

CAMBRIDGE HEALTH ALLIANCE/HARVARD SCHOOL OF DENTAL MEDICINE
GENERAL PRACTICE RESIDENCY PROGRAM

LIST OF RESIDENT COMPETENCY AND PROFICIENCY STATEMENTS

1. REQUEST AND RESPOND TO REQUESTS FOR CONSULTATIONS.

Identify needs and make referrals to appropriate health care providers for the treatment of physiologic, psychologic and social problems presented by dental patients.

Perform dental consultations and request medical consultations for hospitalized patients and patients in other health care settings.

2. ANTERIOR AND PREMOLAR PULPAL THERAPY.

Case selection.

Diagnostic radiographs for performing anterior and premolar pulpal therapy.

Measurement of working lengths.

Final fill.

3. GENERAL PULPAL THERAPY.

Diagnose and treat pain of pulpal origin, to include performing uncomplicated, non-surgical endodontic therapy.

Recognize and manage endodontic complications and emergencies.

4. MOLAR PULPAL THERAPY.

Case selection.

Diagnostic radiographs for performing molar pulpal therapy.

Measurement of working lengths.

Final fill.

5. PLANNING AND PROVIDING MULTIDISCIPLINARY COMPREHENSIVE CARE.

Integrate multiple disciplines into an individualized, comprehensive, sequenced treatment plan using diagnostic, risk assessment and prognostic information for patients with complex needs.

Develop and carry out dental treatment plans for special needs patients in a manner that considers and integrates those patients' medical, psychological and social needs.

Provide dental care as part of an interprofessional health care team.

Diagnose and manage oral manifestations of systemic disease.

6. PROMOTING ORAL AND SYSTEMIC HEALTH AND DISEASE PREVENTION.

Use accepted prevention strategies such as oral hygiene instruction, nutritional education and pharmacologic intervention to help patients maintain and improve their oral and systemic health.

7. PATIENT ASSESSMENT AND DIAGNOSIS.

Obtain and interpret a patient's chief complaint, history of present illness, medical, dental, family and cultural background, social histories, and review of systems.

Obtain and interpret appropriate laboratory and radiographic data and obtain additional diagnostic information through consultation with other health care providers.

Perform a history and physical examination and collect other data to establish a risk assessment for use in the development of a dental treatment plan.

Establish diagnosis and risk assessment incorporating historical, laboratory, radiographic and clinical findings.

8. TREATMENT OF MEDICAL AND DENTAL EMERGENCIES.

Anticipate, diagnose and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment.

Diagnose and manage dental emergencies, performing uncomplicated or reversible techniques where indicated.

Provide initial treatment and then manage patients with extra-oral and complex oral-facial emergencies and infections.

Perform initial treatment and management of extra-oral facial trauma.

Treat intraoral hard and soft tissue lesions of traumatic origin.

Manage intraoral soft tissue lesions of nontraumatic origin.

9. MODERATE SEDATION, PAIN AND ANXIETY CONTROL

Evaluate the need for use of behavioral and/or pharmacologic modalities in management of pain and anxiety based upon psychosocial factors and anticipated clinical procedures.

Use pharmacologic agents in the treatment of dental patients.

Provide control of pain and anxiety in the conscious patient through the use of psychological interventions, behavior management techniques, local anesthesia, and oral and nitrous oxide conscious sedation.

Prevent, recognize and manage complications related to the use and interactions of drugs used to sedate patients and control pain and anxiety.

Provide control of pain and anxiety in the conscious patient through the use of parenteral conscious sedation techniques.

10. ORAL PATHOLOGY, ORAL SURGERY and HOSPITAL PROTOCOL

Perform surgical and nonsurgical extraction of erupted teeth.

Perform uncomplicated pre-prosthetic surgery.

Perform biopsy of oral tissues.

Recognize and manage surgical emergencies and complications of intraoral surgical treatment.

Extract uncomplicated impacted wisdom teeth.

Diagnose and manage common oral pathological abnormalities.

Provide dental treatment in an operating room.

Provide comprehensive management and care for individual inpatients or same day surgery patients from the beginning to the end of a patient's hospital experience.

11. DOCUMENTATION, INFORMATION MANAGEMENT AND QUALITY IMPROVEMENT.

Evaluate scientific literature and use information in the literature in making professional decisions.

Maintain a patient record system that facilitates the retrieval and analysis of the process and outcomes of patient treatment.

Modify the treatment plan, if indicated, based on therapeutic outcomes, unexpected circumstances or the patient's individual needs.

12. MEDICAL RISK ASSESSMENT

Document review of patient medical history questionnaire.

Assessment of written medical history and patient interview.

Obtains BP/pulse on adult patients according to department policy.

Obtains pain assessment for patients.

13. OBTAIN INFORMED CONSENT

Explain and discuss with patients, parents or guardians of patients, who lack decisional capacity, findings, diagnoses, treatment options, realistic treatment expectations, patient responsibilities, time requirements, sequence of treatment, estimated fees and payment responsibilities, in order to establish therapeutic alliance.

Patient's signature is written in full.

Date appears on form.

Treating doctor's signature is present.

Procedure for operation and/or course of treatment is printed or typed on form.

Consent form is completed for procedures according to institutional policy.

14. PRACTICE MANAGEMENT

Function as a patient's primary oral health care provider.

Treat patients efficiently in a dental practice setting.

Use and implement accepted sterilization disinfection, universal precautions and occupational hazard prevention procedures in the practice of dentistry.

Practice and promote the principles of jurisprudence and ethics in the practice of dentistry and in relationships with patients, personnel and colleagues.

Provide patient care by working effectively with allied dental personnel including performing sit down, four handed dentistry.

15. PEDIATRIC DENTISTRY.

Perform pediatric pulpal therapy.

Restore intra and extra-coronal defects in the primary dentition.

Perform uncomplicated surgical procedures on pediatric patients.

Use pharmacologic and non-pharmacologic behavior management skills with the pediatric patient.

16. TREATMENT OF PEDIATRIC PATIENTS.

Recognize and diagnose uncomplicated and complicated disease and abnormalities on pediatric patients.

Treat uncomplicated disease and abnormalities of the pediatric patient.

Manage complicated disease and abnormalities of the pediatric patient.

17. PERIODONTAL THERAPY.

Diagnose periodontal disease demonstrating periodontal examination and utilizing radiographs.

Treat and manage mild and moderate periodontal disease, including non-surgical and surgical techniques.

Recognize and manage periodontal emergencies and complications of periodontal treatment.

Evaluate the results of periodontal treatment and establish and monitor a periodontal maintenance program.

18. REPLACEMENT OF TEETH USING COMPLETE DENTURE APPLIANCES.

Prosthesis exhibits stability and retention.

Vertical dimension of the prosthesis is within acceptable range.

Occlusal relation of prosthesis is clinically acceptable.

Border extensions of prosthesis are adequate.

Esthetics of prosthesis is clinically acceptable.

19. REPLACEMENT OF TEETH USING FIXED APPLIANCES

Design of the prosthesis is acceptable in relation to the number, location and character of the abutment teeth, and to the area and number of pontic replacements.

Prosthesis exhibits marginal integrity.

Prosthesis shows proper anatomic form and occlusion.

Esthetics of prosthesis is clinically acceptable.

20. REPLACEMENT OF TEETH USING REMOVABLE PARTIAL APPLIANCES

Adequate periodontal health and alveolar bone support exists for prosthesis.

Survey and design of framework is acceptable.

Prosthesis exhibits stability and retention.

Occlusal relation of prosthesis is clinically acceptable.

Border extension of saddle areas are adequate.

Esthetics of prosthesis is clinically acceptable.

21. RESTORATION OF TEETH

Restore single teeth using a range of functionally acceptable materials and methods.

Restore teeth with marginal integrity.

Restore teeth with proper anatomic form and occlusion.

Place restorations and perform techniques to enhance esthetics.

Restore endodontically treated teeth.

22. PROVIDING PATIENT-FOCUSED CARE THAT IS COORDINATED BY THE GENERAL PRACTITIONER

Provide dental care as part of an inter-professional health care team.

Function as a patient's primary oral health care provider.

Treat patients efficiently in a dental practice setting.

23. USING ADVANCED DENTAL TREATMENT MODALITIES AS DEFINED BY THE PROGRAM

The resident will be able to apply the latest scientific principles to learning and oral health care.

The resident will use critical thinking, evidence or outcomes-based clinical decision making and technology-based information retrieval systems.

24. MANAGE THE DELIVERY OF PATIENT-FOCUSED ORAL HEALTH CARE.

Integrate multiple disciplines into an individualized, comprehensive, sequenced treatment plan using diagnostic, risk assessment and prognostic information for patients with complex needs.

25. IMPLANTS

Develop treatment plans for patients that include implants.

Restore implants as part of patient comprehensive care.

26. TEMPOROMANDIBULAR DISORDERS AND OROFACIAL PAIN

Recognize, diagnose, provide initial treatment and make appropriate referral for patients with TMJ and orofacial pain disorders.

27. OCCLUSAL DISORDERS

Recognize, diagnose and treat patients with cracked tooth syndrome.

Treat patients with occlusal wear using an appropriate mouthguard.

