



Nicklaus
Children's
Hospital

*2018-2019
Nicklaus Children's Hospital
Pediatric Dentistry Residency Program
Handbook*

Pediatric Dentistry

Dear Resident:

Welcome to Nicklaus Children's Hospital Pediatric Dentistry Residency Training Program. This syllabus contains descriptions of all facets of the Residency Program. You should read this syllabus and discuss with the Pediatric Dentistry Residency Director or any Dental attending.

We are looking forward to working with you during the next two years as you acquire the necessary training to become a practicing Pediatric Dentist. We feel that we have an excellent program, and we welcome the opportunity to work with you.

Sincerely Yours,

Rosie Roldan, DMD,MD
Pediatric Dentistry Residency Director

TABLE OF CONTENTS

I. PROGRAM DESCRIPTION	6
II. OVERALL CURRICULAR OBJECTIVES	6
III. CLINICAL ROTATIONS CURRICULUM	8
• Pediatric Dental Clinic	8
• Oral Surgery	9
• Operating Room and Sedation	9
IV. DIDACTIC CURRICULUM BASIC SCIENCE SYLLABUS	11
-Courses:	
• Basic pediatric Dentistry Core	11
• Orthodontic Core	12
• Child Development and Behavior Management	14
• Sedation in Pediatric Dentistry	16
• Craniofacial Growth and Development	17
• Cariology and Preventive Dentistry	18
• Hospital Dentistry	19
• Oral Pathology	21
• Special Patient Care	22
• Practice Management and Ethics	24
• Dental Pharmacology	25
• Dental Literature Review	26
• Advanced pediatric Dentistry Core	28
-Pediatric Dentistry Off-Service Rotation:	
• Pediatric Anesthesiology Rotation	29
• Pediatric Medicine Rotation	31
• Pediatric Operating Room Rotation	33
• Inpatient Care Rotation	35
• Genetics and Craniofacial Rotation	37
- Multidisciplinary Presentations Syllabus	39
- Case Presentations Syllabus	39
- Chart Review Syllabus	40
- Conference Syllabus	41
- Literature Review Syllabus	42
V. EVALUATION POLICIES AND PROCEDURES/COMPETENCIES	43
VI. PROCEDURAL LOGS	45
VII. SELECTION OF RESIDENTS	45
VIII. PROMOTIONS	46
IX. DISMISSALS	46
X. JOB DESCRIPTIONS	47
• PGL-1	47
• PGL-2	48

XI.. PGL-2 CHIEF RESIDENT.....	49
XII. RESIDENCY TRAINING PROGRAM RULES AND REGULATIONS	50
• Professional Conduct	50
• Bill of Rights and Responsibilities for Patients and Parents	50
• Ethics and Confidentiality	52
• Working Hours and Absences	52
• Communication	53
• Research at MCH	53
• On-call.....	53
• Holidays	53
• Paid Time Off (PTO).....	54
• Tardiness	54
• Leave of Absence.....	54
• Funeral Leave	54
• Military Leave	54
• Sick Days	55
• Unpaid Leave	55
• Parental Leave	55
• Professional Educational Leave.....	55
• Community Activities.....	55
• Moonlighting	56
• Performance Evaluation	56
• Status of Charts.....	56
• PALS and BLS Certification.....	56
• Discipline.....	56
• Probation.....	57
• Suspension	57
• Resignation	57
• Grievance and Due Process.....	57
• Grievance Policy	57
• Due Process.....	57
• Communication Devices	59
• Dress Code	59
• Code Calls.....	59
• Stat Pages.....	60
• OSHA Safety Rules	60
• Safety Program	60
• Medical Records.....	60
• Discharge Summaries	61
• Language	61
• Orders and Medications for Patients.....	62
• Special Permits	62
• Treatment of Employees	62
XIII. RESIDENT EMPLOYMENT POLICIES	62
• Category of Employment	62
• Orientation.....	62
• Employment Application Verification.....	63
• Registration with the Florida Board of Dentistry as Unlicensed Physician.....	63
• Personnel Records	63
• Employee Identification	63
• Change of Address or Other Personal Statistics.....	64

• Employee Health Requirements	64
• Drug Screening Policy	64
• Salary	65
• Management’s Responsibilities and Rights	65
• Resident Benefits	65
• Insurance Benefits.....	66
1. Group Insurance	66
2. Malpractice Insurance	66
3. Worker’s Compensation.....	67
• Parking and Meals.....	67
• Bulletin Boards	67
• Communications	67
• Gifts.....	67
• Incident Reports	67
• Package Inspection	68
• Political Activities	68
• Release of Information	68
• Smoking	68
• Suggestions	68
• Telephone	68
• Valuables	68
APPENDIX.....	69
• Pediatric Dentistry Resident Evaluation	70
• Evaluation of Off-Site Training Rotation.....	72
• Off-Site Rotation Procedure Log.....	73
• Clinical Competency Evaluation	74
• Charts: Quality Assessment Evaluation.....	75
XIV. ACKNOWLEDGEMENT OF RECEIPT OF MANUAL	77
XV. ACKNOWLEDGEMENT OF PTO EXPLANATION	78
XVI. ACKNOWLEDGEMENT OF AAPD ATTENDANCE AND RESEARCH	79

I. PROGRAM DESCRIPTION

Nicklaus Children's Hospital offers training in pediatric dentistry specialty. This specially designed postdoctoral training program meets CODA (Commission of Dental Accreditations) requirements for a clinical rotation. Last accreditation visit was on March 2016, rendering full accreditation with no reporting requirements. The program's curriculum and training experiences focus on the integration of the operating room, emergency room, cranio-facial team, sedation, special needs patients, oral surgery patients and routine care for pediatric patients. This approach to the Pediatric Dentistry Residency Program provides the residents with the totality of experience encountered by a Pedodontist. It is didactically and experimentally designed to focus on the physical, cultural, and social context of the pediatric dentist profession.

The program's major goal is to develop a competent Pediatric Dentist who will be qualified in providing comprehensive, longitudinal, and preventive care as well as managing the full spectrum of problems encountered in Pediatric Dentistry. Pediatric Dentist is one who has integrated medical and dental knowledge, skills and attitudes so that he or she effectively perform the application of dentistry principles and practices in the care of pediatric patients.

Nicklaus Children's Hospital's residency curriculum is a structured educational experience that reflects an appropriate balance between clinical and didactic elements. The curriculum is competency based and focuses on skill attainment and skill maintenance. Careful emphasize is placed on attitude and skills necessary for lifelong learning.

The clinical curriculum incorporates both outpatient and inpatient experiences for the residents, during which the residents are guided and supervised by full time faculty and private general dentists.

The didactic curriculum is comprised of departmental conferences, continuing education activities, teaching rounds, and other structured educational experiences that must be conducted on a regular basis.

Our evaluation requires residents to obtain competencies in the six areas, listed below, to the level expected of a new practitioner.

1. Patient Care that is compassionate, appropriate, and effective for the treatment of dental problems and the promotion of oral health.
2. Dental Knowledge about established and evolving clinical and cognate sciences and the application of this knowledge to patient care.
3. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
4. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
5. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of dental care and the ability to effectively call on system resources to provide care that is of optimal value.

II . OVERALL CURRICULAR OBJECTIVES

Main Goal: Develop competent primary care pediatric dentists who will be qualified in providing comprehensive and preventive care for infant, children, adolescents including those with special needs

Goal 1: To prepare pediatric dental residents to be specialists proficient in comprehensive, preventive and therapeutic oral health care of infants, children, and adolescents.

1. Demonstrate adequate oral examination skills to formulate diagnostic and therapeutic intervention for infants and children.
2. Diagnose oral pathologies and be able to treat or supervise the treatment.
3. Recognize the need for and provide referrals for patients, and maintain effective health care team collaboration for the provision of comprehensive and continuous health care for patients.
4. Develop the skills in restorative dentistry required for the pediatric patient.
5. Develop the skills in the diagnosis and treatment of primary and young permanent teeth with pulpal injury or disease.
6. Develop the skills in orthodontic dentistry required in the management of pediatric patient.
7. Demonstrate a commitment to the continuing acquisition of factual knowledge and skill for professional development.
8. Develop the capacity to be effective in self-evaluation as a primary-care provider.

Goal 2: To prepare pediatric dental residents to be pediatric specialists proficient in the management of the biomedical, psychosocial, and developmental aspects of infants, children, and adolescents.

1. Demonstrate appropriate interviewing skills for obtaining a history from parents, parent surrogates, adolescents, and children.
2. Perform effectively in establishing cooperative working relationships with colleagues, general dentists, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists in meeting the comprehensive oral and psychosocial healthcare needs of patients and their families.
3. Perform effectively in establishing cooperative working relationships with colleague pediatricians, sub-specialists, and allied health personnel (e.g., nurse practitioners; social workers; laboratory technicians; psychiatrists; and psychologists; other.) in meeting the physical and psychosocial healthcare needs of patients and their families.
4. Provide patient/parent education, including anticipatory guidance in oral health and disease.
5. Recognize and adequately address the psychological reactions of children of varied ages and their families in stressful situations.
6. Develop effective communication skills with patients and families involving feelings and behavior and role of behavior management in the dental setting.
7. Demonstrate familiarity with the influences of cross-cultural factors in pediatric and alternative healing practices within a multi-ethnic community related to primary health care.

Goal 3: To prepare pediatric dentists to assume leadership roles in their communities and to serve as advocates for children.

1. Demonstrate an attitude of commitment to serve the community as a pediatric dental provider and child advocate.
2. Recognize the need for and importance of establishing a general primary pediatric dentistry practice, especially in a health manpower shortage area.
3. Demonstrate a willingness to accept ethical and legal responsibility for the delivery of patient healthcare.
4. Demonstrate willingness to interact with professionals and institutions in the community.
5. Participate in community outreach programs, including the implementation of patient awareness and prevention programs.
6. Demonstrate the knowledge and skills required to provide primary and comprehensive oral health including to those with special healthcare needs.

III. CLINICAL ROTATIONS CURRICULUM

The following syllabi provide detailed descriptions of courses, including goals, objectives, skills, available resources, evaluation protocol, and pertinent guidelines. Some courses are required and others may be selected by the individual resident as part of his/her overall professional development and training.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Direct Preceptor
Observation of Resident, Evaluation of Rotation, Evaluation of Faculty

A. PEDIATRIC DENTAL CLINIC

TYPE: Clinical Rotation

CONTACT HOURS: As Scheduled

BROAD GOAL: Working under the direct supervision of a pediatric dental specialist, the goal of this rotation is to provide the pediatric dental resident with the skills necessary to manage the dental needs of patients with complex restorative dental, medical, behavioral, developmental and psychosocial needs.

COURSE DESCRIPTION: Familiarizes residents with: the pathogenesis, diagnosis, and management of common conditions requiring surgery; the effects of local anesthesia and surgical procedures on the patient; technical skills and management of surgical devices.

CURRICULAR OBJECTIVES: Upon completion, residents will be able to:

1. Manage pediatric patients using non-pharmacological and pharmacological approaches consistent with approved guidelines for care.
2. Apply preventive practices using scientific principles, techniques and treatment planning for the prevention of oral diseases.
3. Apply preventive practices including dental health education programs, materials and personnel to assist in the delivery of preventive care.
4. Provide dental care to pediatric patients requiring comprehensive restorative and prosthetic treatment.
5. Manage oral-facial injuries including the evaluation and treatment of trauma to the primary, mixed, and permanent dentitions, such as repositioning, replantation and stabilization of intruded, extruded, luxated and avulsed teeth.
6. Evaluate, diagnosis, and manage pulpal, periodontal and associated soft tissues following traumatic injury.
7. Recognize injuries including fractures of the mandible and maxilla and relate the mechanism for referring injuries.
8. Recognize child abuse and relate the mechanism for reporting it.
9. Diagnose the various periodontal diseases of childhood and adolescence, treat, and or refer cases of periodontal diseases to the appropriate specialist.
10. Manage pulpal tissues in the primary and developing permanent dentitions.
11. Manage the oral health care needs of patients with special healthcare needs i.e. medically compromised patients, physically compromised or disabled patients, and patients diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders.

PROCEDURE: Residents will:

1. Provide comprehensive restorative treatment
2. Perform initial and recall examinations to develop an appropriate treatment plan.

3. Obtain and participate in evaluating the patient's medical history thoroughly with parents and follow-up with medical physician with any concerns.
4. Properly document all information into the patient's record.

PROCEDURAL GUIDELINES

1. Duties: The pediatric resident will participate in operative procedures and consultations in the dental clinic as well as inpatient departments.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Resident

B. ORAL SURGERY

TYPE: Clinical Rotation

CONTACT HOURS: As scheduled

BROAD GOAL: To familiarize residents with the delivery of health care to patients who require surgery, to diagnose, and understand management of most pediatric surgical problems.

COURSE DESCRIPTION: Familiarizes residents with: the pathogenesis, diagnosis, and management of common conditions requiring surgery; the effects of local anesthesia and surgical procedures on the patient; technical skills and management of surgical devices.

CURRICULAR OBJECTIVES: Upon completion residents will be able to:

1. Deal with the emotional status of patients and parents before and after surgery;
2. Recognize and manage common pediatric dental surgical procedures including pre-operative and post-operative management;
3. Identify underlying diseases or abnormalities which may complicate surgical procedures, including allergy to drugs, coagulation disorders; and
4. Identify common anesthetic considerations in children undergoing surgery.

PROCEDURE: Residents will:

1. Participate in clinic or the operating room as assigned to observe and/or provide assistance during surgical procedures when desired.
2. Assist with the performance of examinations; and complicated extraction.
3. Assist in suture placement when appropriate.
4. Assist in the excision of pathology specimens.

PROCEDURAL GUIDELINES

1. Duties: The pediatric resident will participate in selective operative procedures and see surgical consultations both in the out patient and as well as inpatient departments. In addition, the resident should accompany an attending physician during most office hours.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Resident

C. OPERATING ROOM AND SEDATIONS

TYPE: Clinical Rotation

CONTACT HOURS: As scheduled

BROAD GOAL: Provide the resident with the knowledge and skills to function as a health care provider within the hospital setting.

COURSE DESCRIPTION: To provide the student with the knowledge and clinical experience in the treatment of pediatric patients under general anesthesia in the operating room and sedations in the clinic.

CURRICULAR OBJECTIVES: Upon completion, residents will be able to:

- 1) Provide the pre-operative work-up, medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of the dental procedures, post-operative care, discharge and follow-up and completion of the medical records.

EVALUATIONS: Evaluation of resident, Procedural Skills Log Book by Resident

IV. DIDACTIC CURRICULUM BASIC SCIENCE SYLLABUS

Basic Pediatric Dentistry Core

Course Name: **Basic Pediatric Dentistry Core**

Quarter: Summer, First year

Goals: Provide residents of different academic background basic knowledge in pediatric dentistry and orthodontics to prepare them for the practice of pediatric dentistry.

Objectives:

1. Gain competency in the making of treatment records, examination, diagnosis, treatment planning of the pediatric patient.
2. Review the caries risk assessment tool and basic principles of caries prevention.
3. Review the principles and management of pulp pathology.
4. Understand basic principles of sedation, pharmacological agents, monitoring, and medical emergencies.
5. Review the AAPD guidelines and principles in the management of orofacial trauma.
6. Know the most common oral pathologies and management in the pediatric population.
7. Understand the basic principles of orthodontics, management with appliance, and correct banding and bracket placement.
8. Familiarize the residents with basic principle of research development.

Outline:

- Unit 1: Dental Records
- Unit 2: Examination of the Pediatric Patient
- Unit 3: Diagnosis and Treatment Planning
- Unit 4: Caries Risk Assessment Tool
- Unit 5: Caries Prevention
- Unit 6: Principles of Pulp Pathology
- Unit 7: Management of Pulp Pathology
- Unit 8: Basic Principles of Sedation
- Unit 9: Pharmacological Agents in Sedation
- Unit 10: Monitoring of Sedated Patients
- Unit 11: Medical Emergencies
- Unit 12: AAPD guidelines in Trauma
- Unit 13: Management of Orofacial Trauma
- Unit 14: Oral Pathology
- Unit 15: Basic Principle of Orthodontic
- Unit 16: Orthodontics Records
- Unit 17: Introduction to Research

Orthodontic Core Course

Spring Semester: First and Second year

Quarter: Fall and Spring-First and Second year

Training Objectives:

To be able to proficiently understand the basic orthodontic principles, to adequately diagnose, treatment plan and render treatment for the pediatric patient.

Training Goals:

1. Understand and be able to diagnose, fabricate appropriate records treatment plan simple to moderate orthodontic cases.
2. Understand the concept of space analysis and space management in relationship to interceptive orthodontic treatment.
3. Understand the concept abnormal craniofacial growth and its relationship to malocclusions.
4. Understand and be able to manage oral habits.
5. Understand and be able to manage Class I, Class II and minor Class III malocclusions.
6. Understand the concepts of facial esthetics as related to abnormal craniofacial growth patterns.

Topics Covered in Formal Instruction:

Unit	Topic
Unit 1	Introduction
Unit 2	Diagnosis and records
Unit 3	Records Lab
Unit 4	6 Keys of Occlusion
Unit 5	Cephalometric I
Unit 6	Cephalometric Lab Identification of anatomical structures and Points
Unit 7	Cephalometric Lab Identification of Planes and Angles
Unit 8	Space Analysis
Unit 9	Case Presentation and Treatment planning
Unit 10	Fixed Appliances
Unit 11	Bracket Placement
Unit 12	Principles of Diagnosis and Treatment Planning

Unit 13	Principles of Diagnosis and Treatment Planning
Unit 14	Camera Training
Unit 15	Functional / Removable appliances
Unit 16	Space maintainers
Unit 17	Open Bites
Unit 18	Crowding
Unit 19	Early treatment Posterior
Unit 20	Early treatment Anterior
Unit 21	Ectopic Eruption/Impacted Teeth
Unit 22	Serial extraction
Unit 23	Case Presentations 1
Unit 24	Case Presentations 2
Unit 25	Class I Treatment Options
Unit 26	Class II Treatment Options
Unit 27	Class III Treatment Options
Unit 28	Distalization Appliances
Unit 29	Case Presentations 2

Materials

Every student will read all the assigned articles as indicated by the course director. Each article will be assigned to a resident to be critiqued both in written and oral form.

Recommended Reading

1. Contemporary Orthodontics, Proffit WR, 4th Edition
2. Differential Diagnosis and treatment planning for early mixed dentition malocclusions, Dugoni S, AJO 2005
3. The timing of early treatment, Proffit W, AJO 2005
4. MCH Cephalometric Manual and Orthodontic
5. Cephalometry By Athanasios Athanasiou

Child Development and Behavior Management Course

Course Name: **Child Development and Behavior Management**

Quarter: Fall- First and Second year

Course Goals: The goal of this didactic course is to evaluate behavior management techniques and applications in the context of treatment of the pediatric patient, risk management and practicality. In addition be able to identify normal physical, psychological and social development in children.

Unit I - Child Behavior I:

Objectives:

1. Understand the dental Anxiety in five to nine of children
2. Measuring selected disruptive behavior of the 36 to 60 month old patient. Part II: Quantification of observed behaviors
3. Understanding of the projective drawings by children under repeated dental stress
4. Describe HOME- hand over mouth exercise
5. Learn the effect of dentist behaviors on fear-related behaviors in children.

Unit 2 - Child Behavior II:

Objectives:

1. Learn child behavior during three dental visits.
2. Evaluating how good is the evidence for the treatments we use
3. Be familiar with management of the crying child during dental treatment.
4. Understanding of the reaction of 5 and 6 year olds to dental injection after viewing the needle: pilot study
5. Describe the Ginott psychology applied to pedodontics

Unit 3 - Fear and anxiety:

Objectives:

1. Describe the empirical evidence of the relationship between parents and child dental fear: a structured review and meta-analysis.
2. Be able to Classify and manage child dental patients' misbehaviors: a three –step Alderian approach
3. Understand the dental anxiety in a students' pediatric clinic: children, parents and students
4. Be aware with dental fear in children
5. Evaluate dental fear anxiety and dental behavior management problems in children and adolescents: a review of prevalence and concomitant psychological factors

Unit 4 - Parental attitudes:

Objectives:

1. Parent and procedures: a randomized controlled trial
2. Be familiar with attitudes of contemporary parents toward behavior management techniques used in pediatric dentistry
3. Understanding the child's voice: understanding the contexts of children and families today
4. Describe the changing nature of parenting in America
5. Learn the attitudes of contemporary parents toward behavior management used in pediatric

Unit 5 - Child personality/temperament:

Objectives:

1. Determine the personality factors affecting the preschool child's response to dental stress
2. Understanding the strong-willed children: a challenge to parents and pediatric dentist
3. Be familiar with temperament and child dental fear
4. Understanding the temperament as predictor of behavior during initial dental examination in children
5. Lack of cooperation in pediatric dentistry-the role of child personality characteristics

Unit 6 - Informed consent:

Objectives:

1. Learn managing of pediatric dental patients: issues raised by the law and changing views of proper child care
2. Be familiar with physical restraint, child abuse, informed consent: socio-legal concerns for the nineties
3. Comparing four methods to inform parents about child behavior management: how to inform for consent
4. Learn the legal status of informed consent for behavior management techniques in pediatric dentistry
5. Learn the AAPD guidelines on behavior guidance for the pediatric dental patient

Outline:

Unit	Topic
Unit 1	Literature Review: Child Behavior I
Unit 2	Literature Review: Child Behavior II
Unit 3	Literature Review: Fear and Anxiety
Unit 4	Literature Review: Parental Attitudes
Unit 5	Literature Review: Child Personalities
Unit 6	Literature Review: Informed consent for Behavior management
Unit 7	Lecture: Introduction/Theories of child development
Unit 8L	Lecture: Psychological and social development

Material:

Various teaching and learning material pertinent to this unit (ex. lectures, handouts and articles) will be utilized.

Recommended Reading:

Faculty will provide reading materials in preparation to lecture.

Oral Sedation Course

Course Name: Oral Sedation

Goals: The goal of this course is to provide the residents with basic knowledge to learn about pediatric physiology, assess pediatric patients, understand the basic pharmacology of oral sedation drugs, learn the importance of pediatric airway management and recognize and address the most common emergencies that can present.

Objectives:

1. To learn the importance of respiratory depression in sedation adverse events.
2. To learn the different levels of sedation. To review the AAP and ASA Guidelines for sedation.
3. To understand the essential components required to conduct safe pediatric sedation.
4. To understand the importance of a systematic approach to sedation that promotes safety and efficacy.
5. To learn the pre-operative assessment of children prior to sedation
6. To learn the different routes of administration and pharmacology of sedative agents.
7. To understand factors that influence the outcome of sedation appointments.
8. To learn the different types of monitors and monitoring used during sedation.
9. To understand the sedation protocol.
10. To learn the most common emergencies and how to manage them.

Outline

Unit 1: Sedation: The basics

Unit 2: Pediatric Physiology Part I

Unit 3: Pediatric Physiology Part II

Unit 4: Pre-operative Assessment of Children: Review of systems, Physical Assessment

Unit 5 Routes of Administration: Oral, IM, IN, IV

Unit 6: Pharmacology of drugs often used in pediatric dentistry. Part I

Unit 7: Pharmacology of drugs often used in pediatric dentistry. Part II

Unit 8: Monitors and Monitoring

Unit 9: Sedation Protocol: Patient Selection Criteria

Unit 10: Emergencies: Office team preparation

Materials

Various teaching and learning material pertinent to this unit (handouts, lectures, seminars) will be utilized.

Recommended Readings

1. AAPD Guidelines
2. McDonald and Avery Dentistry for the Child and Adolescent, 9th edition by Jeffrey A. Dean DDS MSD (Author), David R. Avery DDS MSD (Author), Ralph E. McDonald DDS MS LLD (Author)
3. Contemporary Sedation of Children for the dental Practice: Enteral and Parenteral Techniques. Course Manual Chicago 2012.
4. Sedation: A guide to Patient Management, 4th edition by DDS, Stanley F. Malamed.

Growth and Development

Course Title: Growth and Development

Quarter: Fall- First and Second Year Residents

Goals: Provide the first and second year residents with the advanced knowledge on maturational processes involved in craniofacial complex growth in infancy through adolescence thus a difference between normal and abnormal growth can be attempted.

Objectives:

- 1- Review concepts of in utero growth and development
- 2- Describe the pathogenesis of cleft lip and palate and treatment protocol
- 3- Review the development of occlusion and timing of proper interventions.
- 4- Review the principles and mechanism of bone growth and development.
- 5- Understand the development of the dentition and the development anomalies.
- 6- Understand the disorders of eruption and exfoliation and eruption guidance procedures.
- 7- Describe the diagnosis and treatment of transverse and anteroposterior problems.
- 8- Understand the space deficiency and excess problems in pre-adolescent patients and complex development problems in adolescent patients.
- 9- Describe the etiologies of orthodontic problems.
- 10- Understand the importance of the early treatment and identify the correct time for orthodontic referral.
- 11- Review recent literature of diverse topics in growth and development.

Recommended Reading

- Essentials of facial growth. Donald Enlow and Mark Hans
- A synopsis of craniofacial growth. Don Ranley
- Contemporary orthodontics. William Proffit
- Classic Literature and Handouts

Course format

Residents will attend lectures and complete reviews of expert literature of the topics.

Didactic Assessment

- UNIT 1:** Prenatal Growth and Development
- UNIT 2:** Cleft lip and palate
- UNIT 3:** Principles and mechanism of bone growth (Growth of the Nasomaxillary Complex and the Mandible)
- UNIT 4:** Control Processes of facial growth- Theories of tooth eruption
- UNIT 5:** Development of occlusion and timing of interventions. Space maintenance. Transverse and anteroposterior problems in primary dentition
- UNIT 6:** Disorder of eruption and exfoliation. Median diasthema. Unerupted central incisor. Congenitally missing teeth. Supernumerary teeth. -Ankylosed teeth. Mx canine eruptive displacement. Ectopic eruption of 1st permanent molar
- UNIT 7:** Eruption guidance and space supervision
- UNIT 8:** Biology of tooth movement
- UNIT 9:** Diagnosis and treatment of transverse and anteroposterior problems in mixed dentition Posterior crossbite. Incisors crossbite. Increased overjet. Increased overbite.
- UNIT 10:** Later stages of development. The etiology of orthodontic problems
- UNIT 11:** Literature review

Cariology and Preventive Dentistry

Course Name: **Preventive Dentistry**

Goals: The goal of this didactic course is to familiarize the residents with community and office-based approaches to prevent oral diseases. The scientific basis for procedures and programs to prevent oral diseases is examined utilizing current and systematic literature.

Objectives:

1. Understand the general philosophy and principles of disease prevention
2. Evaluate the scientific basis for currently accepted preventive procedures in dentistry.
3. Evaluate the efficacy, effectiveness, advantages, disadvantages, appropriateness, and costs of various preventive procedures.
4. Determine appropriate preventive methods for patients and community programs in light of disease epidemiology, demographic trends, and resources available.
5. Apply motivational and instructional techniques regarding patient dental education in good oral health practices.

Outline:

- Unit 1: Caries Risk Assessment and Anticipatory Guidance
- Unit 2: Fluoride and Community Water Fluoridation
- Unit 3: Pit and Fisure Sealants
- Unit 4: Antimicrobial therapies: Xylitol
- Unit 5: Antimicrobial therapies: Chlorhexidine
- Unit 6: Antimicrobial therapies: Mouth Rinses
- Unit 7: Remineralization
- Unit 8: CAMBRA
- Unit 9: Oral Cancer, Smokeless Tobacco, and Anti-tobacco Initiatives
- Unit 10: Motivational Interviewing
- Unit 11: Silver Diamine Fluoride

Required Readings:

There will be assigned readings for all class sessions. Copies of assigned readings will be distributed prior to the sessions.

Evaluation:

Knowledge assessment will be achieved through class participation. Students are expected to prepare for each session by reading the assigned readings before the class session and to participate in discussions related to the class topic and readings for each session.

Hospital Dentistry Course

Course Name: **Hospital Dentistry**

Goals: The goal of this didactic course is to provide the residents with the basic knowledge on the indications, applications, and protocols of treatment of patients in the hospital setting. Familiarize the resident with the resources of a hospital for medically, mentally, emotionally, and physically compromised patients.

Objectives:

1. Describe the role of a pediatric dentist within the hospital organization.
2. Understand the requirements for obtaining hospital privileges.
3. Understand how patient medical or behavioral condition may necessitate dental management under general anesthesia.
4. Understand psychological effects of hospitalization on children.
5. Describe the advantages and disadvantages of dental management in an outpatient setting versus inpatient setting.
6. Understand normal values in blood chemistry.
7. Determine the need for fluid and electrolyte management in a dehydrated patient.
8. Evaluate the medical history, physical examination, and clinical laboratory necessary for the referral of the pediatric patient to treatment under general anesthesia.
9. Learn the protocol for admission of a patient to the hospital.
10. Learn the operating room protocol.
11. Understand the properties of the pharmacologic agents used in the hospital environment.
12. Be familiar with anesthetic preparation of the child, perioral cleaning, draping, and placement of pharyngeal throat pack.
13. Understand the care provided to the pediatric patient in the post anesthesia care unit.
14. Learn the components of Operative Notes, Operative Reports, and Discharge Summary.
15. Understand medical conditions that may require management of the patient in a hospital setting: congenital cardiac disease, bleeding disorders, coagulopathies, HIV infection and AIDS, Pediatric Oncology, Renal Disease, Liver Disease, Organ Transplantation, Respiratory Disease, Neurological Disease.

Outline:

Unit	Topic
Unit 1	Introduction to Hospital Dentistry
Unit 2	Role of a pediatric dentist within the hospital organization, Obtaining hospital privileges, Selection of patient for dental treatment under GA
Unit 3	1. Psychological effects of hospitalization on children 2. Dental management in an outpatient setting versus inpatient setting
Unit 4	Normal values in blood chemistry: Part I
Unit 5	Normal values in blood chemistry: Part II
Unit 6	Fluid and electrolyte management

Unit 7	Protocol for Patient admission, Operating Room protocol, Post anesthesia care unit, Operative Note, Operative Report, and Discharge Summary
Unit 8	Pharmacologic agents in the hospital setting
Unit 9	Cardiology
Unit 10	Hematology
Unit 11	Endocrinology
Unit 12	Immunodeficiency
Unit 13	Oncology
Unit 14	Nephrology
Unit 15	Gastroenterology
Unit 16	Red Cells Disorder
Unit 17	Neurology
Unit 18	Respiratory Disease

Materials

Various teaching and learning material pertinent to this unit (eg lectures, seminars, clinical experience, handouts) will be utilized.

Recommended Reading

Faculty may provide reading materials in preparation to lecture.

1. Pediatric Dentistry: Infancy through Adolescence, 5th Edition by Paul S. Casamassimo DDS MS (Author), Henry W. Fields Jr. DDS MS MSD (Author), Dennis J. McTigue DDS MS (Author), Arthur Nowak DMD (Author)
2. Handbook of Pediatric Dentistry, 4e 4th Edition by Angus C. Cameron BDS (Hons) MDS (Syd) FDSRCS(Eng) FRACDS FICD (Editor), Richard P. Widmer BDS (Hons) MDS (Melb) FRACDS FICD (Editor)
3. McDonald and Avery Dentistry for the Child and Adolescent, 9e 9th Edition by Jeffrey A. Dean DDS MSD (Author), David R. Avery DDS MSD (Author), Ralph E. McDonald DDS MS LLD (Author)
4. AAPD Guidelines

PEDIATRIC ORAL PATHOLOGY COURSE

Course Name: Pediatric oral Pathology

Goals: Provide residents with the knowledge of common oral pathologies in children, etiology, pathogenesis, management and prognosis as well as common developmental anomalies affecting the oral and perioral structures of infants, children through adolescence and encompass primary and comprehensive, preventive and therapeutic oral health care through a variety of disciplines, techniques, procedures, and skills that are modified and adapted to the unique requirements of infants, children, adolescents and those with special care needs.

Objectives:

1. Identify the most common oral pathologies in infants, children and adolescents.
2. Learn the extraoral and intraoral soft tissue head and neck screening examination.
3. Identify the most common pathologies in panoramic radiographs.
4. Identify the most common oral soft tissue lesions.
5. Understand the science of biopsy and cytology.
6. Learn how to describe an oral lesion.
7. Learn the oral developmental disturbances and defects in children.
8. Learn the most common odontogenic tumors in children.
9. Learn the most common infectious diseases in children.
10. Learn the most common bone pathologies in children.

Outline

- Unit 1: Basic Dental Anatomy and Findings in Panoramic Radiographs. Extraoral and intraoral soft tissue head and neck screening examination.
- Unit 2: Dental Anomalies at different stages of dental development Biopsy and Cytology
- Unit 3: Oral Ulcers and Syndromes Related
- Unit 4: Pigmented, Vascular and Red Lesions
- Unit 5: White Lesions and Salivary Gland Tumors
- Unit 6: Epulides and Exophytic Lesions, Gingival Enlargements
- Unit 7: Ankylosed primary and permanent teeth: Diagnosis and Treatment. Diagnosis and Treatment of Supernumerary Teeth and Maxillary Labial Frenum
- Unit 8: Most Common Cysts in the pediatric population. Most common Odontogenic Tumors in the pediatric population
- Unit 9: Most Common Infectious Diseases in Children: Diagnosis and Treatment TB, LEPROSY, HSV, MEASLES, HIV, RUBELLA
- Unit 10: Most Common Bone Pathology in Children: Osteogenesis Imperfecta, Hyper/Hypo parathyroidism, Craniosynostosis, Pierre Robin, Treacher Collins, MPS

Materials:

Learning material such as power point presentations, lectures, handouts, scientific articles.

Recommended Reading:

1. Pediatric Dentistry Infancy through Adolescence, 5th Edition by Paul S. Casamassimo DDS MS (Author), Henry W Fields Jr. DDS MS MSD (Author), Dennis J. McTigue DDS MS (Author), Arthur Nowak DMD (Author).
2. The ADA Practical Guide to Soft Tissue Oral Disease, Michael A. Kahn and J. Michael Hall.
3. Essentials of Pediatric Oral Pathology. 1st Edition by Mayur Chaudhary MDS (Author), Shweta Dixit Chaudhary MDS (Author).
4. Handbook of Pediatric Dentistry, 4e by Angus C. Cameron.

Special Patient Course

Course Goals: Provide residents skills in the management of special patient populations (medically compromised, emotionally and physically handicapped, and the developmentally disabled)

Objectives:

1. Develop the ability to manage medically compromised hospital patients in ambulatory and inpatient settings.
2. Interact with and respond to consults from other health care professionals.
3. Develop greater practitioner humanity, to become an ethical, moral and empathetic practitioner with an appreciation of multi-culturalism.
4. Secure clinical experience in hospital protocol and the dental treatment of impaired children who require special care.
5. Gain knowledge and experience in the physical appraisal of developing child related to normal growth, chronic illness, and debilitating conditions.
6. Master sufficient critically appraised information to devise an adequate program of oral health and institute all proven preventive measures in a patient with special needs.

Unit	Topic
Unit 1	Who is a Special Patient
Unit 2	Multiculturalism and Cultural Competency
Unit 3	Down Syndrome, Cerebral Palsy, Fragile X, and Mental Retardation
Unit 4	Epidermylosis Bullosa, Erythema Multiforme and Steven Johnson
Unit 5	Hemifacial Microsomia and Pierre Robin
Unit 6	Cleidocranial Dysostosis, William Syndrome
Unit 7	Apert vs. Crouzons Syndrome, Treacher Collins Syndrome
Unit 8	Ectodermal Dysplasia
Unit 9	Attention Deficit Hyperactivity Disorder
Unit 10	Aspergers and Autism Spectrum
Unit 11	Cystic Fibrosis and Sickle Cell Anemia
Unit 12	Adolescence I: Dynamics of Change, Examination, Diagnosis and Treatment Plan, Prevention of Disease
Unit 13	Adolescence II: Pregnancy, Substance Abuse and Suicide, Piercing, Tattoos
Unit 14	Adolescence III: Eating Disorders, Anorexia, Bulimia, Gender Identity Disorder

Unit 15	Adolescence IV: Aesthetics Restorative Dentistry for the Adolescent, Sports Dentistry
Unit 16	Fetal Alcohol Syndrome and Ehlers Danlos
Unit 17	Cherubism and Orofacial Digital Syndrome
Unit 18	Klinefelters Syndrome and Marfans Syndrome
Unit 19	Muscular Dystrophy and MEN
Unit 20	Turners Syndrome and Noonan Syndrome
Unit 21	AI, DI and Dentin Dysplasia
Unit 22	Cleft Lip and Palate
Unit 23	Speech and Language

Materials

Various teaching and learning material pertinent to this unit (eg lectures, seminars, clinical experience, handouts) will be utilized.

Recommended Reading

Faculty may provide reading materials in preparation to lecture.

Assessment

A. Case Presentation

- a. Length of Presentation
 - i. The presentation must have a minimum of 35 slides of content material.
- b. Components of Case presentation
 - i. Must include but not limited to the following :
 1. Prevalence of Disease
 2. Etiology of Disease
 3. Pathophysiology
 4. Differential Diagnosis
 5. Diagnostic Tools
 6. Treatment of Disease
 7. Dental management of patient with the condition presented
- c. Must present a point and counterpoint for the selection of the treatment plan based on the literature
- d. Must discuss at least 3 articles and its findings
Must have at least 10-15 pictures or radiographs

Practice Management

Course Title: Practice Management

Goals: This didactic course is an in-depth review of the business aspect of private practice pediatric dentistry. The intent is to introduce Residents to what is involved in establishing a new pediatric dental office, buying into and existing office, associating with an established office, or associating with a corporate dental office.

Objectives:

1. Review first steps after graduation
2. Introduce business concepts
3. Provide guidance past the science of dentistry
4. Define management of a dental office
5. Introduce general management concepts
6. Review managing risk in a dental office
7. Introduce concepts of dental marketing
8. Review technologies to enhance practice of pediatric dentistry
9. Discuss relations with financial institutions
10. Establish long term success and continued growth of a dental office

Outline:

Unit I: You Graduated Congratulations! Now What?!

Unit II: Evaluating a Dental Practice

Unit III: Dental Practice Appraisal

Unit IV: Determining your Dental Philosophy

Unit V: Ethics in Decision Making

Unit VI: Becoming an Associate, Independent contractor, Employee Dentist

Unit VII: Purchasing a Dental Practice

Unit VIII: The Nitty Gritty

1. State Board of Dentistry, Waste Disposal, New Hire Reporting, Radiology Registration, ADA, DEA, OSHA, IRS

Unit IX: Long Term Success

Recommended Readings:

1. Seeking Happiness in Dental Practice, Dr. Richard T. Ford
2. ADA Practical Guide to Valuing a Practice
3. ADA Practical Guide to Associateships

Course Format:

- Power Point lectures will be provided by course director. Open Forum discussion.

Dental Pharmacology

Course Name: Dental Pharmacology

Goals: Provide the residents with a solid grounding in the basic concepts and scientific principles of Pharmacology, to provide them with a comprehensive introduction to the fundamental Pharmacology and uses of the major classes of clinically important drugs currently used in dental and medical practice and their most significant interactions.

Objectives:

1. To understand the fundamental scientific principles of drug action and the various mechanisms by which drugs can mediate their pharmacological effect
2. To understand the fundamental principles of pharmacokinetics that underly the absorption, distribution, metabolism and elimination of drugs in the body and thereby affect drug effectiveness
3. Understand the biochemical reactions that result in the metabolism of drugs within the body
4. To understand the rationale behind designing different dosing regimens of particular drugs in specific patient populations
5. To understand how specific patient characteristics and genetics can affect the response to a particular class of drugs
6. To understand the scientific basis underlying how two different drugs can interact within the body and can have undesirable effects either on drug concentrations or drug clinical effects
7. To learn the most common and important drugs and their dental considerations.

Outline

- Unit 1: Pharmacodynamics: Mechanisms of drug action. Pharmacokinetics: Absorption, Distribution, and fate of drugs
- Unit 2: Pharmacotherapeutics: Clinical Use of drugs, Pharmacogenetics
- Unit 3: Opioids, Non opioid Analgesics and Non-steroidal anti-inflammatory drug
- Unit 4: Antimicrobial and Antibiotics
- Unit 5: Antianxiety, Sedative and Hypnotic Drugs
- Unit 6: Oral Sedation: Dental Considerations and Patient Assessment
- Unit 7: Cardiovascular Drugs
- Unit 8: Respiratory Agents: Anti Asthmatic drugs
- Unit 9: ADHD drugs, Anti-fungal/topical and systemic
- Unit 10: Anti-seizures, Anti- psychotics

Materials

Teaching and learning material pertinent to this unit: power point presentations, handouts, scientific articles.

Recommended Reading

Faculty may provide reading materials in preparation to lecture

1. Pediatric Dentistry Infancy through Adolescence, 5th Edition by Paul S. Casamassimo DDS MS (Author), Henry W Fields Jr. DDS MS MSD (Author), Dennis J. McTigue DDS MS (Author), Arthur Nowak DMD (Author).
2. Pharmacology and Therapeutics for Dentistry, 6th Edition. John A. Yagiela DDS, PhD, Frank J. Dowd DDS, PhD, Barton S. Johnson DDS, MS, Angelo J. Mariotti DDS, PhD, Enid A. Neidle PhD.
3. Pediatric and Neonatal Dosage Handbook, 22nd Edition. Lexicomp Drug Reference Handbook by Carol K. Takemoto, PharmD, Jane H. Hodding, PharmD, Donna M. Kraus, PharmD, FAPhA, FCCP.

Literature Review Course

Course Name: Literature Review

Goals:

The goal of this literature review course is for you to be able to demonstrate your ability to conduct literature review on a particular topic, critically evaluate the information and deliver a presentation on the topic. This project is an opportunity for you to present alternative perspectives and articulate your position on a dentally related / controversial issue. In order to complete this project you will need to conduct a scientific journal search and utilize critical thinking to synthesize published information. The skills you develop will aid you in your professional career whether that includes conducting research, reading peer-reviewed publications and critically assessing a professional presentation.

Objectives:

1. Formulate key questions for a review.
2. Organize a literature search; identify which literature bases to search.
3. Abstract relevant information from appropriate studies in a systematic manner.
4. Rate the scientific quality and the level of evidence on your topic.
5. Analyze results and summary tables.
6. Summarize the studies' findings.
7. Interpret the evidence in terms of strength and consistency.
8. Describe the elements of a meta-analysis and when such a step is appropriate.

Sources:

For this presentation you will be expected to use peer-reviewed literature as your main source of information. A textbook may be helpful to acquaint yourself with the topic and obtain background information. While most of your information should come from original studies in some situations you may also utilize a review paper. A review paper is a comparison of several original research papers on the same topic. However, you may not simply restate an author's review of your topic as the basis for your presentation. You will need to find a minimum of 5 original research papers published in refereed journals. It is highly recommended that a majority of the articles you use have been published within the last 10 years. A maximum of 2 review articles may be utilized.

Presentation's Format:

- Title
- Outline of the presentation
- Objectives
- Introduction: present your topic and discuss why it is important / controversial. At this point, it may be adequate to share the historical background of the problem.
- Body of the presentation: include figures and graphs. The information discussed in this section should be based on strong evidence – if available – and original studies. Include references throughout your presentation. (Author, title of paper, source, year) The concepts discussed will vary depending on the nature of your topic.
- Dental problem / treatment: biology of the problem; indications for treatment; types of treatment; techniques; prognosis and factors related; promising areas for research.
- Controversial issue: nature of the contrary view; parties involved in each side; scientific basis of opposing views; politics of the issue; approaches to the issue.
- Conclusions: present a clear synthesis of current opinion. In this section you will demonstrate you have critically assessed the information you read and presented.

Evaluation:

Assessment will be based on the residents' presentations. Presentations will be evaluated for process in literature search, critical thinking, and proper presentation and delivery.

Session	Topic
1	Is amalgam a viable material?
2	Balancing and extraction of primary teeth
3	Cone Beam CT Scans: Risks and Benefits
4	General Anesthesia & Pediatric Dental Sedation: Adverse Outcomes.
5	Antibiotic Prophylaxis: why and when?
6	Management of TMJ Disorders in Children
7	General Anesthesia: Neurological and Cognitive Disorders
8	Composites & behavioral problems
9	Formocresol: genotoxicity and carcinogenicity

Core Curriculum Reading List

Compiled by the AAPD Council on Postdoctoral Education, the reading list consists of 160 articles on Diagnosis and Treatment, Planning Prevention, Growth and Development in Orthodontics, Special Care for Special Patients, Conscious Sedation, Restorative Dentistry, Pulp Therapy, Trauma, and Behavior Management

Course Name: **Advanced Pediatric Dentistry Core**

Quarter: Spring - First and Second year

Course Goals: Provide residents an opportunity to experience a mock oral clinical examination prior to graduation. The format of the course is designed to evaluate the resident's knowledge and ability to solve clinical cases in pediatric dentistry.

Objectives:

1. Provide the resident with an overview of the oral clinical examination
2. Provide the resident with the three areas the examination is scored on:
 - a. Data Gathering/Diagnosis
 - b. Management/Treatment Planning
 - c. Treatment Variations/Complications
3. Assist the resident in the development an organized and systematic approach to data gathering when the resident is presented with a clinical vignette
4. Assist the resident in the development an organized and systematic approach to questions regarding the patient's medical/dental history, diagnosis and treatment options when the resident is presented with a clinical vignette

Topic Areas

Topic areas covered by the vignettes include:

- Comprehensive Care
- Hospital Dentistry
- Behavior Management
- Management of the Developing Occlusion
- Oral Pathology
- Prevention
- Special Health Care Needs

Recommended Reading

1. Oral Health Policies and Clinical Guidelines in the AAPD Reference Manual.
2. The Handbook of Pediatric Dentistry, AAPD, 2011.
3. AAPD Comprehensive Review Course or take the DVD version.
4. Review textbooks such as:
 - Moursi (2012) Clinical Cases in Pediatric Dentistry
 - Cameron, Widmer (2008) Handbook of Pediatric Dentistry (3rd Edition)
 - Millet, Wellbury (2011) Clinical Problem Solving in Orthodontics and Paediatric Dentistry
 - Dean, McDonald, Avery (2011). Dentistry for the Child and Adolescent (9th Edition)
 - Casamassimo, Fields, McTigue, Nowak (2012) Pediatric Dentistry: Infancy through Adolescence (5th Edition)

Assessment

Immediate verbal feedback on Case Presentation

1. Data Gathering/Diagnosis
2. Management/Treatment Planning
3. Treatment Variations/Complications

PEDIATRIC DENTISTRY OFF-SERVICE ROTATION

PEDIATRIC ANESTHESIOLOGY ROTATION

Subject: Anesthesia Rotation

First Year Resident

Duration: 4 week

COURSE DESCRIPTION: The first year pediatric dentistry residents are assigned to a 4-consecutive week Anesthesia Rotation in the Department of Anesthesiology. The residents participate in educational activities provided by the Anesthesiology Department.

COURSE OBJECTIVES:

The resident should gain knowledge in the pre-operative evaluation, attainment of medical history and physical examination, intra-operative and post-management of the child undergoing deep sedation or general anesthesia. The resident should gain competency in the airway management of the pediatric patient.

	Objective
Conduct a Pre-operative Evaluation	• Data gathering and patient interview
	• Provide Pre-operative instructions
	• Secure Medical Consultations
	• Determine Pre-operative drug therapy
Evaluation of History and Physical	• Assess anesthesia/sedation risk factors
	• Assess the physical condition of a child
	• Assess Cardiopulmonary status
	• Interpretation of laboratory data
Intra-operative Management	• Utilize monitoring equipment
	• Assess level of anesthesia and consciousness
	• Assess Cardiopulmonary status
	• Determine Fluid management
Post-Operative Management	• Determine Pain Management
	• Assess Complications
	• Assess Discharge Criteria

DUTIES: Actively participate in the management of the patient undergoing deep or general anesthesia. Attend all lecture and rounds provided while on anesthesia service.

PEDIATRIC MEDICINE ROTATION

First Year Resident

Duration: 1 week

COURSE DESCRIPTION: The rotation is provided by the Division of Pediatric Medicine at Nicklaus Children's Hospital. This rotation provides the resident the opportunity to participate in family dynamics during medical care, early intervention and health assessment, as well as care of acute and chronic problems of well children and medically complex children. The residents develop skills in counseling, anticipatory guidance, and development appraisal. The residents participate in conference, seminars, lectures provided by the Pediatric Medicine.

Goals of the rotation:

- Develop an understanding and appreciation for the nature of general pediatric care, including physical and emotional growth and development of the child.
- Develop understanding health promotion and disease prevention.
- Gain familiarity in the management of children or adolescents with acute and chronic conditions.
- Provide the basis for the safe and efficacious administration of vaccination.

COURSE OBJECTIVES:

The resident should gain knowledge in the attainment of medical history and physical examination, understand the management of the pediatric patient during well child visit, and gain knowledge in the management of acute medical visit. The resident should participate in medical clearance of patient requiring surgery under general anesthesia.

	Objective
Evaluation of Medical History	Apply data gathering and patient interview skills
	Assess psychosocial development of patient
	Assess Immunization status
Physical Examination	Understand term and techniques employed in physical examination
	Determine laboratory assay required in diagnosis
	Determine radiograph or imaging studies required in diagnosis
Diagnosis and management	Acquire skills in diagnosis of disease process in children
	Acquire knowledge in the management of disease
	Secure appropriate specialist consultation

DUTIES: Actively participate in the management of the pediatric patient. Attend all lecture and rounds provided for pediatric medicine residents and attendings.

EVALUATION: The residents are evaluated by the Supervising Pediatric Medicine Attending upon completion of the rotation. In addition, the residents maintain a log of number of patient experiences and document the number of procedures completed.

PEDIATRIC OPERATING ROOM ROTATION

ROTATION DESCRIPTION: The first and second year pediatric dentistry resident will participate in year round operating room rotation at Nicklaus Children's Hospital. Upon completion the should feel comfortable providing restorative and surgical care to the pediatric patient in a operating room or surgical center, The residents will attend a two-year Hospital Dentistry Course that will prepare them to use of the operating room in the dental management of the preoperative and/or medically fragile patient.

CLOCK HOURS: A minimum of 200 hours will be spent in the Operating Rotation. The residents will participate in a minimum of 30 cases that require dental care. A minimum of 60 hours will be spent of attending lectures, seminars, ground round on Hospital Dentistry.

FORMAT: The first year and second pediatric dentistry resident will be assigned three patients/week that require dental rehabilitation in the operating room.

GOALS OF THE ROTATION:

- Gain restorative and surgical expertise in the dental management of children or adolescents undergoing deep sedation or general anesthesia in the operating room or surgical center setting.
- Provide the basis for the safe and efficacious management of the preoperative and/or medically compromised patient.

Competency	Objective
Conduct a Pre-operative Evaluation	• Data gathering and patient interview
	• Provide Pre-operative instructions
	• Secure Medical Consultations
	• Secure laboratory assay
	• Assess anesthesia/sedation risk factors
Hospital Protocols	• Obtain informed consent
	• Write admitting note and admitting orders
	• Complete medical record documentation
Intra-operative Management	• Perform oral rehabilitation
	• Assess pain management
	• Assess need for antibiotics
	• Assess hemostasis
Post-Operative Management	• Complete and dictate post-operative note
	• Provide post-operative instruction to recovery room personnel
	• Assess Complications
	• Assess Discharge Criteria
	• Provide post-operative instruction to caregiver

DUTIES: Provide preoperative and post-operative instructions to the caregiver, write admitting order, operative and discharge notes, dictate the operative report, complete patient medical and dental record. Contact the parent before and after the procedure.

EVALUATION: The resident will be evaluated by the Supervising Pediatric Dentistry Attending quarterly. In addition, the resident will maintain a log of number of patient experiences and will document the number of procedures completed.

INPATIENT CARE ROTATION

First Year Resident

Duration: 1 week

COURSE DESCRIPTION: A 1 week inpatient care rotation provided by the Division of Hematology-Oncology at Nicklaus Children's Hospital. This rotation provides the opportunity to participate in family dynamics during medical care, medical, surgical and social assessment, as well as care of acute and chronic problems of children and medically complex children in the hospital setting. The residents observe the medical team approach to the management of an acutely ill child or adolescent.

FORMAT: The first year pediatric dentistry resident are assigned to a 1-week Inpatient Care Rotation in the at Nicklaus Children's Hospital. The residents participate in educational activities provided by the Division of Pediatric Medicine and Community Pediatrics.

Goals of the rotation:

- Develop an understanding and appreciation with all aspects of health care delivery to the hospitalized child and adolescent.
- Gain familiarity in the management of children or adolescents with acute and chronic conditions in the hospital setting.

COURSE OBJECTIVES:

The resident should gain knowledge in the work-up and management of patients' health care from admission to discharge and necessary follow-up under the supervision of the attending physician. Familiarize the resident with interpretation of laboratory data; development of different aspects of physical examination for various specialty cases; utilization of subspecialty consultants; and the psychosocial needs and attitudes of patients and their families during the child's hospitalization.

	Objective
Evaluation of Medical History	Assess history, physical examination and laboratory findings
	Recognize the psychosocial reactions of patients and their families to hospitalization
Physical Examination	Understand term and techniques employed in physical examination
	Determine laboratory assay required in diagnosis
	Familiarize radiograph or imaging studies required in diagnosis
Diagnosis and management	Acquire skills in diagnosis of disease process in children
	Acquire knowledge in the management of disease
	Secure appropriate consultation required by attending

DUTIES: Actively participate in the management of a hospitalized patient. Attend all lecture and rounds provided for inpatient care residents and attendings.

OFF-SERVICE ROTATION GENETICS AND CRANIOFACIAL ROTATION

COURSE DESCRIPTION: The first and second year pediatric dentistry resident will participate in a weekly genetics and craniofacial team rotation provided by the Genetics Division at Nicklaus Children's Hospital. This rotation provides the opportunity to participate in the diagnosis and treatment of children with craniofacial anomalies and medical, social, and psychological problem. The team include audiology, genetics, nutrition, speech pathologist, plastic surgeon, otolaryngology, social worker, prosthodontics, orthodontics, an pediatric dentistry. The resident will develop skills in interviewing and counseling, anticipatory guidance, development appraisal. The resident will participate in conference, seminars, lectures provided by the Genetics Division.

CLOCK HOURS: A minimum of 25 hours will be spent in the Genetics and Craniofacial Rotation. Approximately 20 hours will be spent of attending lectures, seminars, and ground round.

FORMAT: The first and second year pediatric dentistry resident pair will be assigned to a weekly Genetic and Craniofacial Team Rotation at Nicklaus Children's Hospital. The resident will participate in educational activities provided by the Genetics Division.

GOALS OF THE ROTATION:

- Provide the pediatric dentistry resident exposure to the multidisciplinary approach necessary in the overall comprehensive treatment of children with craniofacial anomalies.
- Gain familiarity in the management of children or adolescents with genetics and/or craniofacial anomalies.

COURSE OBJECTIVES:

The resident on the weekly genetics and craniofacial team rotation should gain knowledge in the management of the pediatric patient with craniofacial anomalies and multidisciplinary approach required to improve the well being of the child. The resident should actively participate in the craniofacial team conferences.

Competency	Objective
Evaluation of Medical History	• Understand the etiology of craniofacial anomalies
	• Assess psychosocial development of patient
	• Assess associated medical conditions
Physical Examination	• Understand term and techniques employed in physical examination
	• Perform a thorough oral examination
Diagnosis and management	• Acquire skills in diagnosis of disease process in children with craniofacial anomalies
	• Acquire knowledge in the team approach in the management of patient with craniofacial anomalies

DUTIES: The resident actively participates in the oral evaluation of patient with craniofacial anomalies. The resident attends the craniofacial team rounds and present finding of evaluated patients.

TYPE: Multidisciplinary Presentations

CONTACT HOURS: As scheduled

GOAL: All residents are given the responsibility of researching, presenting, and discussing topic areas in the Basic Sciences during scheduled conferences. Residents will work on teams and be provided a selected topic to prepare with an assigned teaching faculty member with appropriate experience, didactic setting, who will provide the resident guidance in the preparation and presentation of the topic.

CURRICULAR OBJECTIVES: Upon completion of the Basic Science curriculum, residents will be able to:

- 1) Demonstrate the research and utilization of Basic Science resources in the development of an understanding of the mechanisms of diseases and their management; and
- 2) Demonstrate a strengthening of their acquired factual knowledge within the clinical setting.

PROCEDURE:

- 1) Residents will participate as a team.
- 2) The team will research and prepare an assigned Basic Science topic in conjunction with a teaching faculty member .
- 3) The team will present the researched topic.
- 4) The session will first be presented by the team and will then be summarized by the faculty moderator.
- 5) At the conclusion of the session, participants will engage in a question and answer period.
- 6) Residents will complete a brief written examination at the completion of the session and will be expected to score satisfactorily.

RESOURCES: Medical Library for attainment of literature and research data; select teaching faculty; auditorium; classroom.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Direct Preceptor
Observation of Resident, Evaluation of Rotation, Evaluation of Faculty

CASE PRESENTATIONS SYLLABUS

TYPE: Conference

CONTACT HOURS: As Scheduled

BROAD GOAL: To provide an opportunity for residents to reinforce and expand clinical pediatric dental knowledge and practice.

COURSE DESCRIPTION: Residents are given the opportunity to present a selected case of interest to dental faculty and colleagues, in order to correlate factual knowledge and actual practical observation and patient management.

CURRICULAR OBJECTIVES: Upon completion of Case Presentation curriculum, residents will be able to:

- 1) Reinforce and expand clinical and non-clinical pediatric knowledge and practice by reexamination/reconfirmation of findings, treatment, and patient management plan prescribed by them in their delivery of primary pediatric dental care;
- 2) Develop an awareness of how different diseases may demonstrate different findings, characteristics and reactions based on individual patients;
- 3) Determine varying possibilities to patient treatment and management of specific illness, based on faculty feedback and discussion;
- 4) Adequately conduct case presentations providing necessary data for discussion of case management and follow-up;
- 5) Apply newly gained knowledge within a clinical setting to present case or future patient management; and
- 6) Discuss cost-effectiveness of various diagnostic and treatment modalities.

PROCEDURE: Residents will be assigned to present select cases to dental faculty within a conference setting; and conduct discussion of case findings and patient management with dental faculty and colleagues to compare and contrast different approaches to patient treatment and management.

RESOURCES: Auditorium; patient cases; Medical Library for attainment of literature and research data; audiovisual equipment; laboratory facilities.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Direct Preceptor Observation of Resident, Evaluation of Rotation, Evaluation of Faculty

CHART REVIEW

CONTACT HOURS: As Scheduled

BROAD GOAL: To provide residents an opportunity to reinforce and share opinions of other residents and attendings on diagnosis and therapy, and specific aspects of particular illness.

COURSE DESCRIPTION: Provides residents an opportunity to present select cases to colleagues and subspecialists within an informal classroom/group setting. Residents summarize and present chart reviews in order to generate discussion and exchange ideas in the manner of patient treatment and management, under the direction of the Program Director.

CURRICULAR OBJECTIVES: Upon completion of Chart Review curriculum, residents will be able to:

- 1) Reinforce and expand clinical and non-clinical pediatric knowledge and practice by reexamination/reconfirmation of findings, treatment, and patient management plan prescribed by them in their delivery of primary pediatric health care;

- 2) Develop an awareness of how different diseases may demonstrate different findings, characteristics and reactions based on individual patients and prescribed treatment of pediatrician;
- 3) Determine varying possibilities to patient treatment and management of specific illness, based on shared opinions and expertise of colleagues and Program Director
- 4) Adequately conduct a chart review providing necessary data for discussion of patient treatment and management in addition to follow-up; and
- 5) Apply newly gained knowledge within a clinical setting to present case or future patient management.

PROCEDURE: Residents will be assigned to present select chart reviews to Program Director, one attending, one colleague, , and Chief Resident. Resident will conduct group questioning and discussion of chart review to compare and contrast different approaches to patient treatment and management, under the guidance of the Program Director.

RESOURCES: Auditorium classroom; patient charts; Medical Library for attainment of literature and research data; ancillary supportive services.

EVALUATIONS: Evaluation of Resident, Procedural Skills Log Book by Direct Preceptor
Observation of Resident, Evaluation of Rotation, Evaluation of Faculty

CONFERENCE SYLLABUS

TYPE: Presentation/Lecture/Demonstration

CONTACT HOURS: One hour per conference

BROAD GOAL: To provide residents a further learning experience designed to: build upon the residency training; complement experiential clinical activities; and apply pedagogical rigor to the greatest practical extent.

COURSE DESCRIPTION: Provides residents the opportunity to reinforce the practical experiences gained during clinical rotations within a didactic approach. Content of conferences covers rotational and subspecialty topics; implications for primary care pediatricians; situations encountered in primary care practice; psychosocial concerns; ancillary (non-clinical) concerns; and residents' identified needs. Additionally, to meet specific needs as they arise, arrangements are made to offer conferences in areas of expressed special interest.

CURRICULAR OBJECTIVES: The objectives for the conference series are germane to the particular discipline / topic presented. Presenters will provide the audience with an agenda / outline which will include specific learning objectives for the presentation. The overall programmatic curricular objectives for the conferences are to enable the residents to:

- 1) Correlate theoretical aspects of primary pediatric care with clinical experiences, e.g., psychosocial with medical; non-clinical with medical; general pediatric practice with subspecialty practice, etc.;
- 2) Discuss important issues and problems encountered in patient diagnosis and management plans within a didactic setting; and

- 3) Apply new research-based, analytic and descriptive pediatric knowledge on specific medical/psychosocial problems, issues and concerns encountered in primary pediatric practice within residents' daily clinical setting.

PROCEDURE: Residents will attend the daily, weekly, and monthly conferences as scheduled by the Program as follows:

- If Resident is in Rotation, he/she will assist the lecture and then Return to Rotation.
- All other pediatric and specialty divisions will present at noon time throughout the year.

RESOURCES: Auditorium facilities; attending physicians; psychosocial/behavioral staff; guest speakers from the community; allied health personnel; and primary care residents.

EVALUATIONS: Attendance will be monitored and noted, if necessary, in the personal file of each resident.

LITERATURE REVIEW SYLLABUS

CONTACT HOURS: As Scheduled

BROAD GOAL: To provide residents the opportunity to keep abreast and be critical of innovative research and current trends in the field of pediatric dental medicine.

COURSE DESCRIPTION: Residents review current dental literature for advances in pediatrics and engage in an analysis and presentation of the researched literature to their peers and faculty members. Provides residents the opportunity to exchange and share dental knowledge, critical opinions, and personal experiences relevant to the data discussed in the readings and in the dental pediatric practice. Residents are assisted in expanding their basic knowledge in biostatistical research methods and techniques by faculty resource individuals.

CURRICULAR OBJECTIVES: Upon completion of Literature Review, residents will be able to:

- 1) Recognize the importance of establishing the practice of continuous self-inquiry of dental literature;
- 2) Develop skills which will enable them to analyze and interpret dental literature in order to formulate an adequate critique of such;
- 3) Assess the quality and value of dental data and the contrasted opinionated findings of the authors of such literature;
- 4) Demonstrate the ability to adequately convey a synopsis and personal inference of specific researched topics to a group of colleagues within a presentation format; and
- 5) Demonstrate the ability to facilitate a general group reaction to the journal presentation in order to discuss and assess the implications of the literature findings on their daily environmental setting of a dental pediatric practice.

PROCEDURES: Residents will be assigned to present a journal article according to schedule. Presenter will provide a copy of the abstract of selected journal article(s) to the residents attendings and Course Director one week prior to presentation; and Residents will be prepared to (1) provide their personal critique of the article, and (2) assess the presentation under the guidance of the Course Director or Faculty

RESOURCES: Medical Library for attainment of literature and research data

EVALUATIONS: Direct Preceptor Observation of Resident, , Evaluation of Faculty

Assess the scope and effectiveness of the students'/residents' instruction in these areas:

1. The residents will participate in seminars and lecture in oral disease of the pediatric patient. The resident will be able to recognize the appearance, etiology and development, and common locations of oral lesions in infants, children, and adolescents. Develop the ability to manage dentally and medically compromised hospital patients in ambulatory and inpatient settings. The resident will gain knowledge and experience in the physical appraisal of developing child related to normal growth, chronic illness, and debilitating conditions. Master sufficient critically appraised information to devise an adequate program of oral health and institute all proven preventive measures in a patient with special needs.

V. EVALUATION POLICIES AND PROCEDURES/COMPETENCIES

Resident Evaluation Policy: It is the policy of Nicklaus Children's Hospital to evaluate the performance of dental care residents in six areas: patient care, dental knowledge, practice-based learning improvement, interpersonal and communication skills, professionalism, and system based learning. These areas are evaluated through a variety of evaluative procedures that accomplish close monitoring on an ongoing formal and informal basis by daily observation, written assessment and individual feedback. There will be an Evaluation of Professionalism and its components will be Honesty, Reliability, Respect, Compassion, Self-improvement, Self-awareness, Collaboration, and Altruism.

Residents shall be provided an opportunity for self evaluation during individual sessions and to be appraised by their peers by attending physicians and preceptors, and by the Program Director. The Program Director has the ultimate responsibility for assessing resident performance and determining whether there has been satisfactory completion of the Program.

It is also the policy of the Hospital to have the residents periodically evaluate the Program. Following are the evaluative procedures for assessment of resident performance, satisfactory completion of the Dental Residency Program, and the Program itself.

Professional and Inter-Personal Skills Essential to Pedodontists

Patient satisfaction questionnaire and Interviews. The program may implement appropriate strategies which will provide reliable data on patient satisfaction. These strategies may be in the form of questionnaires to be completed by patients and/or parents within the Dental Clinic or summary reports of patient interviews conducted by key program faculty. In doing so, the program will design and engage in a system which will be reliable, feasible and convenient for patients, and involve the resident in the form of constructive feedback for further improvement of pediatric professional and interpersonal skills.

Resident Presentations and Conference Attendance

The program periodically evaluates residents' capabilities in conducting conferences, case presentations, chart reviews, meetings, etc. Additionally, an informal questioning session conducted by the Program Director follows the presentation, involving the presenter and participants and adding to the assessment of participation and presentation techniques.

Meetings occur on periodically between the Program Director and the Chief Pediatric Resident to discuss any aspect of the residency. The overall goal is to involve residents in conference planning and to determine ways in which the program may enhance resident conference attendance, participation and presentation.

Resident Effectiveness in Self-Evaluation

The program provides formal individual and group level resident evaluation feedback sessions by the Program Director based on resident evaluation data. These feedback sessions provide a setting for valuable interchange by residents and project faculty. In addition to providing residents an opportunity to develop self-evaluation capabilities, it sets a stage for increased communication by program faculty and residents on programmatic issues, as well as the professional and personal needs of residents.

Resident Compliance with Program Requirements

- 1) Resident Rules and Regulations. The program provides all pediatric residents with a copy of the Resident Manual upon entry into the program. This manual extensively describes the rules and regulations of (1) the resident training program, including the curriculum goals and objectives; (2) the institution; and (3) the various service departments. Compliance with these rules and regulations is mandatory for all residents. Disciplinary measures, when necessary, are brought to the attention of the Program Director.
- 2) Evaluation Review Process
The Department maintains updated formal evaluation data on all residents' performance. These data are analyzed and provided on a periodic basis to all key program evaluative sources: the Program Director and key program faculty, to be reviewed and discussed with residents. These data summaries reflect the residents' progress based on the results of evaluation forms completed by teaching faculty and supervisory staff.

Faculty Evaluation

As with the evaluation of residents, the training program formally evaluates the teaching faculty on an ongoing basis through several methods. The most immediate of these methods is the written completion of the Faculty/Attending Evaluation Form by all residents. This instrument is designed to assess teaching process skills as: opportunities provided for residents to practice medical skills; establishment of interpersonal rapport between residents and faculty; provision of constructive feedback to residents; facilitation of residents' problem sensing and solving abilities; availability of faculty for discussions; of faculty professionalism; ability of faculty to impart medical knowledge; faculty encouragement for residents' professional development; and teaching dedication.

Effectiveness of Overall Curriculum

Surveys, Questionnaires and Interviews. The project recognizes the importance of feedback between residents, teaching faculty, and program administration in undertaking adequate measures for improving the quality of the residency curriculum. To this end, the program conducts periodic interviews and written surveys with resident staff which (1) may be applicable to the overall proposed residency training curriculum; (2) may be completed by both residents and attending (3) are convenient both to complete as well as to analyze; and (4) yield a reliable assessment of the curriculum and residents' needs.

This approach to curriculum assessment is effective in: (1) gearing the residency training to the needs of the dental residents, (2) continuously identifying specific strengths and weaknesses of the curriculum for further improvement, and (3) designing efficient overall evaluative strategies and techniques.

Effectiveness of Clinical Rotations

Rotation Evaluation Form. All clinical rotation experiences are evaluated by the dental residents. The most immediate evaluation mechanism is the completion of the Rotation Evaluation Form at the conclusion of each experience. Residents are asked to rate the experience in terms of: its content; objectives, and depth; focus on dental care, continuity, and psychosocial elements of pediatrics; relevance to future pedodontists its structure, setting, and learning activities; resources; and their expectations.

This instrument provides the program with timely feedback, useful in guiding decisions about modifications with the particular experience. The analyzed data gathered from the summary results, including resident comments of this instrument, are examined and discussed by the program faculty and the Medical Education Committee.

Overall Program Evaluation

Program Evaluation Form. In addition to periodic surveys regarding the effectiveness of various program components, the residency training program requires that a written Program Evaluation Form be completed by all Pediatric residents on a yearly basis. This instrument assesses the degree to which the program provides: adequate patient care experiences and structured teaching; opportunities for resident involvement in program planning and program structures, i.e., curriculum review, program surveys, etc.; opportunities for feedback and discussion regarding residents' performance; ready access to faculty; an appropriate patient population; experiences related to community-oriented practice; adequate teaching and patient care in subspecialties; teaching and experiences related to psychosocial skills; opportunities for personal career planning; diversified faculty with expertise essential to training residents; and organized administrative and managerial structure for program delivery.

The data gathered from this instrument are carefully analyzed and the summary results are discussed by the Program Director and the Director of Medical Education. The results are presented to the Medical Education Committee. This instrument is used as a means of identifying those strengths and weaknesses of the program itself as well as its administration and delivery and to delineate further strategies for program improvement and development.

In addition to formal program evaluation, the training program incorporates the following data sources and strategies as a guide to decision making with respect to developing more efficient, effective, and appropriate management systems for residency training.

VI. PROCEDURAL LOGS

The resident will be responsible for documenting and maintaining a current procedural skill log book. This log book will include patients seen in the clinic, operating room, sedation cases, oral surgery patients, in-patients and, on-call patients. The resident must maintain for their records the name of patient, date seen, where patient was seen and type of treatment provided (e.g. sedation, general anesthesia).The resident will be responsible for documenting and maintaining a current skills log book.This log book will be presented to the Program Director three times a year for review during the resident's evaluation review.

VII. SELECTION OF RESIDENTS

Nicklaus Children's Hospital ensures that CODA (Commission of Dental Accrediations) select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic

credentials, communication skills, and personal qualities such as motivation and integrity. Nicklaus Children's Hospital will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

In selecting from among qualified applicants, it is strongly suggested that Nicklaus Children's Hospital and all its sponsored programs participate in an organized matching program.

VIII. PROMOTIONS

Resident Promotion Policy: The Pediatric Dental Residency Program at Nicklaus Children's Hospital is a two year program. It is the policy of the hospital to promote each resident from PGL-1 to PGL-2 if the resident has been determined by the Program Director to have satisfactorily completed the previous year, provided that the resident has completed all contractual obligations to the hospital and program, including completion of all medical records. If the contractual obligations to the hospital or the program are not completed, the resident cannot be promoted and cannot receive a certificate of completion of the training program.

IX. DISMISSALS

Resident Dismissal Policy: It is the policy of the Nicklaus Children's Hospital that only the Chief of Staff (Program Director) or the Director of Medical Education may dismiss a resident from the residency program, a resident who is dismissed shall be entitled to the due process and grievance procedure then in effect for resident dismissals. Residents may be dismissed for unsatisfactory performance, including failure to follow hospital rules, regulations, policies and/or procedures of Nicklaus Children's Hospital. Dismissal shall be preceded by warnings except where there is a danger to patient welfare or the good order of the hospital that indicates the need for immediate dismissal.

X. JOB DESCRIPTIONS

Post-Graduate Level 1 Resident

Level 1 Resident are expected to spend the majority of their time in the hospital providing patient care under the supervision of senior residents and attending physicians. PG-1 are given responsibility for patient care that is based on training received prior to residency and during the course of their residency. It is recognized that specific experience and knowledge of each resident may be different.

Post-Graduate Level 1 Resident will:

1. Obtain complete and accurate patient medical and dental histories from patients and parents.
2. Perform comprehensive clinical examination. Recommend appropriate radiographs.
3. Discuss with their attending the medical and dental history, and will use this to define a diagnostic and dental treatment plan.
4. Progress notes will be recorded in the patient record. Modifications of the dental treatment plan, based on further examination of the patient and discussion with attending, will be recorded in the progress notes.
5. The Post-Graduate Level 1 Resident will discuss as appropriate the diagnostic and dental treatment plan with other professionals involved in the patient care (i.e. cardiologist, hemotologist, etc.) and the patient and/or family.
6. Communicate effectively with patients and their families and listen attentively to patient and caregivers concerns and complaints.
7. Demonstrate compassion and concern for patient and their families, establishes rapport, provides reassurance and support.
8. Understand and recommend a variety of treatment approaches to clinical problems.
9. Identify and intelligently discuss preventive care and counseling based on the caries risk of the patient and the diagnoses and treatment of caries.
10. Provides patient education and prevention strategies, recommends appropriate chemotherapeutic agents for caries and oral hygiene.
11. Proposes recall frequency based on individual needs of the patient.
12. Obtains informed consent for procedures, discusses diagnosis and proposed treatment plans with patient and caregiver at their level of understanding.
13. Discharge patient with the appropriate instructions for the procedure received to the patient and the caregiver.
14. Demonstrate proficiency and technical ability in the management of dentoalveolar trauma, surgical and non-surgical extraction of primary and permanent teeth.
15. Demonstrate skill in the management of pulpal involvement in the primary and permanent dentition.
16. Administers profound anesthesia in various areas of the mouth.
17. Restores teeth with direct restorations for function, comfort and esthetics using a range of materials including stainless steel crowns and composite resin.
18. Obey Hospital and department policies defined for hours of duty, on-call responsibility and availability for illnesses or absences, dress codes and professional behavior, patient confidentiality, and safety procedures.
19. Resident is expected to participate in teaching conferences, attending rounds and other defined educational experiences. It is expected that the Resident will be self-directed learners, including learning outside of the structured education program.
20. Residents will receive timely evaluations of performance quarterly from attendings.
Evaluations will be constructive and directed at assisting the process of learning. More frequent evaluations should be expected whenever problems in performance are identified. Summary evaluation is conducted by the Program Director.

22) The selection of a Resident includes analysis of dental school education and performance, and evaluation of both written and oral communication. The selection process is vigorous and competitive and assures competence at the time of entry to the Pediatric Dental Residency Program. Competence during the year is assured by direct supervision by attending dentists, including review of verbal presentation, physical examination, and written notes in patient records. These observations are used for the formal evaluations.

Post-Graduate Level II Resident

Residents are given increasing responsibility for patient care that is based on training and demonstrated ability during their first year of residency. It is recognized that specific experience and knowledge of each dentist may be different.

Post-Graduate Level II Resident will:

- 1) Obtain complete and accurate patient medical and dental histories from patients and parents.
- 2) Perform comprehensive clinical examination.
- 3) Recommend appropriate radiographs.
- 4) Discuss with their attending the medical and dental history, and will use this to define a diagnostic and dental treatment plan.
- 5) Progress notes will be recorded in the patient record. Modifications of the dental treatment plan, based on further examination of the patient and discussion with attending, will be recorded in the progress notes.
- 6) The Post-Graduate Level II Resident will discuss as appropriate the diagnostic and dental treatment plan with other professionals involved in the patient care (i.e. cardiologist, hemotologist, etc.) and the patient and/or family .
- 7) Communicate effectively with patients and their families and listen attentively to patient and caregivers concerns and complaints.
- 8) Demonstrate compassion and concern for patient and their families, establishes rapport, provides reassurance and support.
- 9) Understand and recommend a variety of treatment approaches to clinical problems.
- 10) Identify and intelligently discuss preventive care and counseling based on the caries risk of the patient and the diagnoses and treatment of caries.
- 11) Provides patient education and prevention strategies, recommends appropriate chemotherapeutic agents for caries and oral hygiene.
- 12) Proposes recall frequency based on individual needs of the patient.
- 13) Obtained informed consent for procedures, discusses diagnosis and proposed treatment plans with patient and caregiver at their level of understanding.
- 14) Discharge patient with the appropriate instructions for the procedure received to the patient and the caregiver.
- 15) Demonstrate proficiency and technical ability in the management of dentoalveolar trauma, surgical and non-surgical extraction of primary and permanent teeth.
- 16) Demonstrate skill in the management of pulpal involvement in the primary and permanent dentition.
- 17) Administers profound anesthesia in various areas of the mouth.
- 18) Restores teeth with direct restorations for function, comfort and esthetics using a range of materials including stainless steel crowns and composite resin.
- 19) Obey Hospital and department policies defined for hours of duty, on-call responsibility and availability for illnesses or absences, dress codes and professional behavior, patient confidentiality, and safety procedures.

- 20) The Post-Graduate II Resident is expected to fully participate in the teaching program including teaching conferences, attending rounds and other defined educational experiences. It is expected that the Resident will be self-directed learners, including learning outside of the structured education program.
- 21) Residents will receive timely evaluations of performance quarterly from attendings. Evaluations will be constructive and directed at assisting the process of graduated learning. More frequent evaluations should be expected whenever problems in performance are identified. Summary evaluation is conducted by the Program Director.
- 22) The selection of the Post-Graduate Level II Resident includes analysis of dental school education and performance, and evaluation of both written and oral communication. The selection process is vigorous and competitive and assures competence at the time of entry to the Pediatric Dental Residency Program. Competence during the year is assured by direct supervision by attending dentists, including review of verbal presentation, physical examination, and written notes in patient records. These observations are used for the formal evaluations.
- 23) Dictation of Medical Records will be done by Post-Graduate Level II residents in accordance with hospital guidelines.
- 24) The Post-Graduate Level II resident is expected to demonstrate increasing levels of competence in performing the procedures essential for the practice of the dental pediatric patient.
- 25) Schedules patients appropriately for conscious sedation.
- 26) Performs comprehensive pre/post sedation physical evaluation.
- 27) Prepared administration of PO, IM, IV conscious sedation in collaboration with attending and/or nurse
- 28) Demonstrates proficiency in monitoring of the sedated patient both during the procedure and postoperatively.
- 29) Can discuss rationale and risks for full mouth rehabilitation under general anesthesia.
- 30) Manages preoperative plan including medical clearance, insurance pre-certification, hospital scheduling and protocol for Operating Room.
- 31) Develops an appropriate treatment plan including evidence based treatment for General anesthesia.
- 32) Demonstrates proficiency and technical ability during the procedure in the Operating Room.

Chief Resident

The Chief Resident's responsibilities include but are not limited to administrative, supervisory, consultative, instructional, and programmatic duties as well as patient management.

BROAD GOAL: To further enhance the resident's knowledge and understanding of pediatric dental care within an institutional setting and to develop his/her leadership capabilities through active involvement in administrative institutional and programmatic functions, under the guidance and supervision of the Program Director.

Chief Resident will:

- 1) Review and understand the Rules and Regulations of the Pediatric Dental Residency Program, the curriculum of the Pediatric Dental Residency Program, and the Duties and Responsibilities of Residents.
- 2) Serve as liaison between resident staff and the Program Director, attendings, and other hospital personnel. The Chief Resident will report any problems, suggestions and concerns from the residents to the Program Director.
- 3) The Chief Resident will prepare the changes night/weekend on-call schedule, handle any emergency scheduling as needed. Notify the MCH page Operator of changes in the Emergency on-call schedule.

- 4) Schedule the sequence presentations of the OR cases and sedation cases for the residents
- 5) Coordinate resident activities, schedules, etc. in conjunction with the Program Director and residency coordinator, and to assume any other duties as requested.
- 6) Survey changes or activities related to the residency program, hospital and other and relay the information to fellow residents.
- 7) Meet with the clinical and administrative staff as needed to determine and develop some quality improvement processes.
- 8) Meet with fellow resident regularly and as needed to determine and develop some quality improvement processes.

XII. RESIDENCY TRAINING PROGRAM RULES AND REGULATIONS

Nicklaus Children's Hospital residents agree to follow all rules and agreements contained in the Nicklaus Children's Hospital Resident Agreement. Please refer to your agreement copy for any specific details of this Agreement.

The Department of Medical Education, with the approval of the Medical Education Committee, has established the following day-to-day operating rules and regulations. Residents are expected to know and to comply with these rules and regulations. This includes special duties and responsibilities prevalent in different services. Residents are also expected to respect and observe the rules of other departments which are brought to their attention.

If conflicts occur, they should be brought to the attention of the Program Director, who may refer the matter to higher administration when the situation is of sufficient gravity. Suggestions for improvement are always appreciated. Changes in the Residency Training Program Curriculum and Rules and Regulations require the prior approval Program Director.

Professional Conduct

Nicklaus Children's Hospital continually strives to strengthen its commitment to the care of children by:

- Providing the patient and family with highly qualified professional, technological, and support personnel in a family-type setting, where comfort and dignity are second only to superior care.
- Creating a suitable emotional and spiritual setting, an at-home atmosphere, providing for the special needs of children for play, comprehensive outdoor recreation, and early ambulation.
- Residents should attend their patients and their families without undue delay in a manner as competent and as thorough as possible. Residents should provide a caring and humanistic environment for patients and their families, always strengthening positive behavior such as courtesy, respect, and understanding.

Bill Of Rights And Responsibilities For Patients And Parents

The following statement is given to every family when their child is admitted to the Hospital. It is important that the residents be aware of these rights and responsibilities.

Nicklaus Children's Hospital has a responsibility to give your child appropriate medical care. The following is a set of guiding principles of patient care. It is important for you to know why your child's rights are as a patient and what your rights and obligations are as a parent and user of this hospital. We encourage you to talk with those involved with your child's care.

You and your child have the right:

- 1) To considerate, respectful care and to privacy consistent with the care prescribed. This includes consideration of the psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
- 2) Responses to questions and requests; and to receive information regarding your child's diagnosis, the treatment prescribed, the prognosis of the illness and any instruction required for follow-up care, in language you understand.
- 3) To know what patient support services are available to you and your child.
- 4) To request a consultation or second opinion from another physician; to change hospitals.
- 5) To participate in decisions regarding the medical care of your child. To the extent permitted by law, this includes the right to request consent for treatment; to cross out and initial any part of a consent form that you do not want applied to your child's care; to withdraw consent, and to be informed of the consequences of these actions.
- 6) To participate in the consideration of ethical issues arising in the care of your child through the Hospital Bioethics Committee.
- 7) To expect all communications and other records pertaining to your child's care including the source of payment for treatment, to be kept confidential except as needed for proper treatment and hospital administration, or as authorized by appropriate consent, or otherwise provided by law or third party payment contract.
- 8) To be informed of the hospital's policies regarding payment; to request, prior to treatment, an estimate of charges for medical care; and to request information and counseling on the availability of known financial resources for your child's care.
- 9) To receive an itemized bill, and to request an explanation of the charges.
- 10) To have access to the medical resources of the hospital indicated for your child's care without regard to race, national origin, religion, handicap, or source of payment.
- 11) To treatment for emergency medical conditions that will deteriorate from failure to receive treatment.
- 12) To information about medical treatment given for the purpose of research, or research being conducted in addition to medical treatment; and, to refuse to participate in research, with the assurance that care will not be adversely affected by such a refusal
- 13) To express concerns or complaints regarding these rights or the quality of care and service provided by Nicklaus Children's Hospital to the Department of Patient/Family Relations.

You have the responsibility;

- 1) To know and follow the rules and regulations of the hospital and the particular unit. Parents or other responsible adults should accompany minor children on any hospital visit and observe all hospital rules.
- 2) To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your child's health, and, to report unexpected changes in your child's condition.
- 3) To notify your child's physician or nurse if you do not understand a diagnosis, treatment or prognosis; and, to ask for clarification if you do not understand papers you are asked to sign.
- 4) To cooperate and to follow the care prescribed or recommended for your child by he physician, nurses or allied health personnel.
- 5) To keep your appointments and to be on time. When an appointment cannot be kept, the hospital or the clinic should be notified as soon as possible to cancel the appointment and arrange for a new one.
- 6) For your actions and their consequences if you refuse treatment for your child, or do not follow the physician's instructions.
- 7) To assure that the financial obligations associated with your child's care are fulfilled as promptly as possible.

- 8) To know by name the physicians, nurses and staff members responsible for your child's care; to receive
- 9) To be considerate of the rights of other patients and hospital personnel by assisting in the control of noise, the number of visitors your child receives, and by observing the no smoking policy. Note: you are welcome to stay in your child's room provided the rules and regulations are adhered to. EXCEPTION: PARENTS OF PATIENTS IN THE INTENSIVE CARE UNITS AND IN THE PSYCHIATRIC INPATIENT UNIT ARE NOT PERMITTED TO STAY IN THE ROOM WITH THEIR CHILD.
- 10) To advise your nurse, physician, or any members of your health care team of any dissatisfaction you may have with your child's care.

Ethics and Confidentiality

All residents share the responsibility for observing the code of ethics that regulate the activities medical and management professionals. The following rules apply:

- 1) Physicians alone have the legal right to diagnose and treat human physical or mental illness and injury.
- 2) Any information regarding the patients treated at Nicklaus Children's hospital is strictly confidential and must never be discussed with anyone except as it pertains to the performance of assigned duties. Conversations in elevators, the cafeteria, and other public areas, as well as outside the Hospital, are especially prone to become sources of breaches of this confidentiality.
 - a. All must follow the HIPAA (Health Insurance Portability and Accountability Act) regulations. This means keeping communication about patient health information limited to those who need the information in order to provide treatment, payment, and healthcare operations (TPO) only.
 - b. When faxing confidential information, be sure to double-check the fax number. Do not fax highly confidential information (such as psychotherapy notes).
- 3) Residents are not to burden patients or employees with their personal problems or opinions.

Working Hours & Absences:

Daily Hours

Working hours 7 a.m. and continue at least until 4:30 p.m. or until all duties and responsibilities have been completed. Operating room hours begin at 6:45 and the residents are to arrive promptly. Variations are dependent upon the different services involved and other related activities the average weekly hours of work should not exceed more than 80 hours and no more than 30 hours on-call.

Resident must arrive promptly for didactics session. Didactics may be scheduled everyday from 6:45 AM - 8:00 AM. Didactics may also occur from 12:00 noon-1:00 PM and after completion of clinical work.

If a resident must arrive late or leave early for any reason he/she must notify the Pediatric Dentistry Residency Director or Supervisor. Failure to notify may be considered **absence without notification**. Persistent arrival late to clinical duties or lectures may be considered **absence without notification**. Notification of the Director means talking to the Director or Supervisor, not leaving a message with anyone else. Co

Communication

Communication will be sent via e-mails, phone message or texting. You must check your e-mails or messages at least twice a day. Any messages sent is your notification of changes or new occurrences. Residents are expected to assume full responsibility for awareness of information regarding the residency program and hospital.

Research at MCH

Research is a strong pillar of Nicklaus Dental Residency Program and has resulted in numerous publication in national and international peer reviewed journals. All residents must complete a research project which requires them to critically gather and analyze the scientific literature, perform data collection and analysis, and utilize elements of the scientific method to prepare a manuscript at a quality level that can be considered for submission to a peer-reviewed journal.

Completion of a research project is a mandatory component of the Pediatric Dental Residency Program to attain certification. All research project must be presented on a scientific forum. Scientific forum may be but limited to the Nicklaus Children's Academic Day, AAPD's annual meeting, National Oral Health conference, Oral Health Florida meeting, or other conference. Presentation of the research project at the AAPD annual meeting is a reward in recognition for the dedication to scientific research and is determined by the Program Director and Research Director. To present at the AAPD, the resident must comply with the timeline set by the Research Director: including submission to NCH's Institutional Review Board for approval, complete data collection and final results. All Posters require revision and approval by the mentor and Research Director.

Residents must follow all NCH Research Institute policies during the conduct of research. All research must be approved by the Program Director and Research Director prior to the beginning of any research, including chart reviews. Residents may not be Principal Investigators (PIs) in a research study per MCH policy. All IRB proposals must be signed by the attending dentist or other researcher who is the project's PI (a copy will be given to the Medical Education office for the residents file). Any questions regarding research can be addressed with NCH Research Administration.

On-call

The procedure for the on-call schedule is as follows the 1st resident will be called, if no answer, the 2nd resident will be notified then if no reply the attending will be called. On-call is in effect 24 Hours a day, 7 Days a Week including Holidays. If resident is paged during clinic hours, the resident must call the clinic and notify the clinic of the patient's arrival. When a resident is called after clinic hours, the resident must advise the emergency room to the time of their arrival to the Hospital.

The resident must inform the on-call dental attending via texting of patient's calls in the ER, Inpatients or private practitioners. In case that the resident requires a quick response for assistance, the resident may call the dental attending.

The resident on call during hurricane season must remain locally and may have to stay in the Hospital. The residents must not leave without informing the Program Director.

Holidays

The hospital recognizes the following holidays:

New Year's Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

The residency program recognizes the above holidays and a holiday schedule may be implemented at the program director's discretion dependent upon patient needs and requirements.

Paid Time Off

The resident shall be entitled to 4 weeks of Paid Time Off per year. NCH provides eligible employees, with Paid Time Off for absences. The Paid Time Off (PTO) benefit replaces traditional vacation, personal and holiday time as a consolidated benefit. PTO shall be taken when mutually agreed upon to by the Program Director. A request for PTO must be in writing on the PTO form. The request for PTO must be made 2 month in advance.

- To maximize patient care and minimize patient care disruption, PTO for all Staff, faculty and residents may be taken as a group and on blocks.
- The dental clinic may close during the Thanksgiving day and day after, Christmas week, and other Holidays; therefore, PTO for all Staff, faculty and residents will be taken for each day that the clinic is closed on these blocks. Ample notice will be provided to the department employees, staff, faculty and residents so they can plan accordingly.
- If a Resident goes over the allotted PTO in the period of 2 years, he/she will have to make up for those days at the end of the residency program
- .In the event that the clinic is closed on days that do not include a Holiday. PTO day will be deducted for each day that the clinic is closed. Ample notice will be provided to the department employees, staff, faculty and residents so they can plan accordingly.
- It should be noted, however, that no PTO will be granted from June 1st to August 31st.

Tardiness

If the resident is three times late a half day will be deducted from his/hers vacation hours.

Leave of absence

Residents shall be entitled to an unpaid leave of absence in the event of a personal emergency, as determined by NCH. Prior to taking such leave, the resident must notify in writing and obtain the approval from the Program Director. The notice must state the reason for requesting the leave, the number of days requested for leave and the address of the resident while on leave. Resident shall be required to make up the missed time. Notwithstanding any of the foregoing, Resident must complete the CODA (Commision of Dental Accrediation) requirements for training in order to satisfactorily perform under this Agreement and complete the Program. Absences for shorter periods shall be made up by the Resident at the discretion of the Program Director .Missed time must be made up during vacation time or during such other times as agreed to by the Program Director. If the resident fails to complete required time as stipulated by guidelines, they will not finish the PGY level until time is completed and/or a certificate of completion will be held until all requirements are completed.

Funeral Leave

A resident is entitled to funeral leave with pay for three (3) days in the event of the death of the resident's parents, step-parents, sister, brother, children, spouse or spouse's parents. The resident will be entitled to funeral leave with pay for one (1) days in the event of the death of any other relative or person who, in the opinion of the Program Director meets the criteria for bereavement. Funeral leave must be taken at the time of the funeral and may not be postponed. These days are drawn from the paid time off days.

Military Leave

Military leave is to be used for attending a regularly scheduled training period or a call-to-duty under a military obligation in the United States Armed Forces. The Medical Education Department will follow guidelines set forth in the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Sick Days

Residents are entitled to paid sick days which will be drawn from the PTO. In the event the resident must be absent for more than five (5) consecutive days as a result of sickness, the resident must request a sick leave in writing from the Program Director. The sick leave request must be accompanied by a physician's statement and an estimated length of absence. Leave beyond the 10 days per year must be made up at the end of the second year.

Unpaid Leave

Unpaid leaves may be granted in the event of a personal emergency after PTO has been exhausted. Prior to taking such leave, the resident must notify in writing and obtain the approval of the Program Director. The notice must state the reason for requesting the leave, the number of days requested for leave and the contact information (including address) of the resident while on leave. The resident shall be required to make up the missed block time in rotation. Absences for shorter periods shall be made up by the resident at the discretion of the Program Director. Missed time must be made up during PTO or during such other times as agreed to by the Program Director. The resident must complete the CODA requirements for training in order to satisfactorily perform under this Agreement and complete the Program.

Parental Leave – Family and Medical Leave

The residents that are employed by Nicklaus Children's Hospital for a minimum of six (6) months shall be entitled to a maximum of six (6) months of Family and Medical Leave Act (FMLA) leaves of absences per academic year. The resident shall give at least a 30 days notice when the leave is foreseeable or as much notice as practicable and complete required forms as indicated by the Department of medical Education and Human Resources prior to going on leave. Remaining vacation days shall be used first (this time will be paid) and then the remaining sick days be taken. The following days are unpaid leave. The Resident may be eligible for Disability (pursuant to NCH's Short Term Disability Plan). Details of FMLA are explained in the Human Resource FMLA package.

Professional/Educational Leave

It should be noted, however, that no educational leave or PTO will be granted from June 1st to July 31st. If an educational leave is approved by the program director, the resident shall be entitled to be reimbursed up to \$1,500 for expenses incurred to attend the professional education activity, but only if the activity is approved in advance by the the Program Director and the educational leave is deemed to augment the education of the resident. In the event the resident is eligible for professional leave and approval to take such leave is granted, the resident is responsible for arranging alternate coverage and to notify the hospital operator. The educational leave must be in writing.

The resident must submit an approved Travel Authorization Request for expenses to the Medical Education Department with ample time prior to the trip. An expense report must be submitted upon return, along with original receipts. Transportation expenses in the continental U.S.A. and registration fees up to a maximum figure (as determined by the Department of Medical Education) will be reimbursed by the Hospital as funding allows. Please check with the Department of Medical Education prior to making any arrangements in case any of the travel requirements have changed.

Community Activities

Residents must attend different Community Services through out the state of Florida as scheduled. Video and photographs of residents may be taken to be used for marketing, educational, etc.

Moonlighting

It is absolutely forbidden for any resident at Nicklaus Children's Hospital, to participate in employment activities (working at other institutions or covering for other physicians) while under contract to Nicklaus Children's. Voluntary sign-up for the Hospital's transport team or approved work in the Nicklaus Children's Hospital are the only forms of moonlighting permitted. Unauthorized moonlighting may result in dismissal from the program.

Performance Evaluation

All residents' formative and summative performance evaluations are reviewed by the Program Director, and the Chief Resident. Individual conferences are periodically scheduled with each resident throughout the academic year in order to discuss resident performance, allow the resident to provide input relative to the program, discuss career plans, and ascertain the resident's status as to manual skills and subspecialty rotation selections. Promotion to the next level of training shall be dependent upon satisfactory overall performance as well as completion of all program requirements.

Status of Charts

Medical and Dental records completion is a responsibility of all resident and attending staff physicians. Records must be completed the same day of service. Failure to complete medical records constitutes grounds for suspension from the residency without pay or credit. If such suspension occurs, reinstatement is not automatic upon completion of delinquent records, necessarily.

Any resident who leaves the training program with incomplete charts will not receive a certificate or educational credit for having completed that year of training

PALS and BLS Certification

All residents must successfully complete and maintain current certification in Pediatric Advanced Life Support (PALS) The Hospital provides a certifying course in CPR and PALS during orientation. All residents are expected to take advantage of this opportunity and to pass the examination on the first attempt. Should the resident fail to attain certification on the first attempt, he/she will be required to repeat the course, with all additional registration fees being assumed by the resident. All residents will maintain active certification in Basic Life Support. Opportunities to renew certification are provided through the Education and Staff Development department on a regular basis. The resident will not be permitted to treat patients under Sedation without the PALS certificate.

Discipline

Nicklaus Children's Hospital recognizes that one of the major factors affecting the safety of its patients, efficiency and human relations is the on-the-job conduct and performance of its residents. Poor and inconsistent disciplinary procedures disrupt and undermine the morale of the entire resident staff. Nicklaus Children's Hospital therefore adheres to the policy that:

- 1) All residents shall make themselves aware of expected rules of conduct and performance, as presented in this manual.
- 2) When discipline is necessary, it shall be administered in a fair, impartial, consistent and constructive manner.
- 3) Continuing improper conduct or performance shall invoke disciplinary measures which may include probation, suspension, or dismissal.
- 4) Any breach of rules, regulations, duties, or responsibilities will be brought to the attention of the Program Director.
- 5) A written record will be made of all warnings given and disciplinary measures taken.
- 6) Serious misconduct can result in immediate administrative action including dismissal.

Probation

Probation is a disciplinary action whereby a resident's continued employment is on a conditional basis. A resident failing to maintain strict adherence to the conditions of his/her probation will be subject to immediate dismissal without notice. Probation may be imposed at any time, without notice, by the Program Director. All probations will be in writing for either specific or indefinite periods of time and may contain specific conditions other than the Rules and Regulations described in this manual. Probationary actions will be entered into the resident's record.

Suspension

Suspension is a disciplinary action which shall result in suspension from regular duties. This action may be taken with or without pay, at the discretion of the Pediatric Dentistry Program Director, or Chief of Staff. Suspension will be for a specified period of time or upon completion of certain requirements. All suspensions will be in writing, stating the reasons for the action and conditions of the action, and will be entered into the resident's record.

Resignation

A resident who wishes to resign voluntarily must give four weeks written notice of resignation. These residents will receive accrued vacation time on a pro rate basis. Failure to provide the required notice will result in automatic forfeiture of outstanding vacation time. A resident who fails to report for work for three consecutive days without prior notification to the Program Director shall be judged to have resigned voluntarily without notification.

Grievance and Due Process

1) PROGRAM DIRECTOR: All questions and concerns should first be addressed to the Program Director or his/her designee. They will be able to address most questions or concerns.

2) DIRECTOR OF HUMAN RESOURCES: Individual questions regarding benefits or other matters which cannot be answered by the Program Director, or his/her designee, should be directed to the office of the Director of Human Resources. When that office cannot answer the question, it will refer the question to other administrative staff members for response.

If the house staff member is dissatisfied with the response (and the concern is not a matter of department discretion), the house staff member may make a written request to the Chief Executive Officer to review the matter. The Chief Executive Officer or his/her designee will review the matter and provide a written response. The Chief Executive Officer may in his/her discretion, refer the matter to an existing or ad hoc committee for its recommendation prior to his/her review. Matters of departmental discretion will be addressed as detailed below under "Due Process and Grievance Procedure."

3) MEDICAL EDUCATION COMMITTEE: General house staff concerns may also be communicated to members of the Medical Education Committee.

Grievance Policy: NCH is committed to an educational environment in which residents may raise and resolve issues without fear of retaliation or intimidation. To this end, MCH has established a grievance procedure for addressing residents' concerns. If resident has any questions or concerns; those must first be communicated to the Program Director or his or her designee. The Program Director or the designee shall attempt to resolve the issue in a confidential manner. The decision of the Program Director or designee shall be final.

Due Process: The Program Director or designee shall periodically consult with the resident about Resident's progress in the Program and Resident's discharge of his or her responsibilities

under this Agreement. Resident's competence shall be evaluated on a regular basis by a representative of NCH. NCH shall maintain a confidential record of each such evaluation.

Subject to the procedures set forth in Agreement Section 8.6, only the Program Director or designee may suspend or dismiss a Resident from the Program for failure to satisfactorily perform Resident's obligations under this Agreement. The Program Director or designee shall notify Resident in writing of the suspension or dismissal, as applicable, and the reason for the suspension or dismissal. If Resident is suspended or dismissed from the Program as specified above, Resident shall be entitled to a hearing before an ad hoc committee appointed by the Program Director.

If Resident desires to contest the decision to suspend or dismiss Resident, Resident must request a hearing, in writing, from the Program Director within fourteen (14) days of receiving notice of the suspension or dismissal, as applicable. The request for a hearing, addressed to the Program Director, with a copy to the Chief Executive Officer, (to the addresses set forth in the notice section of this Agreement) shall be sent by certified mail, return receipt requested. Failure of Resident to request a hearing in the manner and within the time frame specified above shall constitute a waiver of Resident's right to a hearing, and the action to suspend or dismiss the Resident shall be deemed final.

In the event Resident properly requests a hearing, the Program Director shall convene the ad hoc committee. The ad hoc committee shall be composed of three members, two of whom shall be on the active or senior attending staff of NCH and one of whom shall be a resident in the Program. The Program Director shall not sit on the ad hoc committee.

The hearing before the ad hoc committee shall take place no earlier than fifteen (15) days following the receipt by the Program Director of Resident's request for a hearing, and no later than thirty (30) days following such person's receipt of such request. Resident shall not be entitled to be represented by an attorney at such hearing.

A majority of the ad hoc committee shall have the right (i) to determine the length of the hearing and the amount and scope of evidence presented at the hearing; (ii) to adjourn or terminate the hearing as and when it deems appropriate; and (iii) to examine witnesses. MCH shall keep a record of the proceedings of the ad hoc committee. The decision of a majority of the ad hoc committee shall be deemed a decision of that committee. The ad hoc committee shall render its decision, in writing, within fifteen (15) days of the last day of the hearing (if the hearing exceeds one day).

If Resident is dissatisfied with the ad hoc committee's decision, Resident may appeal that decision to the Medical Education Committee.

If Resident desires to appeal the ad hoc committee's decision, Resident must request a review, in writing, of the ad hoc committee's decision from the Medical Education Committee within five (5) days of Resident's receipt of the decision of the ad hoc committee. The request for a review shall be addressed to the Chairperson of the Medical Education Committee of MCH, at the address set forth in the notice section of this Agreement, and shall be sent by certified mail, return receipt requested.

The Medical Education Committee shall review the matter at its next meeting following its receipt of Resident's request for a review of the ad hoc committee's decision. In reviewing the matter, the Medical Education Committee shall consider the record of the proceedings of the ad hoc committee and any written briefs that Resident or NCH may submit for consideration. Any such written briefs must be submitted at least five (5) days before the scheduled review. Failure of Resident to submit such brief within that time period shall be deemed a waiver of Resident's

right to submit such brief. There shall be no oral argument before the Medical Education Committee on the matter. The Medical Education Committee shall render its decision, in writing, within ten (10) days of reviewing the matter. A decision on the matter by a majority of the Medical Education Committee shall be the decision of the committee. The Medical Education Committee shall affirm the ad hoc committee's decision unless it finds that the ad hoc committee's decision was clearly erroneous or arbitrary. The Medical Education Committee's decision on the matter concerning Resident shall be final and binding on NCH and Resident.

If Resident is suspended or dismissed and the action is upheld by the Medical Education Committee, this Agreement shall automatically terminate as of the date of the decision of the Medical Education Committee, and NCH shall have no further obligations to Resident. If Resident is subject to a disciplinary action other than suspension or dismissal ("Disciplinary Action"), and in the reasonable opinion of the Program Director, the Disciplinary Action could significantly threaten Resident's career development, Resident may request that the Disciplinary Action in question be reviewed. Only the Program Director can impose Disciplinary Action pursuant to this section.

Resident may request a review of the Disciplinary Action by submitting a request for review of that action, in writing, to the Program Director, to the address set forth in the notice section of this Agreement, by certified mail, return receipt requested. The request for review must be made within three (3) days of Resident's being notified of the Disciplinary Action.

Within thirty (30) days of receipt of the request for review from Resident, the Program Director will convene a committee to review the matter. This committee shall be composed of three members, two of whom shall be members of the active or senior attending staff of NCH and one of whom shall be a resident in the Program. Resident shall not be entitled to a hearing before this committee or to be represented by counsel before the committee. Rather, each of Resident and NCH shall submit a written statement containing the facts with respect to the Disciplinary Action and each party's position on the matter. After review of Resident's and NCH's position papers and any other evidence this committee deems appropriate, this committee shall notify Resident and the Program Director of its decision. The decision of this committee shall be final and binding on Resident and NCH.

Communication Devices:

Communication devices will be carried by each resident **24 hours a day**; whether post-call or during the weekend off. All calls should be answered promptly and courteously. If a resident is going to be unavailable, the operator should be notified.

Dress Code:

Residents are professionals. As such, they should wear appropriate attire and observe appropriate standards of cleanliness and good grooming at all times within the hospital. Residents will be provided white jackets free of charge. Residents are responsible for having their names placed on the outside of the jackets for identification at their own expense.. If borrowing these scrub suits, residents will be responsible for their care and return, and will be charged for loss or damage.

Casual business attire must be worn during clinic hours. The residents will be provided with scrubs for use in the Operating Room

Code Calls:

The hospital has a number of defined procedures in the event of various disastrous conditions. Residents shall participate as specified. These conditions will be paged as follows:

Fire: “CODE RED” This code signals the possibility of a fire within the hospital. All employees should perform those fire duties outlined in the Fire Manual. Residents have no specific duties in a Code Red. Fire drills are held at regular intervals and require the participation of all employees. All employees should also take precautions against creating potential fire conditions and notify supervisory personnel of possible violations.

Disasters: “CODE D” Separate manuals on procedures for internal or external disasters will be implemented if a disaster is declared. These are kept in each department and at every nursing station. All residents should report to the Emergency room for duty assignment. Disaster drills will be conducted periodically, and require the participation of all personnel.

Cardiorespiratory Arrest: “CODE BLUE” In the event a person in the hospital suffers a Cardiorespiratory arrest, the procedures to be followed are delineated in the Cardiopulmonary Resuscitation Manual. Residents must familiarize themselves with their duties in such an event so that they may be prepared to function competently.

Bomb threat : “CODE 13” signifies a bomb threat. All personnel are instructed to search your immediate area for strange bags, packages, or containers. Such containers should be left alone, untouched, and the hospital operator notified.

Trauma Network: “CODE ORANGE” indicates a trauma patient is enroute by emergency transport. The primary responders to a “Code Orange” are the Pediatric Surgeon, the Emergency Department Pediatrician, the Intensivist, and the senior resident on each of these respective services will also respond.

Code 36: Child Separated from Parent.

Code Water: Unsafe to drink water.

Code Blackout: Outside power supply is interrupted.

Code Lindbergh: Kidnapping.

Stat Pages: STAT pages should be reserved for medical emergencies only. A person who is paged STAT must go immediately to the required area. Medical emergencies are those situations where a person’s life is in potential jeopardy.

OSHA Safety Rules

The Occupational Safety and Health Act (OSHA) of the Federal Government has very specific regulations and requirements for the occupational safety and health of employees. You will be kept informed of these regulations as they apply to you as an individual by your Department Head, the Risk Management Department, and the Safety Committee Chairman. An employee may be discharged for failure to follow safety rules.

Safety Program

The Hospital Safety Committee meets monthly and maintains written reports of its activities. The Safety Committee activities include: Analyzing incident reports, conducting safety inspections and recommending methods of improving patient, employee and public safety. Any Hospital employee is welcome to present any matter of concern to the Safety Committee. ALL EMPLOYEES HAVE AN OBLIGATION TO INFORM THE COMMITTEE WHENEVER A HAZARDOUS CONDITION IS OBSERVED.

Medical Records

All entries in the medical record shall be made in permanent black ink, legible, and include a date and time of entry and legible signature. Any error should be corrected in the following

manner: draw a single line through the incorrect portion, date and initial the correction; do not obliterate the incorrect portion, write the entry correctly or indicate "written in wrong chart", etc. Symbols and abbreviations may be used only when they have been approved by the Medical Board and are in the approved abbreviation listing, Patient records are not to be removed from the Health Information Management Department under any circumstances by the residents. Residents are responsible for recording a complete admission history and physical examination on the chart within 24 hours of admission. Progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Whenever possible, each of the patient's clinical problems shall be clearly identified in the progress notes and correlated with specific orders, as well results of tests and treatments. The record should not include personal gripes or derogatory comments. Progress notes should indicate the thought process (assessment).

All relevant diagnoses established by the time of discharge, as well as all operative procedures performed are to be recorded on the face sheet, using acceptable disease and operative terminology that includes topography and etiology as appropriate. All final diagnoses and any complications are recorded without the use of symbols or abbreviations.

Discharge Summaries

The clinical resum, (discharge summary) shall be completed at the time of discharge and shall include: the reason for hospitalization, the significant findings, the procedures performed and treatment rendered, the condition of the patient on discharge, and any specific instructions given to the patient and/or family, as pertinent. Consideration is given to instructions relating physical activity, medications, diet and follow-up care.

Discharge summaries should be completed within 15 days after the patient is discharged. Discharge summaries must be completed within 15 days after the record is made available to the resident. Completed means that the summary has been dictated and transcribed and that the typewritten copy has been inserted into the chart by the Health Information Management Services' Staff.

A print out of medical records status is made available each working day and is the document used to determine delinquency status. Each resident is expected to check in with the Health Information Management staff at least once a week throughout the residency to determine his/her incomplete chart status.

If the above rules are not complied with, the resident may be suspended from the residency program. Suspension means that the resident will be relieved of all duties usually associated with a residency, except for the completion of medical records. Suspension means no credit toward completion of the residency and means no pay. The time lost will not be canceled and must be made up, either from vacation time or at the end of the program, in July.

If coverage for a patient care service becomes compromised as a result of this, or any other event, then residents will be temporarily moved from a noncritical service to replace the suspended resident.

Language

It is the policy of the hospital that all medical records should be documented in English. Patient safety (and courtesy) requires that spoken language be understood by all involved participants in all conversations involving patient care and program activities.

Orders And Medications For Patients

All orders shall be in writing in a clear, comprehensible, and legible format. Verbal or telephone orders may only be given to a registered nurse or physician. These are considered to be comparable to written orders and must be signed within 24 hours by the dictating physician. Certain orders for medications (narcotics, anticoagulants, oxytocics, ergot and derivatives) are automatically discontinued after 72 hours. Antibiotics (unless the original order specifies a longer period of time), sedatives, hypnotics, and barbiturates not included in Schedule II (with the exception of Phenobarbital and Valium) are automatically discontinued after 5 days. Blanket orders to “renew,” “repeat,” or “continue orders” are not acceptable. All orders are canceled when a patient goes to surgery or in or out of ICU. All orders must be written in the metric system; orders such as “a teaspoon” are not acceptable.

Medications for parents should be written on a prescription and not in the patient’s order sheets. These should be provided only for problems related to a child’s hospitalization. Inpatients are not permitted to use their own medications other than birth control pills. Orders for non-formulary drugs must be written on a special form in addition to the patient’s order sheet. Certain medications to be administered intravenously must be given by the physician.

Special Permits

Special consent for photographs must be signed before any photographs are taken of patients.

Treatment Of Employees

Residents are not to treat employees or other residents.

XIII.RESIDENT EMPLOYMENT POLICIES

Category of Employment

Residents in the Pediatric Dental Residency Training Program are primarily categorized as individuals in training and secondarily as individuals in employment. Selection and appointment to the two-year program provides residents a training opportunity where compensation is provided for their services to the hospital. As such, residents are members of the Medical Staff, recognized as physicians in training, and employed by the hospital with certain limited privileges to practice dentistry within the hospital under supervision. Residents are hospital employees and as such should become familiar with the “Nicklaus Children’s Hospital’s Employee Handbook”. A copy of this hand book has been provided to you during orientation and extra copies may be obtained from the Human Resources Department.

The residents shall abide by the current Rules and Regulations of the Pediatric Dentistry Residency Program as described in this manual. This document is designed as a guide to the resident. Where applicable, the Bylaws and Rules and Regulations of the Medical Staff and the Bylaws and Rules and Regulations of the Hospital shall always be the basis upon which the resident’s activities applicable to Nicklaus Children’s Hospital shall apply.

Orientation

All residents must complete an approximately two week Orientation prior to assuming duties. The Medical Education and the Education/Professional Development Departments develop and coordinate General Orientation (first day) instruction on essential topics, including the mission, vision and purpose of the Hospital, its organization, personnel policies, emergency procedures, performance improvement, risk management, customer service, infection control, and CPR instruction.

The rest of the Orientation is specifically designed to address those issues relative to residency. Different departments are invited to come to speak to the residents about expectations and resources available.

The Program Director also orient the residents to life as a resident and the department's requirements such as patient logs, procedure logs, evaluations, call schedules, resources, dictations, documentation, residency requirements and other relevant issues to residency. The incoming residents will also take the courses in Basic Life Support (BLS), Pediatric Advanced Life Support (PALS)

Employment Application Verification

All offers of residency with the Hospital are contingent upon satisfactory verification of prior work and educational background, as well as verification of any information included in the application for residency. Discovery of falsification of information on the application shall be grounds for dismissal at any time after discovery by the Hospital.

Registration with the Florida Board Of Dentistry As An Unlicensed Physician

All pediatric residents must be aware of and act upon the following:

Florida law mandates that any person desiring to practice as a resident dentist, must have a valid, active Dentist license in Florida or must register with the Florida Board of Medicine Dentistry before beginning practice.

The initial registration is good for **one year**. The resident must understand that registration with the Florida Board of Dentistry automatically expires after one year without further action by the Board unless the Board approves an application for renewal. **It is the resident's responsibility to obtain appropriate renewal of his/her unlicensed Dentist registration number. Renewal must be submitted ninety (90) days prior to the date of expiration of current registration.**

Failure to renew the registration will result in dismissal from all clinical duties until the Board has approved such registration. To practice Dentistry without a license or registration is a criminal offense in the State of Florida. No exceptions will be made.

Should the position for which the resident is hired require licensing or certification, employment is contingent upon proof of current license or certificate and subsequent renewal at intervals as required. Valid Visas for employment as a physician in training are required for any non-US Citizen.

Personnel Records

All employment records, including the initial application, W-4 Federal Withholding Tax Form, U.S. Immigration Service I-9 Form and Medical History Questionnaire must be completed and in the Medical Education office on the first regular business day worked.

Employee Identification

Every employee is provided with an identification badge bearing the employee's photograph. Photographs are taken at the Hospital's expense. These identification badges must be worn, photo side up, by the employee at all times while on duty in the Hospital and must be surrendered upon request by the Hospital. Identification badges remain the property of the Hospital and may not be used for identification purposes outside the Hospital. Lost cards will be replaced, at the employee's expense, by the Human Resources

Department. It is important that all residents wear these cards to identify themselves to patients, parents, visitors and staff. Presentation of ID. badges is also necessary for discount privileges in

the cafeteria and for periodic unannounced payroll audits. (At these times, checks will not be issued until the employee presents an identification card.) Personal business cards will be provided to residents to be given for patient-physician identification.

Change of Address or Other Personal Statistics

The Medical Education office and the Human Resources Office should be promptly notified of any change of address, telephone number, or name change. Tax status (W-4) changes should also be made at the Personnel Office.

Employee Health Requirements

All residents will complete a pre-placement assessment to assure that the resident is fit for duty and free of communicable disease. The assessment may include physical examination, health history, and laboratory blood tests for protection from Measles, Rubella, Chickenpox, and Hepatitis. Screening for Tuberculosis will include skin testing or chest x-ray as indicated.

A resident may be required to have a physical examination at any time deemed advisable by the Employee Health Nurse. Semi-annual re-examination is required for certain job categories.

Assessments and required vaccines are done at the expense of the Hospital. Any medical follow-up required to assure fitness for duty is at the resident's expense.

Infection control policies are available in each department, listing communicable diseases, which would exclude an employee from working in certain job activities. Communicable diseases identified in residents are reported immediately to the Infection Control Department. A summary of all resident illnesses is sent by the Health Office to the Infection Control Department monthly.

Tuberculosis prevention education, which may include skin testing (on an annual assessment/questionnaire for those whose PPD are positive), must be completed each year on the resident's anniversary. This must be documented before the performance evaluation is completed. (A salary increase will be delayed until this requirement is met and when eventually given will not be retroactive.)

Drug Screening Policy

Nicklaus Children's Hospital has an obligation to provide quality patient care and a safe environment for patients, families, employees and visitors. All applicants will be screened for drug use and, where indicated, for alcohol abuse. The urine drug screen test shall include a test for certain psychoactive chemical agents which include:

Amphetamines	Opiate Derivatives
Cannabinoids	Phencyclidine
Cocaine	

It is the intent of the drug screening program to test for those chemical agents that frequently are the drugs of dependency. Therefore, the preceding list of psychoactive agents is subject to continual review and possible modification.

Any resident who tests positive for the presence of any of the psychoactive chemical agents shall not be employed.

1. It will be the responsibility of the Medical Education Department to: Inform all applicants of the requirement for a pre-employment urine drug screening test
2. Have the "selected candidates" execute the Drug Screen Informed Consent document as a condition of employment (part of employment application).

3. Schedule the urine drug screening test for the applicant (“New” or “Special”). Refer the candidate to the Employee Health Office for an appointment for drug screening.
4. Review the results and request confirmation tests when advised by the testing lab.
5. The Human Resource Department/Employee Health Office will clear the candidate or notify the candidate that the offer of employment is withdrawn as a result of failure to meet minimum employment standards (after the candidate has also failed to pass the follow-up confirmation test.)

Salary

The resident’s salary is determined by contract at the various levels of training.

Employees receive their salary checks on a biweekly basis (every other week). The Payroll Department issues checks only to Department Heads or to a designated staff member; checks are then distributed within the department. Deductions from pay include Federal Withholding Tax, as required by law; insurance offered by the Hospital, and other deductions, as are jointly agreed upon in writing by the resident and the Hospital. Direct deposit is available.

Residents leaving the Hospital, upon submission of proper written notice of resignation to the Medical Education Department and Human Resources Department, will be paid, where possible, on the last day of employment.

A request for PTO may be made two months in advance on the PTO Request Form.

Management’s Responsibilities And Rights

The Hospital recognizes and accepts its responsibility to provide those services necessary to assure quality patient care and to contribute to the health needs of the community. The Hospital reserves the right to determine the extent and type of work which must be performed by each resident and to make changes as it deems necessary to establish and maintain the most efficient procedures and methods needed for the operation of the Hospital and to set forth the standards of performance necessary to achieve the Hospital’s objectives.

The Hospital, furthermore, has the responsibility to provide to the Community a staff of fully qualified residents. Therefore, the Hospital must reserve the right to recruit and select its work force, determine specifications for employment and to assure effective performance.

Resident Benefits

The Hospital provides for the residents during their training at Nicklaus Children’s Hospital, the following benefits, services, sponsored events, and sponsored courses:

- Medical, Dental, Vision and Life Insurance (effective 1st of the month following employment); prescription drug plan
- Free Disability Insurance and free Life Insurance
- Malpractice insurance
- Free parking
- Free meal tickets while on-call
- Free lunches at daily conferences
- Free scrubs and lab coats
- On-site Medical Library and electronic journal availability
- Business cards
- Membership:
 - American Academy of Pediatric Dentistry (AAPD)
- Research opportunities

- Pediatric Human Patient Simulation Program training
- Mentoring program
- Holiday schedules available
- Professional Educational allowance:
- Other available services:
 - NCH fitness center
 - NCH child care center
 - NCH post office
 - NCH pharmacy
 - Discount at cafeteria
 - NCH dry cleaning
 - Entertainment discounts
 - Optional insurance plans (e.g., legal services insurance, health care reimbursement accounts, long term care)
 - Notary services available NCH
 - Educational/developmental classes, such as Spanish Courses and computer training
- Sponsored Events:
 - Get-acquainted sessions and orientation for incoming residents
 - Annual Residents Day
 - Annual Holiday Party
 - Resident Graduation Banquet
 - Faculty Sponsored Parties and Events
 - NCH Employee appreciation events
- Sponsored Courses:
 - Basic Life Support (BLS)
 - Pediatric Advanced Life Support (PALS)
 - Simulation training
 - Grand Rounds Conferences

Insurance Benefits

1. Group Insurance

The Hospital currently maintains a Flexible Benefits program which allows you several options for Health, Dental, Life, Vision, and Prescriptions Drug plans. The Health, Vision, and Dental Plans require an employee contribution. Basic Life, Short and Long term Disability (L.T.D.) insurance are provided to the employee at no extra cost. An additional one, two, or three times your annual salary in life insurance can be obtained at employee expense. Dependent Life and Accidental Life and Dismemberment coverage is also available. Tax saving benefits including a Health Care Reimbursement Account and/or a Dependent Care Reimbursement Account are also available coverage under the Flexible Benefits Program begins the first of the month following your actual starting date with the Hospital, provided enrollment forms have been completed.

2. Malpractice Insurance

The resident will be provided with professional liability insurance (covering legal defense and judgments) for services performed pursuant to the Resident Agreement, upon such terms and in such amounts as NCH provides for its other employees providing medical/professional services. If professional liability insurance was provided on a claims made basis during the Term, following the expiration or termination of the Resident Agreement, NCH shall provide a continuous reporting endorsement for the applicable statute of limitations for covered acts occurring during the Term of this Agreement.

3. Worker's Compensation

If an employee is injured or becomes ill, and said injury or illness arises out of and in the course of his employment, he is entitled to benefits as described by the worker's compensation laws of the State of Florida. Worker's compensation coverage is provided free of charge by the hospital. Any resident involved in an accident or injured while working in the hospital regardless of the injury, must report the accident to the Department Head at once. Designated person must take resident to the Emergency Room for proper treatment and completion of an incident report. Worker's Compensation insurance is administered by the Insurance/Risk Management Office. In order to facilitate the handling of these cases, all matters pertaining to Worker's Compensation must be coordinated with this department.

Parking, Meals

The residents will be provided with a parking card to park in the designated area of the visitor's parking garage. If the designated area is full, the resident may park anywhere in the parking garage.

During the academic year, the residents will receive a designated monetary amount applied to the residents' id card to purchase food in the cafeteria while on-call. Additional food purchases from the cafeteria beyond the amount furnished for on-call services may be obtained at an employee discount. Employee identification badges are required to receive the employee discount.

Bulletin Boards

The main pediatric dentistry bulletin board is located in the 3rd Floor administration area at the Doral center and an additional bulletin board is located in the residents' room. Notices of events and changes that may affect individuals, departments or the entire Hospital are posted there. It is the employee's responsibility to frequently check this board for important notices. Additional bulletin boards are located in the department. Employees are responsible for checking those bulletin boards that pertain to their departments.

Communications

Good communications are vital for efficient and effective hospital operations. Residents will be expected to accept the responsibility for full awareness of all information relating to their work, reading all memos posted on hospital bulletin boards, and for all communications affecting their relationship with the Hospital. Residents are asked also to be quick to communicate to their immediate supervisor or Department Head any significant information relating to patient care, hospital security, the need for maintenance services, or any other matter that requires attention by someone in authority. Residents are expected to be sensitive and sensible when communicating with other co-workers and other departments.

Gifts

Anyone wishing to make a donation or gift to the Hospital should be referred to the Nicklaus Children's Hospital Foundation Office or Administration. Soliciting of gifts or donations for an employee's or a resident's personal benefit is strictly forbidden.

Incident Reports

An incident report must be completed immediately following an out of the ordinary occurrence in the Hospital or on Hospital property. An incident report should be written for any deviation from normal routine or activities affecting patient care. An incident is also any occurrence which results in injury to an employee or to a hospital visitor. Incident reports are extremely important and must be completely filled in and signed. It is especially important that location, time, date, witness names, addresses and telephone numbers are included in these reports. All original

incident reports affecting employees or visitors will be submitted to the Risk Manager. The Risk Manager is to be advised immediately of any incident resulting in injury to a patient, employee or visitor.

Package Inspection

Residents can be required to open their packages and reveal the contents to a Security Guard or Supervisor. Periodic reviews of packages, large containers, and lockers may be called on an unannounced basis by an authorized representative of the hospital management. It will be done only with the knowledge and presence of the Chief of Staff, the Program Director, or their designee. Theft of Hospital supplies or property will be reported to the Public Safety Department of Dade County and will be cause for suspension.

Political Activities:

Although the Hospital encourages all residents to take active interest and participate when possible in political affairs, such participation cannot be conducted on Hospital premises during a resident's work-time or in working areas.

Release of Information

Inquiries from the press, radio and television with respect to patients or hospital news must be carefully handled and referred to the Marketing Department at all times. The Director of Marketing and/or Hospital Spokesperson is available through the Hospital switchboard. In the absence of either, media inquiries should be referred to the Administrator on-call or the Chief of Staff.

Smoking

Under provisions of the Florida Clean Indoor Air Act, hospitals are considered "public places" which means that smoking is prohibited.

Suggestions

The Hospital is always receptive to suggestions for improving services for our patients and/or working conditions for our employees. Employees are encouraged to pass on any suggestions to Department Heads, the Director of Personnel, or Administration. Employees may also present their suggestions in written form, using the employee suggestion box, located near the time clock.

Telephone

All telephones should be answered promptly, pleasantly, courteously, and in a helpful manner. The resident should give the department name and his/her own name. Because of the heavy switchboard traffic, residents are requested to use the telephones only for Hospital business. The resident is expected not to make or receive personal telephone calls while on duty except for matters of extreme urgency or family emergency.

Valuables

Residents are cautioned not to bring excessive amounts of money or valuables with them to the Hospital. The Hospital cannot accept responsibility for employees' articles or money lost or stolen.

APPENDIX

PEDIATRIC DENTISTRY RESIDENT EVALUATION

Faculty: _____

Resident: _____

PGY LEVEL: 1 2

Month: _____ Year _____

Rating System: 5 = Proficient, exceeds all requirements
 4 = Above Average, exceeds in some areas
 3 = Satisfactory, performs criteria adequately
 2 = Some Areas demonstrate deficiencies
 1 = Unsatisfactory, severe deficiencies.

A. Ethics and Professionalism

- | | | | | | |
|--|---|---|---|---|---|
| 1. Accepts responsibility and completes tasks | 1 | 2 | 3 | 4 | 5 |
| 2. Practices within the scope of his/her abilities | 1 | 2 | 3 | 4 | 5 |
| 3. Responds to patient's unique needs | 1 | 2 | 3 | 4 | 5 |
| 4. Demonstrates integrity and ethical behavior | 1 | 2 | 3 | 4 | 5 |

B. Interpersonal and Communication Skills

- | | | | | | |
|---|---|---|---|---|---|
| 5. Demonstrates compassion/concern for patient and families | 1 | 2 | 3 | 4 | 5 |
| 6. Communicates effectively with patient and families | 1 | 2 | 3 | 4 | 5 |
| 7. Communicates effectively with healthcare professional | 1 | 2 | 3 | 4 | 5 |
| 8. Works effectively with other team members | 1 | 2 | 3 | 4 | 5 |

C. Fund of Knowledge

- | | | | | | |
|---|---|---|---|---|---|
| 9. Demonstrates basic science and clinical knowledge | 1 | 2 | 3 | 4 | 5 |
| 10. Demonstrate up to date knowledge | 1 | 2 | 3 | 4 | 5 |
| 11. Uses knowledge and analytical thinking to address clinical situations | 1 | 2 | 3 | 4 | 5 |

D. Practice Based Learning and Improvement

- | | | | | | |
|--|---|---|---|---|---|
| 12. Analyzes practice and identifies areas for improvement | 1 | 2 | 3 | 4 | 5 |
| 13. Engages in ongoing learning | 1 | 2 | 3 | 4 | 5 |
| 14. Implements improvement activities | 1 | 2 | 3 | 4 | 5 |
| 15. Develops research project | 1 | 2 | 3 | 4 | 5 |

E. Patient Care

- | | | | | | |
|---|---|---|---|---|---|
| 16. Demonstrates comprehensive assessment and diagnosis | 1 | 2 | 3 | 4 | 5 |
| 17. Coordinates risk based care and patient education | 1 | 2 | 3 | 4 | 5 |

- | | | | | | |
|---|---|---|---|---|---|
| 18. Formulates appropriate patient based treatment plans | 1 | 2 | 3 | 4 | 5 |
| 19. Demonstrates skill in the surgical management of pediatric | 1 | 2 | 3 | 4 | 5 |
| 20. Demonstrate knowledge and skills in management of patients on conscious sedation. | 1 | 2 | 3 | 4 | 5 |
| 21. Demonstrate effective management operating room patients | 1 | 2 | 3 | 4 | 5 |

F. System Based Practice

- | | | | | | |
|--|---|---|---|---|---|
| 22. Provides cost conscious patient care | 1 | 2 | 3 | 4 | 5 |
| 23. Promote patient safety | 1 | 2 | 3 | 4 | 5 |
| 24. Coordinates care with other healthcare providers | 1 | 2 | 3 | 4 | 5 |
| 25. Facilitates patient care in the community | 1 | 2 | 3 | 4 | 5 |

Comments:

Goals for the next 3 months

Personal Goals:

1. _____
2. _____
3. _____

Professional Goals:

1. _____
2. _____
3. _____

Program Director Signature: _____ Date: _____

Resident Signature _____ Date: _____

EVALUATION OF OFF-SITE TRAINING ROTATION

Training/Rotation Area _____ Date _____

Attending/ Faculty: _____

Resident _____

PGY LEVEL: 1 2

Month: _____ Year _____

1. What additional topics would you like to see included during this rotation?

2. What topics do you believe should be omitted? Why?

3. Were there any major barriers to your training in this area? (Time allotted, Patient availability, etc.)

Please circle your response

	Strongly Agree	Agree	Neutral	Disagree	Strongly Agree
1. Experience well organized	5	4	3	2	1
2. Material was presented at Postgraduate level	5	4	3	2	1
3. Experience was adequate (quality, quantity and relevance)	5	4	3	2	1
4. Attendings were available for teaching	5	4	3	2	1
5. Training needs some Drastic revision	5	4	3	2	1

4. Did the clinical component to this training/rotation meet your expectations?

Yes _____ No _____ If you answered no, please explain and give recommendations

5. Overall, I would rate the education in this area (check one):

Excellent _____ Good _____ Fair _____ Poor _____

CLINICAL COMPETENCY EVALUATION

Resident _____

PGY LEVEL: 1 2

Month: _____ Year _____

Attending/ Faculty: _____

Rating System: **S = SATISFACTORY**
 N = NEEDS IMPROVEMENT
 U = UNSATISFACTORY

I. CLINICAL COMPETENCE

SKILLS				KNOWLEDGE			
Patient Evaluation	S	N	U	Medical History	S	N	U
Diagnosis and Treatment planning	S	N	U	Psychosocial History	S	N	U
Administration of Anesthesia	S	N	U	Orthodontics Diagnosis	S	N	U
Restorative Skills	S	N	U	Sedation Principles	S	N	U
Behavior Management	S	N	U	Caries Risk	S	N	U
Emergency Management	S	N	U	Pulp Management	S	N	U

II. INTERPERSONAL APPROACH/ATTITUDE

INTERPERSONAL APPROACH/ATTITUDE							
Display Courteous Demeanor	S	N	U	Demonstrates self-initiative	S	N	U
Enthusiasm	S	N	U	Assumes leadership	S	N	U
High ethical standards	S	N	U	Relates with compassion, respect, professional integrity	S	N	U

III. GROWTH PARAMETERS

GROWTH PARAMETERS							
Awareness of weakness	S	N	U	Accepts responsibility	S	N	U
Response to feedback	S	N	U	Aware of strength	S	N	U
Relationship with staff	S	N	U	Professional Role Model	S	N	U

RECOMMENDATIONS:

CHARTS: QUALITY ASSESSMENT EVALUATION

PGY LEVEL: 1 2

MONTH: YEAR:	YES	NO	N/A	NOTES
HEALTH HISTORY FORM				
"Medical History Reviewed by" is documented				
Allergies/Drug Reaction documented				
All marked with "yes" has an explanation				
List of Medications				
Patient Weight				
Parent Signature				
Assistant name/signature				
Resident/Attending Signature				
CLINICAL EVALUATION				
Extra-Oral				
Intra-Oral				
Occlusal 1				
Occlusal 2				
Recommended				
Behavior Control				
Signatures				
CONSULTATION				
Consult				
EOE				
IOE				
Assess				
Other				
Signatures				
HARD TISSUE				
Existing restorations documented				
Set to patients age				
All conditions have a planned treatment				

TREATMENT NARRATIVE				
General				
Time documented				
Treatment area documented				
Reason/Diagnosis documented				
Anesthetic				
Treatment				
Behavior				
Post OP instructions				
Notes				
Next visit				
Signatures				
Employee Name:				
Signature w/ Degrees:			Date:	

ACKNOWLEDGEMENT

**I herewith acknowledge receipt of the
2015-2016 Resident Manual for the
Pediatric Dental Residency Training Program
At Nicklaus Children's Hospital
and agree to abide by these guidelines.**

**I was given an opportunity to ask questions.
Clarification to my questions were provided.**

Resident Signature: _____ **Date:** _____

Resident's Name: _____

ACKNOWLEDGEMENT

I herewith acknowledge that Paid Time Off was thoroughly explained

I was given an opportunity to ask questions.

Clarification to my questions were provided

I agree to abide by these guidelines.

Resident Signature: _____ Date: _____

Resident's Name: _____

ACKNOWLEDGEMENT

I herewith acknowledge that Attendance to present the research project at the AAPD must be approved by the Program Director. Nicklaus Children's Hospital would pay up to \$1500 travel expenses only if the resident is presenting a completed research project at the AAPD. If the abstract is not completed on time for submission, attendance to the AAPD meeting is the resident's expense.

I was given an opportunity to ask questions.

Clarification to my questions were provided

I agree to abide by these guidelines.

Resident Signature: _____ Date: _____

Resident's Name: _____