tx Plan-Drs. Mason and Hoan

FEBRUARY
2-Lit Rev-Drs. Alegre and Mason
9-Tx Plan-Drs. Alegre and Hoan
16-Tx Plan-Drs. Alegre and Mason

RESIDENT TREATMENT PLANNING BOARD
AND LITERATURE REVIEW SCHEDULE
2005-2006
Continued

MARCH
2-Lit Rev-Drs. Mason and Hoan
9-Tx Plan-Drs. Alegre and Hoan

MAY
4-Lit Rev-Dr. Alegre

JUNE
1-Tx Plan-Drs. Alegre and Mason
15-Tx Plan-Drs. Mason and Hoan
17-Tx Plan-Dr. Alegre

ORIENTATION

An orientation program is provided at the beginning of the year to acquaint the residents with their new associates and environment. This program includes the Dental Service, Human Resources Management Service, and the Medical Center. Clinic policies and procedures as outlined in this manual will be reviewed. It is the resident's responsibility to read and fully understand all components of this manual.

Attendance at Professional Society Meetings

Regular attendance at professional society meetings is encouraged. Participation in local society activities is also suggested. Attendance and participation in those programs and activities is at the resident's expense. Authorized absence for professional functions may be requested; the Program Director and the Dental Service Chief must preapprove these absences (maximum two per year).

Attire

Residents are to wear PPE (personal protective equipment) at all times during patient care. PPE, provided by the VA, includes masks, eye protection, gloves, and long-sleeved gowns. The VA will provide one white coat to each resident. These coats are to be worn over street clothes or scrubs at all times the resident is within the medical center. Scrubs are also provided by the VA, or the resident may provide his/her own scrub wear. Clean, white athletic shoes may be worn with scrubs. No open-toed sandals are allowed. Hair must be neatly groomed and worn off the face during patient treatment.

Cardiopulmonary Resuscitation

All residents are required to have current basic life support training. Residents are scheduled to take the advanced cardiac life support course taught at the VA Medical Center. This course is offered over a weekend (Saturday and Sunday). No comp time is given for this required course.

Case Presentations

Each resident must complete cases requiring multiple disciplines in dentistry. The resident should document these cases with photographs, articulated diagnostic casts, and radiographs. A minimum of 10 (per resident) of these comprehensive cases must be presented at the treatment planning conferences throughout the year. One or more of these cases will be presented by the resident to the Dental Service staff at the end of year presentation day and awarding of certificates ceremony.
A four-page treatment planning worksheet must be completed for each of the ten comprehensive cases presented. This worksheet includes patient data such as medical

history, allergies, physical examination, dental history and exam, and treatment planning data. See appendix A for a copy of the treatment planning worksheet. A copy of this treatment planning worksheet must be distributed to each staff practitioner one week prior to the presentation date.

Certificate of Training

Certificates of residency training are awarded in June to those residents who have satisfactorily completed all the requirements of the program.

Clinical Activities

A primary objective of this program is the development of confident, experienced general dentists who can effectively manage the comprehensive dental needs of a population. Clinical activities dominate the resident year. Opportunities are provided to each resident to acquire broad, in-depth experience in clinical diagnosis, treatment planning, and treatment. Each resident must treat patients assigned for comprehensive, emergency, and limited dental care. Unless specified, all assigned comprehensive cases must be completed during the residency year. Residents are encouraged to develop their ability to satisfy treatment objectives by varied methods. Objectives are accomplished through demonstrations, direct instruction, consultations, and conferences.

Clinic Hours

The VA Dental Service is open from 7:00 a.m. to 4:30 p.m. Patient care is provided between the hours of 8:00 a.m. to 4:30 p.m. Morning meetings take place daily at 7:30 a.m. sharp. Residents, at the start of the residency, are to have patients appointed at 8:00 a.m., 10:00 a.m., 12:30 p.m., and 2:30 p.m. Procedures requiring an extended appointment times (such as bridge preparation and impression appointment) should not be scheduled at 2:30 p.m.

Residents should complete patient treatment by 4:00 p.m. everyday, 4:30 if on a compressed work schedule. Resident assistants work from 7:00 a.m. to 4:30 p.m. when on a compressed work schedule and are not paid for overtime. The resident working after 4:00 p.m. or 4:30 p.m. may be working alone – it will be the resident's responsibility then to clean the operatory prior to leaving for the day. No resident is allowed to leave for the day until all residents have completed patient treatment for that day. Residents are encouraged to treat patients in a timely manner and are expected to assist each other once all resident assistants have left for the day.

Community Service

Residents will rotate through the Domiciliary/Homeless Veteran program on Thursdays during regular clinic hours treating patients at the Domiciliary or in the Dental Clinic. Additionally, residents will participate in Stand Downs arranged to treat homeless veterans at designated sites in the dental van. While treating patients in this setting, the residents' attending is the Coordinator of the Homeless Veteran Dental Program. Approximately four Stand Downs will occur over the academic year and these will occur on Saturdays. No comp time will be awarded for this time.

Dental Consults

All residents are assigned to cover dental consults during the residency year. These consults consist of inpatients and outpatients with dental emergencies as well as patients preparing for surgery, chemotherapy, or radiation therapy. Residents are expected to examine and treat all consults received on their assigned day. Residents and attending staff dentists are encouraged to work together to treat these patients in a timely manner.

Dental Hygiene

The VA Dental Service employs two full-time dental hygienists that perform all aspects of preventative care: scaling, root planing, polishing, fluoride application, and desensitization. Residents may refer their patients to the dental hygienist for the services listed above.

Residents are to perform scaling and root planing procedures themselves on all patients classified as having type III or type IV adult periodontitis (moderate to advanced) or on patients who are candidates for periodontal surgical procedures.

Dental Laboratory

The Bay Pines VAMC employs three full-time dental laboratory technicians. These technicians fabricate the majority of removable prostheses and select fixed prostheses for the Dental Service. (The Central Dental Lab - CDL - fabricates the remainder.) A laboratory order form (VA form 10-2804) must be completed for all cases sent to CDL. See appendix F for a copy of this form. The attending prosthodontist must sign-off on this laboratory prescription prior to its submission.
Residents must complete lab cases and have them ready for submission with completed prescriptions within seven days of taking an impression. Under no circumstances are lab cases to accumulate.

Employee Health

Medical services are provided to residents through the VA Employee Health Service for emergency situations only. The VA offers health and life insurance to residents.

Employment Outside the VA

Residents must be present for all clinical activities from 7:00 a.m. to 4:30 p.m., Monday through Friday, but must be available on a 24-hour basis. Therefore, no employment, dental or otherwise, is allowed outside the VA facility. Failure to follow this guideline will result in immediate dismissal from the program.

General Clinical Requirements

Residents will spend approximately one-third of the residency year on off-service rotations and two-thirds of the residency year participating in clinical dentistry. There are no requirements as to the number of procedures to be performed, but the resident is expected to treat at least four patients per day. (Approximately six months into the program the residents are ready to begin seeing up to eight or more patients per day.) Emphasis in this dental service is on quality; attention should be paid to detail, precision, and perfection of technique. Quality is stressed over quantity. The residents are expected to help carry the workload and are counted on to provide a reasonable amount of dental services.

Immunization

Residents are required to have received the hepatitis B vaccine. Residents are strongly encouraged to receive a TB skin test at least once per year. These are provided through employee health.

Infection Control

Universal precautions (masks, gloves, and eye protection) are required while treating any dental patient. A copy of the Dental Service infection control policy is included in the manual. See appendix E.

Instruments and Equipment

All dental instruments, supplies, and equipment are furnished by the Dental Service. Each resident is responsible for security and routine maintenance of equipment assigned. Residents are strictly prohibited from bringing any personal dental instruments or

supplies into the Dental Clinic without permission from the AEGD Director and the Dental Service Chief.

Leave

Residents will accrue 15 days of annual leave per year. The leave year for residents begins July 1, 2004 and ends June 30, 2005. Annual leave earned but not used by the end of the leave year is lost. There is no entitlement to a lump sum payment for unused leave. Residents are encouraged to look ahead to the holiday periods and discuss leave requests with the AEGD Director at least a month in advance. Leave requests should normally be made four weeks in advance to accommodate patient scheduling and off-service rotations. All leave requests made by residents must be approved by both the AEGD Director and the Dental Service Chief. See appendix H for a copy of this form.

Annual leave approved must be entered into the computer prior to taking the time off. The resident is responsible for entering annual leave as "NL" on the employee screen in Vista. Residents are treated as Title 38 employees (Physicians & Dentists) and will have leave time deducted for Saturday and Sunday if the workdays preceding and following are taken off.

Residents must complete a leave request slip prior to taking annual leave. In case of an unscheduled emergency or sick leave, this form must be completed on the first day the resident returns.

Library Service

The VA medical library is located on the first floor of the hospital. It is open Monday through Friday 8:00 a.m. to 4:30 p.m. The library has numerous medical and dental publications which are available for checkout. The reference librarian is available for assistance in using MEDLINE and other library materials.

Licensure

Dental licensure by the State of Florida is not required to participate in the Bay Pines VAMC AEGD Program during the first year, however all residents are encouraged to obtain dental licensure in at least one state or region.

Literature Review (Journal Club)

The purpose of these seminars is to provide a forum in which both classical and current literatures in general dentistry is reviewed. Each resident will be required to present articles at five Journal Club Conferences. All articles to be reviewed will be assigned by the staff dentists. Every resident will be expected to have read the assigned articles for each conference.

The presenting residents for the conference should be prepared to give an overview of the article in his/her own words. Reading the article or excerpts is not acceptable. The presenting dentist must complete a literature review paper/critique for each article presented. One week prior to the literature review, the resident presenting is responsible for distributing a copy of the article to all staff practitioners for their review.

On Call Duty

Dental residents will be scheduled for on-call duty for the VA Dental Service. The resident is not required to be in-house but is required to be within 30 minutes of the hospital, carry the pager, and have access to a telephone. No deviation from the assigned on-call duty is allowed. It is the resident's responsibility to assure coverage at all times, even if leave has been requested and approved for the assigned time.

Operatories

The operatories conform to the standards established by the VA Medical Center. Diplomas, licenses, and appropriate decorations may be allowed in the operatory at the Dental Service Chief's discretion. A radio is allowed in the operatory; music played must not be offensive. Radios must be approved by Engineering Service and inspected prior to use.

The dental assistant is responsible for clean up and set-up of the operatories. Any resident who is involved in patient care after 4:00 p.m. must leave the operatory clean for the next day. If any dirty instruments remain in the operatory overnight, that operatory will be deemed "closed". The resident will then not be able to use the operatory until he/she has cleaned the room and removed all dirty instruments and appropriately disinfected the countertops, chair and light.

Parking

All residents will be issued a parking permit that will allow parking in the parking areas located on the campus for the duration of the residency year.

Patient Assignment

All residents are expected to maintain up to 25 comprehensive care patients throughout the residency year. These patients should be treatment planned and all dental needs completed by the assigned resident. Patients are initially assigned to residents by the AEGD Director, but as the year progresses the resident will be receiving additional cases from other staff
dentists. A resident may also request specific case types such as periodontal, endodontic, or prosthetic cases (see appendix C).

The AEGD Director maintains the patient assignment registers. As cases are completed (or closed due to other circumstances such as poor patient compliance or broken appointments), the Director must review the dental record and note that the case has been closed. New patients will then be assigned to the resident.

The Director, at the quarterly evaluations, conducts chart reviews for each resident. Based on these reviews and DRM/CPRS patient care data for each resident, new patients may be assigned to ensure adequate treatment experience in all dental disciplines.

Professional Liability

Professional liability coverage is provided by the federal government for VA dentists providing they are treating VA patients of record approved by the Service Chief.

Professional Organizations

All residents are strongly encouraged to be active in organized dentistry. Resident may join the ADA and AGD at a reduced rate. A maximum of 250 credit hours may be granted toward Fellowship in the AGD for participating in a postgraduate dental education program. The resident would have to join before completion of the program.

Research

Residents are required to submit a research paper during their residency year. A review of the literature is also acceptable. The resident must choose the topic, which is to be approved by the AEGD Director. The paper should be suitable for publication in a refereed dental or medical journal and be between 5 – 10 pages typewritten and double-spaced. An outline of the paper is to be submitted no later than the end of the second quarter.

Resident Evaluations and Outcomes Assessment

Dental residents are evaluated every three months throughout the residency year. The AEGD Director, Dental Service Chief, and other VA staff dentists complete these evaluations. Residents are evaluated for clinical activities as well as for off-service rotations. Residents evaluate the staff and off-service rotations as well with the purpose of improving the program for the future residents.

Evaluations consist of the following:

1. A quarterly evaluation of the residents by the attending faculty. (see appendix D-1.) This evaluation form is completed by all VA staff dentists for each resident.

2. A quarterly evaluation of the attending faculty by the residents. (see appendix D- 2.) This evaluation form is completed by all residents for each staff dentist.

3. An overall critique of the quarter by the residents. (see appendix D-3) This evaluation form is completed by residents only.

4. A statement by the AEGD Review Board declaring the resident's status for the upcoming quarter. (see appendix D-4a,b,c)

5. A service rotation critique of each rotation by the residents. (see appendix D-5) This form is completed by all residents upon completion of assigned rotations.

6. A service rotation evaluation of the dental resident by the rotation-attending faculty. (see appendix D-6) This form is completed by the attending faculty for each resident upon completion of the assigned rotation.

In addition to these quarterly evaluations, three other means of assessing residents' performance are used throughout the year and upon completion of the residency program. These include:

1. An outcomes assessment of the residents by the AEGD Residency Review Board. This evaluation is a comprehensive assessment of the residents' knowledge and skills concerning all aspects of dentistry. A copy of this form is available upon request.
2. A post-program evaluation of the AEGD Residency Program by the former
3. residents. This evaluation is a general assessment of the residency program one year following completion of the residency. A copy of this evaluation is available upon request.
4. An examination of dental didactic education provided by the American Board of General Dentistry. This examination is completed by all residents at the beginning and at the end of the residency program.

All evaluations are submitted to the Director for review and then filed in the resident evaluation record. The resident then reviews his/her record at the quarterly resident evaluation scheduled in October, January, April, and June.

Resident Salary

The annual stipend for residents rated PGY-1 is approximately $38,250. The VA requires all employees to utilize direct deposit services. If for any reason the resident is unable to complete the residency year, he will not receive the entire stipend.

Treatment Plans/Procedures

All treatment recommendations (VA form 10-2570, see appendix G) must be approved by a full-time faculty member and the Dental Service Chief. This form must be signed prior to any dental procedures being performed. The following represents clinic policy:

1. All treatment plans prepared by the residents will need to be signed off on by the attending dentist. Prior to the start of all procedures and all patient visits, a "time-out" is to be perform where the patient's name and social security number are verified as well as the procedure to be performed. This is to be done with the resident and dental assistant both present in the operatory. Resident is to ask patient to speak his/her name and complete social security number. CPRS notes are to reflect a "time-out" was performed prior to the start of the appointment.

2. Any procedures that will result in bleeding (i.e.: root canal therapy, scaling & root planing, full mouth periodontal probing, extractions, surgical procedure . . .) will require a start check by one of the staff dentists. The resident is to make an entry into the chart (the paper progress notes) with the current date and write in "start check". The dentist approving the start of the procedure is to initial on this line. Resident is to also enter into CPRS progress notes who the attending was for that procedure.

   Example:
   Chart: 9/17/03 Start check for ext. #12, 13, 14. _____
   CPRS: Attending faculty for start of procedure was Dr.

3. In between each phase of treatment, approval will need to be obtained prior to the start of the next phase of treatment. Example: Once treatment plan is approved, scaling and root planing phase is started. At the phase I evaluation appointment, resident is to have a staff dentist review and evaluate results of phase I. (Perio therapy and restorative therapy can occur simultaneously. In other words, once S&RP is completed but prior to phase I eval, restorative can begin. Use good judgment in restoring the dentition -- if a tooth has a questionable prognosis due to periodontal involvement you may choose to wait to restore until you've completed the phase I eval.) At the conclusion of the restorative phase, resident again is to have attending review and evaluate results. If prosthodontic work is to follow, after tooth preparation and prior to final impressions, resident is to have attending review and evaluate.

DEPARTMENT OF VETERANS AFFAIRS
BAY PINES VA MEDICAL CENTER

DENTAL SERVICE **JULY 1, 2003**
POLICY MEMORANDUM

SUBJECT: COMPLAINTS, DUE PROCESS AND DISCIPLINARY ACTIONS REGARDING DENTAL RESIDENTS (TITLE 38)

1. PURPOSE: To establish specific written due process policies and procedures for adjudication of academic complaints, which parallel those established by Medical Center Memorandum 516-03-05-18 and 516-03-05-17.

2. POLICY: Due process, complaints and disciplinary actions are provided for in National VA policy, and the local memoranda listed above. The Dental Residency Program Director is directly responsible and accountable for actions against, and complaints concerning dental residents. Definitions listed in MCM 516-03-05-17 apply, and Chief, Dental Service is the deciding official on major adverse actions. In his/her place the Chief of Staff of the Medical Center will be the deciding authority.

3. ACTION: Procedures regarding inquiry, investigation regarding incidents which may result in potential disciplinary or major adverse action are clearly outlined in VA policy, and apply here. Upon completion of inquiry or investigation, the Dental Program Residency Director will discuss planned actions with deciding official, in collaboration with Human Resource Management Service. Employee/resident has the right to reply orally or in writing or both and to submit affidavits and other documentary evidence in support of the reply. The deciding official will give full and impartial consideration to the employee/resident's reply and all evidence of record. The decision letter will be in writing and must be based only on the charges stated in the notice of proposed action. Appeals are outlined in MP-5, Part II, Chapter 8, Section B.

4. RESPONSIBILITY: VHA Handbook 1100.18 requires VA healthcare facilities to report to state licensing boards licensed dentists whose clinical practice so significantly fails to meet generally acceptable standards of practice as to raise reasonable concern for the safety of patients. The Director Dental Residency Program is responsible for the contents of this memorandum policy.

5. REFERENCES: MP-5, Part II, Chapter 8, VHA Supplement MP-5, Part II, Chapter 8; Title 38 USC 7401. AEGD Standards, Commission on Dental Accreditation.

6. RECISSION: None

7. RECERTIFICATION: This policy will be recertified on or before July 1, 2007

LAWRENCE E. SCHEITLER DDS, MPH
CHIEF, DENTAL SERVICE

Assignments To Other Services/Rotations

Service: Primary Care
Length of Rotation: 1 week
Objectives:

- Assist in physical and history taking
- Increase knowledge of systemic conditions/diseases
- Become familiar with common pharmacologic agents used to treat various conditions
- Become familiar with differential diagnoses associated with specific symptoms
- Recognize polypharmacy
- Become familiar with routine exam, tests, results and their interpretation

Service: Oral Surgery
Length of Rotation: 1 full week and 8 weeks of ½ days
Objectives:

- Develop skills in performing patient history and physical examinations as well as physical diagnosis and medical risk assessment
- Receive advanced training and experience in both inpatient and outpatient oral and maxillofacial surgery extractions, alveoplasties, implant placement, etc.
- Develop skills in treating complex oral surgery cases (facial fractures and medically compromised patients)
- Improve skills in diagnosis and treatment sequencing of oral surgery patients
- Be responsible for admission, operative, and post-operative care and discharge summary
- Request appropriate medical consultations

Service: Cardiology
Length of Rotation: 1 week
Objectives:

- Increase knowledge of heart disease
- Become intimately familiar with those conditions of concern in dentistry
- Recognize symptoms associated with specific diagnoses
- Become familiar with common pharmaceuticals used to treat various heart conditions
- Begin to receive exposure to ACLS
- Receive training on EKG interpretation

Service: Dental Laboratory
Length of Rotation: 1 week
Objectives:

- Become familiar with all aspects of a dental laboratory
- Work side-by-side with prosthodontist managing cases between the lab and the chair
- Work chair-side with technicians in: pouring models, waxing, casting, porcelain work, setting denture teeth, processing dentures, fabricating dental orthotics
- Work chair-side with technicians in designing frameworks for partial dentures
- Become familiar with the various products (stone, wax, acrylic . . .) and why and when each are used

Service: Prosthodontics
Length of Rotation: 4 weeks
Objectives:

- Learn techniques for fabrication of complete dentures (impression material, tray material, setting teeth . . .)
- Gain experience in all areas of prosthodoontics working one on one with prosthodontist
- Work chair-side with prosthodontist in restoring implants

Service: Emergency Room
Length of Rotation: 1 week
Objectives:

- Reinforce interviewing, physical examination, and medical risk assessment skills
- Develop airway management skills
- Refine BLS & ACLS skills
- Strengthen skill of recognition and management of emergencies found in the dental environment: airway obstruction, syncope, respiratory distress, allergic reactions, chest pain, hypertension, hypotension, hyperglycemia, hypoglycemia, seizures, and asthma
- Become familiar with hospital protocol

Service: Sleep Lab
Length of Rotation: 1 day
Objectives:

- Understand why and when sleep studies are performed
- Understand what the sleep study results reveal
- Increase knowledge about obstructive sleep apnea (OSA)
- Learn about the different treatment modalities available to treat OSA

Service: Chief of Staff
Length of Rotation: 1 day
Objectives:

- To observe the administrative side of hospital operations for one day

Service: Ft Myers VAMC Dental Clinic
Length of Rotation: 1 week
Objectives:

- Assist clinic in providing general dentistry to scheduled patients
- Check hygiene patients
- Perform exams

Service: Tampa VAMC/Moffitt Cancer Center
Length of Rotation: 1 week
Objectives:

- Assist clinic in providing general dentistry to scheduled patients
- Observe/assist in periodontal surgery, oral surgery, prosthodontic procedures
- Observe/assist in the treatment of head and neck cancer patients

Service: Plastic Surgery
Length of Rotation: 1 week
Objectives:

- Observe and learn suturing techniques
- Familiarization with OR, sterile technique
- Regarding malignant lesions (oral/peri-oral)
  -identification/differential diagnosis
  -biopsy
  -definitive treatment

Service: ENT
Length of Rotation: 2 weeks
Objectives:

- Become acquainted with operating room protocol, aseptic and surgical techniques, and recovery room procedures for ENT surgical needs
- Observe tracheostomy technique and care
- Gain experience in the pre-operative and post-operative management of the surgical ENT patient
- Gain knowledge and develop skills in performing ENT head and neck clinical examinations
- Be able to detect and identify benign and malignant lesions of the oropharyngeal mucosa and adjacent anatomical structures

Service: Orthopaedics
Length of Rotation: 1 week
Objectives:

- Observe total hip or total knee replacement
- Understand reasons for their failure
- Understand impact of dental care for these patients pre-operatively and post-operatively

Service: Anesthesia
Length of Rotation: 1 week
Objectives:

- Assist in performing pre-operative evaluations
- Assess the effects of pharmacologic agents
- Assist in monitoring patients pre-operatively and post-operatively
- Assist in managing airways
- Assist in intubating patients
- Assist in preventing and managing emergencies
- Assist in assessing patient recovery
- Become proficient in performing venipunctures

Service: Endocrinology
Length Rotation: 1 week
Objectives:

- Increase knowledge of endocrine system disorders
- Learn to recognize signs and symptoms associated with endocrine system disorders
- Understand the association between key disorders and how dental care can best be provided to these patients

Records

Record keeping is an extremely important aspect of the residency program. Residents are expected to keep accurate, timely records of all patient care episodes.

Following is a list of the **minimum** information required for entries in the dental record:

Operative Procedures:

Anesthesia and medications
New or replacement restoration
Reason for restoration (caries, abrasion, etc.)
Liners, bases
Etchants, primers, adhesives

Periodontal Procedures:

Anesthesia and medications, start check if indicated
Diagnosis
Probing depths
Mobility
Bleeding on probing
Radiographic findings
Scaling, root planing, polishing
Fluoride application
Oral hygiene instruction
Prognosis

Nonsurgical Endodontic Procedures:

Anesthesia and medications, start check if indicated
Use of rubber dam
Diagnosis
Number of canals located
Description of findings (vital pulp, dry canal, purulence)
Working length(s)
Final file size (hand files, rotary instrumentation)
Use of medicaments and/or irrigants (RC prep, NaOCl, Formocresol, etc.)
Obturation materials (gutta percha)
Obturation cement (sealapex, etc.)
Obturation method (lateral or vertical)
Method of temporization (cotton pellet, cavit, IRM)

Removable Prosthodontic Procedures:

Anesthesia and medications
Rest seat and guide plane preparations
Impression materials used
Exact location of all adjustments made to prosthesis

Fixed Prosthodontic Procedures:

Anesthesia and medications used, start check if indicated
Description of preparations (full cast or PFM)
Impression material used
Retraction cord if used
Hemostatic agent if used
Method of temporization
Cements used for temporization and final cementation
Shade selection

Surgical Procedures:

Anesthesia and medications, start check if indicated
Procedure performed (extraction, alveoplasty, apicoectomy, etc.)
Flap design
Instruments used
Complications
Sutures – location, material, and how placed
Post operative instructions

Appendix A

ADVANCE EDUCATION IN GENERAL DENTISTRY

Resident _____ Date _____

Comprehensive Case # _____

Patient Name _____ Age _____

Social Security Number _____ VA Classification _____

Treatment Planning Checklist:

_____ Mounted models, neatly trimmed and accurately articulated

_____ VISTA Imaging

_____ Radiographs, current

_____ Treatment plan complete and approved

_____ Periodontal charting

_____ Current medical history, signed by both patient and dentist

_____ Dental record, properly organized

Patient's Chief Complaint:

_____

_____

_____

_____

A. Past Medical/Surgical History

_____

_____

B. Allergies

_____

_____

C. Current medications (including dosing schedule)

_____

_____

_____

_____

D. Physical examination

Head & Neck, (include TMJ exam, scars, skin lesions, salivary glands, lymph nodes) Discuss findings within normal limits and remarkable exceptions.

_____

_____

_____

_____

Other:

_____

_____

E. Medical Risk Assessment (including but not limited to ASA classification)

_____

_____

_____

F. Past Dental History

_____

_____

_____

G. Dental Examination

Intra-oral soft tissues:

_____

_____

Intra-oral hard tissues:

_____

_____

Radiographic findings:

_____

_____

Periodontal evaluation:

_____

_____

Occlusal analysis:

_____

H. Dental Diagnoses

I. Treatment plan

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Estimated number of visits _____

J. Alternative treatment recommendations

_____

_____

_____

_____ _____

Director's Signature Date

VA MEDICAL CENTER
DENTAL PATIENT REQUEST

Resident: _____

Date: _____

Place a check next to all case types requested.

( ) **Endo**

( ) **Operative**

( ) **Crown & Bridge**

( ) **Perio**

( ) **Ortho**

( ) **Complete Dentures**

( ) **Partial Dentures**

( ) **Oral Surgery**

( ) **Implant**

( ) **Medically Compromised**

DENTAL RESIDENT RATING REPORT

Resident: _____

Reporting Period: October / January / April / Final
Date: _____

The Dental Resident Rating Report will be completed for each resident by the VA staff dentists. Each rater will complete the form independently and submit it to the Director no later than five days after the end of the quarter. Rate each factor below using the following numerical scale.

5 - Excellent
4 – Above Average
3 – Average/Satisfactory
2 – Below Average
1 – Unsatisfactory
N/A – Not applicable or not observed

Category	Rating	Comments
1. Personality/Relations with patients and coworkers		
2. Ability to express ideas		
3. Reliability/Attendance		
4. Adjustment to hospital routine		
5. Clinical aptitude - Overall		
Clinical aptitude – Dx & Tx Planning		
Clinical aptitude - Restorative		
Clinical aptitude - Prosthetics		
Clinical aptitude - Endo		
Clinical aptitude - Perio		
Clinical aptitude – Oral Surgery		

6. Patient and practice management		
7. Quality improvement in response to patient and practice management		
8. Production		
9. Quality of dental work		
10. Ability to learn		
11. Records		
12. Management of dental emergencies		
13. Work without supervision		
14. Attitude towards profession/ interest		
15. Accepts suggestions/criticisms		
16. Cooperation		
17. Off-Service Rotations		

Additional comments:

_____

_____

_____

_____

_____

_____ Attending Date

ADVANCED EDUCATION IN GENERAL DENTISTRY

FACULTY EVALUATION

Faculty Name: _____

Category	Excellent	Satisfactory	Unsatisfactory
1. Knowledge of subject			
2. Communication skills			
3. Ability to plan and guide educational objectives			
4. Supervision and availability			
5. Use of learning resource and media			

Additional comments:

_____

_____

_____

_____

Date:_____

_____
Resident

_____
Program Director

_____
Chief, Dental Service

Appendix D-3

DENTAL RESIDENT CRITIQUE

This form is to help improve the AEGD Residency Program. Constructive criticism regarding the quarter you just completed would be greatly appreciated. Your thoughts and ideas will be held in the strictest confidence.

PERIOD OF TIME _____

1. Were you satisfied with this quarter Yes _____ No _____

   COMMENTS:

2. Were you motivated and stimulated during this quarter? Yes _____ No _____

   COMMENTS:

3. Was adequate clinical experience provided? Yes _____ No _____

   COMMENTS:

4. What are your feelings with regard to lectures, demonstrations, and seminars?

   Lectures: Not Enough _____ Sufficient _____ Too Much _____

   COMMENTS:

   Demonstrations: Not Enough _____ Sufficient _____ Too Much _____

   COMMENTS:

   Seminars: Not Enough _____ Sufficient _____ Too Much _____

   COMMENTS:

5. What are the strong points of this quarter?

6. What are the weak points of this quarter?

Name _____ Date _____

Department of Veterans Affairs

Memorandum

Date:

From: System Chief, Dental Service (160)

Subj.: AEGD Resident Status

To: Dr. (resident)

1. Following the AEGD Residency Review Board meeting on _____, you are hereby placed in the following status:

Probationary Status

All residents are placed in this status upon entering the residency program. Residents at this level are continuously supervised through frequent chart reviews; direct supervision of complex prosthodontic, surgical, periodontic, endodontic procedures and evaluation of cases presented at treatment planning. A resident may remain in this status for no more than six months to successfully complete the program.

2. Distinct levels of responsibility and privileging are required by the Residency Review Board as outlined in the VHA Handbook 1400.1, "Resident Supervision," May 3, 2004. Each resident must achieve Permanent Status for successful completion of the program.

_____
Irma M. Tassi, DMD
Program Director

_____
Lawrence E. Scheitler, DDS, MPH
Chief, Dental Service

Department of Veterans Affairs

Memorandum

Date:

From: System Chief, Dental Service (160)

Subj.: AEGD Resident Status

To: Dr. (resident)

1. Following the AEGD Residency Review Board meeting on _____, you are hereby placed in the following status:

Conditional Status

Residents are promoted to this status once the following conditions have been met:

- The resident has demonstrated clear, concise decision-making skills regarding dental treatment planning of his/her patients.
- The resident has consistently provided thorough data, mounted models, radiographs at treatment planning sessions and demonstrates an understanding of the medical diagnoses of his/her patients.
- The resident has received satisfactory evaluations from attendings of off-service rotations.
- The resident manages clinic time appropriately. This includes efficient scheduling of patients and having laboratory procedures completed prior to the patient's appointment.
- The resident has followed-through with special projects which may be assigned by attending faculty.
- The resident has initiated a research paper or project.
- The resident has maintained assigned laboratory duties.

Residents at this level are supervised through chart reviews (less frequently than at the probationary level); indirect supervision of complex prosthodontic, surgical, endodontic and periodontic cases; and evaluation of cases presented at the treatment planning seminars. A resident may remain in this status for no more than six months to successfully complete the program.

2. Distinct levels of responsibility and privileging are required by the Residency Review Board as outlined in the VHA Handbook 1400.1, "Resident Supervision," May 3, 2004. Each resident must achieve Permanent Status for successful completion of the program.

_____
Irma M. Tassi, DMD
Program Director

_____
Lawrence E. Scheitler, DDS, MPH
Chief, Dental Service

Department of Veterans Affairs

Memorandum

Date:

From: System Chief, Dental Service (160)

Subj.: AEGD Resident Status

To: Dr. (resident)

1. Following the AEGD Residency Review Board meeting on _____, you are hereby placed in the following status:

Permanent Status

Residents are promoted to this status once the following conditions have been met:

- The resident continues to meet the conditions listed under "conditional status"
- The resident demonstrates independent, intelligent treatment planning skills.
- The resident demonstrates knowledge of hospital protocol through management of dental patients assigned, patient consults, adhering to eligibility mandates.

Residents at this level require minimal supervision and are expected to function at the level of full-time staff dentist.

2. Distinct levels of responsibility and privileging are required by the Residency Review Board as outlined in the VHA Handbook 1400.1, "Resident Supervision," May 3, 2004. Each resident must achieve Permanent Status for successful completion of the program.

_____
Irma M. Tassi, DMD
Program Director

_____
Lawrence E. Scheitler, DDS, MPH
Chief, Dental Service

Appendix D-5

DENTAL RESIDENT ROTATION CRITIQUE

This form is to help improve the General Dentistry Resident Program. Constructive criticism regarding the rotation you just completed would be greatly appreciated. Your thoughts and ideas will be held in the strictest confidence.

ROTATION _____ DATES: _____

1. What were the strengths of this rotation?

2. What were the weaknesses of this rotation?

3. Was adequate supervision provided?

4. Was the amount of patient care adequate?

5. Were supporting didactic materials appropriate?

6. What suggestions could be made to improve this rotation?

Name _____ Date _____

ADVANCED EDUCATION IN GENERAL DENTISTRY

SERVICE ROTATION
EVALUATION OF DENTAL RESIDENT

Service: _____

Resident's Name: _____

Category	Excellent	Satisfactory	Unsatisfactory
1. Attendance			
2. Interest			
3. Performance			
4. Reliability			
5. Work output			
6. Adaptation to rules			
7. Acceptance of suggestions			
8. Professional attitude			
9. Professional behavior			
10. Medical risk assessment			
11. Management of emergencies			

Remarks:

_____

_____

_____

_____

Attending 's Name: _____ Date: _____

Signature: _____

VA Medical Center **DENTAL SERVICE MEMORANDUM**
Bay Pines, FL 33744 **January 2003**

DENTAL SERVICE
INFECTION CONTROL POLICY

1. PURPOSE: To establish policy outlining the responsibilities of the Dental Service personnel in infection control.

2. POLICY: Dental Service will assume an affirmative role in the prevention, detection, treatment, reporting, and control of infections. Strict adherence to aseptic practices and Standard Precautions will be maintained to assure a sanitary environment and to avoid sources and transmission of infection. This policy has been formulated to minimize the risk of transmission of infectious diseases between patients, dental staff members and their families.

3. ACTION: Exposure determination information: All employees involved with the clinical care of patients and who perform tasks which have a potential for occupational exposure to bloodbome pathogens, tuberculosis or other infectious organisms, must perform correct infection control practices according to policy. Those employees who are involved only in administrative tasks usually are not at risk of occupational exposure to bloodbome pathogens or tuberculosis.

a. Personnel

(1) Personnel that have been exposed to a communicable disease, or that have had a communicable illness must be cleared by Occupational Health prior to coming on duty. Personnel with communicable illnesses will not have patient contact.

(2) Personnel may eat and drink only in designated lounge areas. Consumption of food and beverages in patient care areas is prohibited.

(3) Accidents/injuries (needle sticks, mucus membrane exposure) involving exposure to potentially infectious pathogens or body fluids from patients will be reported to Occupational Health as soon as possible. Post exposure prophylaxis will be followed according to Occupational Health guidelines.

(4) Hepatitis B vaccine is available (free of charge) to all employees with the potential of an exposure to blood or other body fluids. The vaccine is offered through Occupational Health. Letters of declination for those not accepting the vaccine must be signed and kept on file in Occupational Health.

(5) Annual PPD skin testing (in birth month) is recommended for all employees except for those employees with a previous positive test.

(6) All employees will receive orientation and continuing education in infection control including: handwashing technique, aseptic practices, standard precautions and other isolation procedures, use of personal protective equipment, Hepatitis B vaccine, and tuberculosis.

b. Procedures for Examination and Treatment Operatories

(1) Standard Precautions will be followed at all times in accordance with Center Memorandum
516-01-00-49.

(2) Dental Health Care Workers must wear protective attire such as eyewear, face mask, or a chin-length shield; disposable gloves; and protective clothing when performing procedures capable of causing splash, spatter, contact with body fluids, mucous membranes, or touching items or surfaces that may be contaminated with these fluids according to CM 516-01-00-54.

(3) Personal protective equipment (PPE) (gowns, gloves, masks, eye protection) and sharps will be disposed of at point of use in red biohazard containers.

(4) Disposable barriers should be used, when practical, to cover the headrest, light handles, radiographic equipment, curing lights, etc. and removed at the end of the procedure.

(5) After every patient visit all disposable items will be treated as contaminated and placed in red biohazard containers.

(6) The expiration date of hospital-packaged sterile goods will be checked prior to use. Commercially packaged sterile goods will be inspected prior to use to insure the outer wrapper is intact. If there is an expiration date, this will be checked. If an item is out of date or the integrity of the package is questionable, it will not be used but returned to SPD.

(7) Large-volume flasks of sterile water or saline will be discarded nightly.

(8) Blood or body fluid spills will be immediately cleaned utilizing personal protective equipment and germicide cleaner.

(9) Surfaces that are not, and will not, be touched or otherwise contaminated during patient treatment need not be cleaned and disinfected between each patient but must be cleaned and disinfected at the end of the workday.

(10) All dental chairs will be wiped down with germicidal detergent whenever soiled or contaminated with body substances. Any equipment visibly contaminated with blood or other body fluids will be wiped down with an appropriate germicide prior to use again.

(11) All soiled linen is handled as potentially biohazardous and is placed in blue impervious bags.

(12) Rubber Dam should be used whenever possible during dental procedures when aerosols are generated. This should be done in conjunction with High Velocity Evacuation.

(13) Before the first patient of the day, the water lines of the air/water syringe and the handpiece hoses should be flushed for three to five minutes (without handpieces attached) to reduce the microbial build-up that occurs in the water lines over periods of non-use. Employees will follow waterline care instructions for daily and weekly maintenance.

(14) Family and friends of patients are not permitted in the treatment areas unless requested by the healthcare provider.

(15) If a patient is known or suspected of having active tuberculosis, elective dental care should be deferred until the diagnosis is confirmed and the patient is determined to be non-infectious.

(16) When urgent dental care is required on a patient known or suspected of having active TB, care must be provided where appropriate TB isolation is in place.

(17) Infection Control Practitioners are available for consult when infection control questions or issues with regard to patient or staff arise.

c. Procedures for Dental Radiography

(1) Plastic barrier wraps are to be used on the control panel switches, headrest and x-ray tube head

(2) All reusable x-ray positioning devices will be sterilized between use on patients.

(3) Lead aprons that have become visibly contaminated will be disinfected with a germicidal cleaner.

d. Procedures for Dental Laboratory

(1) The Dental Laboratory has been designated as “clean area”. Prior to delivering lab cases into the dental service lab, contaminated items will be disinfected with the appropriate germicidal agent for 10 minutes.

(2) It is the responsibility of the treating dentist to appropriately disinfect the appliance, bite rim, set-up, etc. prior to insertion into the patient’s mouth.

e. Disinfection of equipment

(1) All high and low speed handpieces and any components entering the oral cavity (including contra-angles and reusable prophy angles) will be sterilized between use on patients.

(2) Burs and diamonds (including lab burs) will be gas sterilized between use on patients.

(3) Air-water syringe tips must be disposable or sterilized between use on patients. Cavitron inserts must be sterilized between patients.

(4) High Velocity Evacuation (HVE) tips will be either disposable or sterilized between patients.

(5) Saliva ejectors are disposed of between patients. The adapters and hoses are disinfected barrier protected between use on patients.

(6) All nondisposable instruments will be prepared for sterilization in the preparation room. Clean and dirty activities must not occur at the same time in the preparation room. There must be a clear separation of contaminated item area from clean item area.

(7) All nondisposable instruments will be precleaned by either ultrasonic cleaning or hand scrubbed and disinfected with appropriate germicide for 10 minutes.

(8) Nondisposable instruments will be wrapped and sent to SPD for sterilization.

(9) Ultrasonic cleaning solution will be changed on a daily basis.

e. Chief, Dental Service is responsible to

(1) Assure adherence of personnel to Infection Control Policy.

(2) Approve all policies/procedures in Dental Service related to infection control.

(3) Assure that records of annual infection control education are maintained.

f. Infection Control Practitioners are responsible to

(1) Assist in preparing and presenting continuing education in infection control.

(2) Assist in reviewing and preparing infection control policies.

(3) Be available as a consultant on infection control issues, as needed.

g. Infection Control Committee is responsible to

(1) Approve Infection Control Policy.

(2) Approve nosocomial infection monitors and make recommendations.

4. REFERENCES

APIC Text of Infection Control and Epidemiology, 2000
Infection Control Recommendations for the Dental Office and the Dental Laboratory: American
Dental Association. JADA; May 1996; 127: 672-680.
Center Memorandum 516-01-00-18 Reporting of Infections
Center Memorandum 516-01-00-49 Infection Control Program
Center Memorandum 516-01-00-54 Bloodborne Pathogen Exposure Control Plan
Center Memorandum 516-98-00-69 Tuberculosis Exposure Control Plan

5. **RESPONSIBILITY:** The Dental Service is responsible for the contents of this Memorandum.

6. RESCISSIONS: None

7. **EFFECTIVE DATE:** January 2003

8. **RECERTIFICATION:** This Memorandum will be recertified on or before the last workday of January 2005.

(While undergoing submission to the Infection Control Committee for recertification, this policy will continue to remain in place.)

NOTE: After completing and signing top half of this form, remove the back copy from this packet for your information. Send remaining packet, intact, to the Central Dental Laboratory along with all materials necessary for fabrication.

REQUIREMENTS OF SUBMITTING DENTIST – Prior to submission to the laboratory, the dentist must be familiar with all the specifications contained in M-4, paragraphs 5.03, 5.04, 5.05 and 5.06. He/she will be responsible for inspection and review, after mounting, to assure that: (1) Study casts show survey lines, tilts, and clear designs for all partials, (2) Master casts are indexed, mounted (with separating medium) and unmarked, except for tripoding, (3) There are adequate interocclusal clearances for rests and the passage of minor connectors through embrasures, (4) There is sufficient mouth preparation to allow metal bulk for rigidity, (5) All fixed cases have full arch casts, (6) Removable dies have clearly defined, ditched and marked margins, (7) There has been sufficient tooth removal for adequate metal and veneer material.

NAME OF SUBMITTING FACILITY, CITY AND STATE	FACILITY NO.	DATE MAILED	FOR CDL USE ONLY
PATIENT'S LAST NAME / FIRST NAME / MIDDLE INITIAL	SOCIAL SECURITY NO.		

REMOVABLE	√	FIXED	√	ABUTMENTS	PONTICS
COMPLETE		CROWN(S)		TYPE ABUTMENT RESTORATIONS	TYPE OF PONTICS
PARTIAL		\BRIDGE(S)			
MAXILLARY		MAXILLARY		ABUTMENT TOOTH NOS.	PONTIC TOOTH NOS.
MANDIBULAR		MANDIBULAR			

SHADE GUIDE USED	TOOTH SHADE	TOOTH MOULD	TYPE: PORC.		IS TRYIN DESIRED? YES		NO	
			PLASTIC					

INSTRUCTIONS AND COMMENTS *(Attach additional sheet if necessary)*

TYPED OR PRINTED NAME OF DENTIST	SIGNATURE OF DENTIST	SIGNATURE OF CHIEF OR DESIGNEE *(when applicable)*

FOR LABORATORY FABRICATION USE ONLY

PRESCRIPTION NUMBER	FACILITY CODE	PROC. CODE	MAT'L CODE	UNITS	NO. ABTMTS	NO. PONTICS	PORC. UNITS	COMP #1	COMP #2	COMP #3	ENTRY CLVS	ACTUAL CLVS

PROCEDURES	CLVS	MO.	DAY	TECH	PROCEDURES	CLVS	MO.	DAY	TECH	PROCEDURES	CLVS	MO.	DAY	TEC
POUR CAST					SURVEY/DESIGN									
CUSTOM TRAY					DUPLICATE CAST									
DIES					WAX-UP PATTERN									
RECORD BASE					INVEST PATTERN									
MOUNT CASTS					CAST									
SET-UP TEETH					FINISH METAL					DATE RECEIVED				
WAX-UP					POLISH METAL									
FLASK					METAL COND.					METAL ALLOY USED				
BOILOUT WAX					OPAQUE									
PACK AND CURE					PORCELAIN					SIGNATURE OF FINAL REVIEWER				
DEFLASK					SOLDER									
FINISH RESIN					SP. STAIN/GLAZE									
POLISH RESIN					METAL ACCOUNT					DATE MAILED				
REPAIR					SPECIAL									

VA FORM OCT 1986 **10-2804** **CENTRAL DENTAL LABORATORY** RECORD COPY 1

Appendix F

Department of Veterans Affairs

NAME AND ADDRESS OF FACILITY

VETERANS ADMINISTRATION

ORAL EXAMINATION FINDINGS AND TREATMENT RECOMMENDATIONS

LEGEND

O – Caries Restorable
/ – Non-Restorable
X – Missing
$\overline{XXX}$ – Replaced by Denture
[$\overline{3XX6}$] – Replaced by Bridge

RIGHT																	LEFT
				A	B	C	D	E	F	G	H	I	J				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
				T	S	R	Q	P	O	N	M	L	K				

TOOTH NO.	SUR-FACES	TREATMENT RECOMMENDATIONS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
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31		
32		

CLINICAL FINDINGS AND REMARKS
(Include statement of teeth extracted while in Service for Class II)

CHIEF COMPLAINT:

BP/PULSE: / AGE:

EXTRA ORAL:

INTRA ORAL:

SOFT TISSUE:

PERIO STATUS:

OCCLUSION:

OTHER:

ALLERGIES:

SIGNIFICANT MEDICAL HISTORY:

RADIOGRAPHIC FINDINGS:

TREATMENT SEQUENCE:
1.
2.
3.
4.
5.
6.

ROENTGENOGRAMS *(No. of exposures)*

PERIAPICAL	BITE-WING	PANORAMIC

SIGNATURE OF EXAMINING DENTIST AND DATE

PRINT BENEFICIARY'S NAME, IDENTIFICATION NUMBER, CURRENT ADDRESS, ZIP CODE AND TELEPHONE NO.

VA REGULATION 6123 CLASS

DENTAL TREATMENT NOT LINED OUT IS APPROVED
(Signature of Chief, Dental Service and date)

LAWRENCE F. SCHEITLER, DDS, MPH

DENTAL TREATMENT IS ☐ IS NOT ☐
CONSIDERED NECESSARY AS ADJUNCT TO MEDICAL DISABILITY OF:

SIGNATURE AND DATE

VA FORM OCT 1989 10-2570 EXISTING STOCK OF VA FORM 10-2570, OCT 1980, WILL BE USED.

Appendix G

Date

ROUTING AND TRANSMITTAL SLIP

TO: *(Name, office symbol, room number, building, Agency/Post)*	Initials
1. Mary Lou Johnson	
2. Chief, Dental Service	
3.	
4.	
5.	

	Action		File		Note and I
	Approval		For Clearance		Per Conv
	As Requested		For Correction		Prepare R
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

REQUEST THE FOLLOWING LEAVE

DATE:

TIME:

TYPE OF LEAVE:

AMOUNT

DO NOT use this form as a RECORD of approvals, concurrences, disposal clearances, and similar actions

FROM: *(Name, org. symbol, Agency/Post)*	Room No. - Blc
	Phone No.

Appendix H