



**Advanced Education in Pediatric Dentistry**



## Advanced Education in Pediatric Dentistry

### **I. Introduction**

The Pediatric Dentistry Postgraduate Certificate Program is a continuous, 24-month program, based upon the fiscal year, July 1st through June 30th. The program provides a full range of clinical experiences in pediatric oral health care, which is supported by an in-depth, critical and scholarly appraisal of the pediatric dental specialty knowledge base. The postgraduate students (PGS) are exposed to extensive



### III. Advanced Education Certificate Program in Pediatric Dentistry; Vision, Mission, Goals, and Objectives

- A. Vision:** The vision of the Advanced Education Certificate Program in Pediatric Dentistry is to lead pediatric dentistry, by integrating innovation, tradition, and service.
- B. Mission:** The UNLV, School of Dental Medicine Advanced Education Certificate Program in Pediatric Dentistry will develop outstanding dental specialists through the use of advanced technology, an integrated curriculum of biomedical and professional sciences; research, community service, and excellence in the delivery of patient care.
- C. Goals:** Recruit well-qualified applicants including those from underrepresented minorities and disadvantaged backgrounds.
1. Increase access to high-quality care for Nevada children including those with special health care needs and those from financially disadvantaged families.
  2. Cultivate a faculty of excellence through a unique program of professional academic and research opportunities, internal development, recruitment, and retention.
  3. Develop a pool of graduates from diverse backgrounds who are culturally competent to provide quality pediatric dental care that is inclusive of all sectors of society.
- D. Objectives:**
1. Train a diverse class of academically and clinically qualified PGs who are competent in providing primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.
  2. Provide an evidence-based integrated curriculum comprised of biomedical, professional, research, and clinical sciences.
  3. Develop postgraduate students with outstanding diagnostic and clinical skills to allow quality pediatric oral health care and community service.
  4. Prepare postgraduate students for the American Board of Pediatric Dentistry (ABPD) certification, educational endeavors, leadership roles, and scholarly activities.
  5. Cultivate excellence among faculty in the areas of teaching, scholarly activities, and service.
  6. Promote the importance of medical and dental interdisciplinary cooperation, in order to provide the best pediatric oral health care, achievable.
  7. Provide experiences to enhance cultural sensitivity to underserved populations.



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### IV. Program Student Learning Outcomes (SLOs)

1. Demonstrate in-depth knowledge of biomedical, professional, and clinical sciences in relation to pediatric dentistry.
2. Develop outstanding clinical skills to allow quality comprehensive patient care and service.
3. Achieve competencies required for ABPD certification.
4. Demonstrate competence in didactic and clinical applications in pediatric dentistry.
5. Develop the acumen to complete a quality research project.
6. Demonstrate cultural sensitivity, when serving underserved popu



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certification, maintain current pediatric advanced life support (PALS) certification (failure to comply will result in suspension of clinical privileges); maintain complete patient records, in accordance with UNLV Dental Medicine clinic guidelines; make certain that the patient's parents/legal caregivers know the PGS's name, and provide the parent/legal caregiver, with necessary contact information; attend all scheduled seminars and/or courses; provide treatment under the supervision of the assigned pediatric dental faculty; ensure pat







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University Medical Center  
1800 W. Charleston Blvd.  
Las Vegas, NV 89102  
(702)383-2000

Contact:

John Trautwein, M.D., Coordinator of Pediatric ER Resident Rotations  
Phone: (702) 383-3734

**8. Emergency Room (ER)/Emergency Department (ED) On-Call.** PGSs will rotate and complete one week of "on-call" at the UMC Emergency Department, providing year around coverage. The UNLV Dental Medicine has an affiliation with UMC, Pediatric Emergency Department. The ER/Department will call the "first call" PGS and it is the responsibility of this PGS to contact the "second call" PGS and the "Attending on call", if necessary. The PGSs must call back within ten (10) minutes. Arrive at the UMC, Emergency Room (ER)/Emergency Department (ED) within 30 minutes of receiving the initial phone call when appropriate. There is a dental box in the doctors' lounge that has information to help guide through the dental exam and diagnosis portion of the









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7. The patient's information is entered into the Axium software system. All paper forms and consultations, non-digital/electronic radiographs and photographic images, will be scanned into the system.
8. When patient treatment is concluded, the PGS must complete all-electronic treatment notes and schedule a follow-up visit, as indicated. The next visit note must be detailed to ensure ease of preparation by the dental assistant and PGS, who sees the patient, for the subsequent appointment.
9. A clinic evaluation form is given to the parent/legal caregiver and collected by the receptionist.

### **B. New Patient Visit**

1. Parent/legal caregiver contacts the front desk.
2. If the patient 0-16 years of age, the front administrative staff person contacts the pediatric dental clinic receptionist and transfers the call or gives the parent/legal caregiver the telephone number of the pediatric dental clinic

**OR**



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7. Treatment plan/options are presented to the parent/legal caregiver.
8. The patient treatment plan is approved by the parent/legal caregiver and the attending pediatric dentist.
9. Appropriate consent forms are obtained/signed for treatment.
10. If approved, a portion of the treatment is completed during the new patient visit.
11. The patient's information and appropriate forms are entered into the dental record.
12. When patient treatment is completed, the PGS finishes treatment notes and schedules a follow-up visit.
13. When all treatment is complete, the patient is scheduled for a 6-month recall appointment.

### C. Hospital Visit

1. If a patient requires treatment under general anesthesia, the parent/legal caregiver signs the consent form, after all the risks, benefits and alternative treatment has been explained fully. Additionally, they will be given written preoperative instructions for the OR appointment, and a Health History & Physical (H&P) form to be completed by their pediatrician.
2. The PGS reviews the preoperative instructions with the parent/legal caregiver.
3. The patient is scheduled at the surgical facility by the office staff and given specific information regarding the facility.
4. The PGS will call the patient the following post-op day to check on the patient's condition.

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9. Vital signs are periodically documented on the sedation record in a time-based record.
10. Continuous monitoring and maintenance of the patient's airway must occur throughout the patient's treatment.
11. Sedation level, effectiveness, and patient responsiveness during the treatment are documented in the record.
12. For the patient's safety, the following must be immediately available: functioning back-up suction apparatus must be present; functioning back-up power source must be present, and auxiliary personnel must be certified in basic cardiopulmonary resuscitation by the American Heart Association (AHA) and the facility must be properly equipped.

#### **D. Post Treatment**

1. The patient is observed in a recovery area until, cardiovascular function and airway patency is satisfactory and stable; the patient is easily arousable, responsiveness is near pre-sedation level, protective reflexes are intact, the patient can talk (return to pre-sedation level), and state of hydration is adequate.
2. Discharge vital signs are documented.
3. Post-operative instructions are given regarding the post-sedated patient's head posture and reviewed with the parent/legal caregiver, along with any emergency contact telephone number.
4. If indicated, the next appointment visit is scheduled.
5. The PGS will contact the parent/legal caregiver, later in the day of treatment, to determine the status of the patient as well as record the findings in the Electronic Health Record (EHR)

### **VIII. Postgraduate Student Evaluation**

Evaluation is a continuing process in the didactic and clinical setting. Formative assessment is provided by the faculty on a regular basis. Reports of the PGS clinical activities are reviewed at the end of each semester to ensure satisfactory progression is occurring. At the beginning of each off-site rotation, the PGS is responsible for providing the rotation

director, or their designee, the appropriate evaluation form, which will be returned to the dental program director at the end of the rotation. PGS evaluations are completed, on a semi-annual basis. PGSs can discuss these evaluations with the program director. These evaluations are meant to be a constructive and informative dialogue, between the program director and PGS.

PGS performance in the program will be examined biannually. Attendance is mandatory for all class and clinical sessions, except when off service. If a class or seminar is missed when on rotation the off service PGS, must inform the course director of the class or seminar missed by email. PGSs must pass all courses. PGSs may discuss the results of their biannual reviews with the program director. Unsatisfactory performance can result in remediation, informal or formal probation, and/or dismissal from the program. The Advanced Education Certificate Program in Pediatric Dentistry coursework is specifically designed for the program and previous program coursework cannot be applied as a supplement or replacement for the course requirements in the completion of the program.

## **IX. Quality Assurance Program**

To aid in developing post-graduate students with outstanding diagnostic and clinical skills while preparing them for the American Board of Pediatric Dentistry Certification Exams, a quality assurance program has been established to try and maintain a high-quality level of care and identifying areas where work or remediation is required.

The following steps will be utilized:

1. Every patient encounter will be initialed by the attending faculty to signify concurrence with students' diagnosis, treatment plans, and care provided.
2. Treatment narratives or progress notes will be reviewed in Axium and signed by the attending faculty.
3. Each resident will routinely take post-operative radiographs and place 1 copy each week into a folder for faculty to review.
4. After completion of a treatment plan for a comprehensive care patient, the resident will evaluate the treatment and will be reviewed by the faculty member.
5. Every month, 2 faculty members will randomly select 10 treatment notes to review, looking at specific components that a dental record must include as per The AAPD Reference Manual section on Recordkeeping. Forms notating results will be stored digitally.
  - a. Medical history
  - b. Dental history
  - c. Clinical assessment
  - d. Radiographic images obtained and their interpretation
  - e. Diagnosis or differential diagnosis
  - f. Treatment recommendations





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- g.** Parental consent
- h.**



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always make every effort to schedule appointments at times when they are not scheduled for clinic or classes. A leave slip must be submitted for approval prior to medical appointments. In case of a program-required event and/or an approved academic meeting or regional state board exams, PGSs must complete the Leave Request Form for the time they will not be on campus.

### **B. Leaving campus when assigned to the clinic.**

PGSs are not to leave campus when assigned to the clinic even if you do not have a patient scheduled. All PGSs will remain in the clinic or in the homeroom until all patients have been seen for the day. If you will be on campus somewhere other than the clinic or homeroom, you must inform the clinic manager where you are located, should you be needed in the clinic. If you are found to have left campus before all patients are dismissed you will be assessed a half day of personal leave and may be subject to disciplinary action.

### **C. Unapproved Absences.**

Should an unfortunate situation arise when a PGS is absent without proper documentation and/or following protocol as set forth by the program director and detailed above, he or she will be assessed leave time of an additional day for each unapproved absence day and may be subject to disciplinary action.

## **XI. Special Circumstance Leave Policy**

The purpose of this policy is to provide guidelines regarding leave of absence for a period exceeding the approved ten (10) "Personal Days" per year in addition to holidays. If a PGS exceeds the allowed-time for personal days, the program director, in consultation with the faculty, Advanced Education Committee (AEC), and Dean will develop a plan to ensure that all clinical, educational, and research needs of the affected PGS's program, graduation and CODA requirements are met. This includes, but is not limited to: additional reading, lectures, reports, examinations; giving up spring break time; taking additional call; or extending the length of the program beyond the minimum twenty-four (24) months. The UNLV Dental Medicine recognizes that in some special instances it will be necessary for a student to interrupt and/or discontinue their specialty education. Leave that is required for an extended period of time (such as medical leave, maternity leave, or leave for family/personal related emergencies) will be dealt with on an individual basis and will directly lead to extended time in the program to ensure completion of all requirements as required by the ADA and CODA. Such decisions will be made by the program director, in consultation with the faculty, AEC, Dean, and the PGS.

## **XII. Dress Code**

PGSs must always maintain a professional appearance. PGSs must wear scrubs during all clinical sessions. Scrubs for the pediatric program PGSs are to be "ceil blue." Scrubs must







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3. **Periodic Meetings with program director.** The chief PGS will meet as needed, or as required, with the program director to review PGS and program issues as well as discuss opportunities for improvement.

4. **Departmental and Administrative Meetings.** The chief PGS will attend all section faculty and administrative meetings including scheduling and staffing and other meetings as assigned by the program director. The chief PGS is the representative of the PGSs at all such meetings and is responsible for communicating the results of such meetings to the other PGSs in a timely manner.

5. **Monthly PGS Meetings.** The chief PGS will facilitate a monthly meeting of all PGSs. The meeting will be held on the first Monday of each month, starting in September. The meeting will be held from 10:00 AM to 11:30 AM in the faculty lounge (Room 1008) on the first floor of the dental building. The meeting will be held on the first Monday of each month, starting in September. The meeting will be held from 10:00 AM to 11:30 AM in the faculty lounge (Room 1008) on the first floor of the dental building.



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**11. Calendar.** The chief PGS will be responsible for updating and maintaining the pediatric dentistry online calendar under "Advanced Education Programs". These calendars should include PGS activities such as seminars, clinical rotations, and general anesthesia assignments, off-site clinic rotations, teaching assignments, On-Call schedule, vacation exceptions, and other assigned activities.

**12. Other Duties, as assigned.** It is expected that the chief PGS will work with the program director in identifying other duties that may be helpful in administering the pediatric dentistry residency program. In addition, any of the above duties may be modified or eliminated, or, additional duties assigned, with the approval of the program director.

#### XIV. Grading Systems:

The following grading system complies with Nevada System of Higher Education campus grading policies and will be used for the UNLV Dental Medicine Advanced Education in Pediatric Dentistry courses.

S	Satisfactory
U	Unsatisfactory
I	Incomplete
X	In progress (research projects or courses extending beyond one semester)
F	Fail
W	Withdrawal

In some instances, some courses will not be designated as Satisfactory/Unsatisfactory (S/U) courses and the following grading system will apply:

90-100	A (Superior)	4.0 (grade point value)
80-99	B (Above Average)	3.0 (grade point value)
0-79.9	F (Failure)	0.0 (grade point value)

In this grading system, each PGS must pass all courses with a grade of a "B" or "Satisfactory". PGSs will receive a letter grade from A-F, or a satisfactory (S) or unsatisfactory (U)/ failing (F) grade in each course. Grade assignments will be based on class/clinic attendance, participation in discussions/seminars, and timely completion of assignments/patient care, professionalism & preparedness. A grade of F is given to any PGS who performs less than satisfactory in one or more of the above categories. Remediation will be solely at the discretion of the course director. A passing score for

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be determined by the final evaluation administered at the end of the second six-month period. The final evaluation will determine the PGS's matriculation. If a PGS does not meet



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**XVI. Complaint Policy.** CODA categorizes complaints into two categories.





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received, date of response to the complaint, status of the complaint, and resolution.

- 4. Harassment/Hostile Environment Complaints.** Complaints dealing with harassment and/or a hostile environment should be reported to the Chief Compliance Officer. The log of these complaints will be maintained by the Chief Compliance Officer including the date of complaint, student name, description of student complaint, how the complaint was received, date of response to the complaint, status of the complaint, and resolution.