Competencies and Proficiencies for the

MARSHFIELD CLINIC
ADVANCED EDUCATION IN
GENERAL DENTISTRY
PROGRAM HANDBOOK
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REFERENCES
I. WELCOME

Thank you for your interest in our facility as the next destination in your dental career. This twelve month postdoctoral training program will prove as one that will be challenging, demanding, and rewarding. This manual was developed as a reference for questions regarding the AEGD Residency Program.

For more comprehensive information regarding residency training, we refer the interested reader to AEGD individual program curriculums and the Commission on Dental Accreditation (CODA) ~ [http://www.ada.org/117.aspx](http://www.ada.org/117.aspx)

Please refer any questions or comments you may have regarding the residency program, to the program leadership listed below.

Tiffany D. O’Brien, DDS  
Matthew J. Jansen, MD  
AEGD Program Director  
Director, Division of Education

II. MISSION STATEMENT:

To provide advanced training that prepares dentists to practice in rural, underserved team-based and integrated medical-dental settings.

III. PROGRAM PERSONNEL AND RESOURCES:

Program personnel and resources include program leadership, key general dentist and specialty faculty, referral faculty, the administrative team, resident research facilitator and the Resident Well-Being Committee.

IV. EDUCATIONAL PROGRAM:

A. Introduction:

*Education is a path, not a destination, and not the accumulation of nuggets of knowledge or a repertoire of skills. Competency represents a point along this path where the learner understands the foundations of his or her skills and has internalized appropriate professional values to work independently in normal settings and manage his or her own continued growth.*

*(Chambers; J of Dental Education Vol. 57, 1993)*

This statement by Dr. David Chambers serves as the introduction to our philosophy of advanced education general dental at Marshfield Clinic.

The Marshfield Clinic, *Advanced Education in General Dentistry Program* is committed to the idea that post doctorate general dentistry education plays an important role in
the educational continuum of our students. We appreciate our role as educators, mentoring the novice dental practitioner on to higher achievement within the profession.

The goal of the Marshfield Clinic Advanced Education in General Dentistry Program is to allow the opportunity for recent dental school graduates to build upon his/her dental school experiences. Residents learn new techniques in a variety of areas; work to become competent in skills previously learned; and become capable primary oral health care providers for patients with complex medical, dental and social conditions. Residents also learn to integrate professional values within the various aspects of dental treatment in order to provide long term comprehensive care to the patients we serve.

The Marshfield Clinic’s Advanced Education in General Dentistry Residency Program incorporates competency and proficiency concepts and evaluation methodologies into the program. It is anticipated this document will be useful for applicants who desire to know more about the program and also as a reference to matriculated residents who wish to measure their progress. Finally, it is a guide for the program director and faculty to use as a measure for outcomes assessment and continuous improvement of the program.

B. Program Description:
The Advanced Education in General Dentistry Program (AEGD) of Marshfield Clinic is a twelve month program offering two resident positions. It places residents in community health center sites for comprehensive general dentistry training. Residents will gain practice experience in a group practice environment providing oral health care to their patients of diverse, age, race, religious, ethnic and economic heritages, while working alongside a team of general and specialist dentists, hygienists and assistants, physicians, and other health care professionals. Residents also have the opportunity to participate in medicine clerkship rotation; public and community health related activities and advanced clinical experiences developed by Division of Education. Graduates of this program are confident practitioners with bright futures in private practice, community/public health, specialty training or academic dentistry.

C. Definitions:
To facilitate the reading of this document, the following terms are predefined. These definitions have been adapted from those originally proposed by Drs Chambers and Garrow in 1997.

It is assumed that “all knowledge, skills, and values described will be used to perform procedures for appropriate reasons, in appropriate circumstances, and in an appropriate manner.”

1. **Assess:**
   Evaluation of physical, written, and psychological data in a systematic and comprehensive fashion to detect entities or patterns that would initiate or modify treatment, referral, or additional assessment. Assessment entails understanding of relevant theory, and may also entail skill in using specialized equipment or techniques. Assessment is always controlled by an understanding of the purpose for which it is made and its appropriateness under the present circumstances. **Recognition** is a more limited term that does not subsume the notion of evaluating findings. **Diagnosis** a more inclusive term that relates evaluated findings to treatment alternatives.

2. **Competent:**
   Behavior expected of the beginning practitioner. This behavior incorporates understanding, skill, and values in an integrated response to the full range of requirements presenting in practice. The level of performance requires some degree of speed and accuracy consistent with patient well-being but not performance at the highest level possible. It also requires an awareness of what constitutes acceptable performance under circumstances and desire for self-improvement.

3. **Diagnose:**
   Diagnosing means systematically comparing a comprehensive data base on the patient with an understanding of dental and related medical theory to identify recognized disease entities or treatable conditions. The concept of diagnosis subsumes an understanding of disease etiology and natural history.

4. **Document:**
   Making, organizing, and preserving information in standardized, usable, and legally required format.

5. **Exposed:**
   Participating in an experience that allowed the resident to experience it first-hand.

6. **Manage:**
   Management refers to the selection of treatment including: no intervention; choice of specific care providers-including hygienists, medical specialists, and
dental specialists; timing and evaluation of treatment success; proper handling of sequelae; and insurance of patient comprehension of and appropriate participation in the process. In circumstances where the resident may perform some treatment but is more likely to oversee treatment or refer, the term “manage” is used.

7. **Patients with special needs:**
Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for the individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.

8. **Perform:**
(Conduct, Restore, Treat) When a procedure is performed, it is assumed that it will be done with reasonable speed and without negative unforeseen consequences. Quality will be such that the function for which the procedure was undertaken is satisfied consistent with the prevailing standard of care and that the practitioner accurately evaluates the results and takes needed corrective action. All preparatory and collateral procedures are assumed to be a part of the performance.

9. **Prevent:**
(The effects of) The negative effects of known or anticipated risks can be prevented through reasonable precautions. This includes understanding and being able to discuss the risk and necessary precautions and skill in carrying out the precaution. Because preventing future damage is of necessity a response to an internal stimulus rather than a present one, additional emphasis is placed on supportive values.

10. **Recognize:**
(Differentiate, Identity) Identify the presence of an entity or pattern that appears to have significance for patient management. Recognition is not as broad as assessment – assessment requires systematic collection and evaluation of data. Recognition doesn’t involve the degree of judgment entailed by diagnosis.

11. **Refer:** A referral includes determination that assessment, diagnosis, or treatment is required which is beyond the practitioner’s competency. It also includes discussion of the necessity for the referral and of alternatives with the patient, discussion and cooperation with the professionals to whom the patient is referred, and follow-up evaluation.

12. **Understanding:**
The residual cognitive foundation knowledge that is incorporated into
Understanding is more than a broad knowledge of details. It is organized knowledge that is useful in performing the competency. Understanding alone is not a competency; it must be blended with skill and value.

D. Goals:

1. **Overall Goal:**
   The Advanced Education Program in General Dentistry at the Marshfield Clinic is to provide training to the recent graduate in clinical dentistry and applied basic science beyond the pre-doctoral level, and it refines and enhances those skills necessary for the generalist to provide comprehensive patient care for all population groups. It is also designed to instill confidence in the new dentist to allow him/her to become a leader in the general dental community. The overall goals of the program are:

   a. Enhance competence and confidence in the various clinical disciplines, which are integral components of general dentistry.

   b. Enhance the graduate’s clinical judgment and develop general dentists with a broad knowledge of dental medicine and related interdisciplinary subjects.

   c. Enhance the graduate’s ability to interact with all health practitioners involved in comprehensive patient treatment - both medical consultations and appropriate consultations and referrals to dental specialists.

   d. Enhance understanding of and provide experience in practice administration, including communication skills, practice management, psychological aspects of patient management, risk management and quality assurance activities.

   e. Prepare general dentists to practice, teach, and be involved in academic presentations in general dentistry.

   f. Develop general dentists who will have a thorough knowledge of the basic and clinical aspects of general dentistry and who will also have the skills and abilities to treat patients who present complex and unusual treatment needs.

   g. Understand the oral health needs of communities and engage in community service through the provision of treatment to patients with special needs and underserved populations.

Our patients are indeed complex. Their needs tax and challenge every dental provider whether attending staff or resident, yet our standards are high. It is expected that residents will work efficiently within the framework of this Marshfield Clinic facility to effectively meet the needs of the rural and underserved patients we serve. It is anticipated that if each resident truly attempts to meet the needs of the patients seeking treatment under their care, the resident will be provided unlimited opportunities to enhance his/her professional growth and
development.

2. **What Does the Program do to Achieve These Goals?**

   Provide extensive clinical and didactic experience in comprehensive treatment planning enabling the resident to put sequential plans into action and then evaluate the outcomes of their plans.

   a. Provide extensive clinical experience in various aspects of general dentistry including emergency care.
   b. Mentor residents in advanced treatment modalities and modern practice procedures.
   c. Encourage participation in community oral health activities with emphasis on rural and underserved population of patients.
   d. Provide a wide variety of patient encounters with attending staff feedback.
   e. Provide mentoring and practical experience in the day-to-day management of a high volume multi-specialty group dental practice.
   f. Provide interaction with medical and dental specialty staff within a community health center dental practice in conjunction with a large health system to enable the resident to develop confidence in coordinating total patient care.
   g. Provides insight into the expanse of dental/medical literature enabling the resident to recognize the necessity for continual advancement of their dental education.
   h. Provide the opportunity to meet the dental treatment needs of underserved populations whom are ill-equipped to seek care outside of the safety net.
   i. Encourage each resident to actively participate in organized dentistry with exposure to the lifelong educational opportunities they provide.

V. **CURRICULUM:**

A. **Clinical Curriculum:**

   Encompasses 80% of the resident’s total experience. Residents will provide comprehensive oral health care to patients towards case completion and have the opportunity to perform a variety of standard and advanced clinical procedures in all areas of dentistry as described in the program’s competency and proficiency statements. Residents will be assigned to the Marshfield Clinic Dental Center for the majority of training in order to promote continuity of care for the patients and continuity of experience for the resident. 15% of the clinical experience will be enhancements by rotation to other affiliated health center sites within the region, including other Marshfield Clinic Dental Centers and Internal Medicine. The resident’s training schedule will be developed at the discretion of the Family Health Center
training sites in collaboration with program administration.

B. **Didactic Curriculum:**
   Encompasses 20% of the resident’s experiences. Residents receive didactic instruction through a number of venues that include, but are not limited to: formal lectures delivered using video teleconferencing technology, asynchronous web-based forums and lectures and small group interactive sessions. Didactic courses will include advanced general dentistry, patient risk assessment, diagnosis, treatment planning, preventative, restorative, endodontics, periodontics, fixed and removable prosthetics, oral and maxillofacial surgery, implant dentistry, oral medicine, oral pathology, practice management and literature reviews. Topic areas are designed to deliver timely relevant knowledge specific to the programs goals on-going throughout the entire academic year.

C. **Outcomes Assessment Measures:**
1. The American Board of General Dentistry – Outcomes Assessment Examination: This written pre- and post-test serves as a benchmark outcomes evaluation. This examination covers all specialty areas of dentistry and is adapted to advanced general dentistry residents. In addition, this examination prepares our graduate for subsequent educational advancement in the Academy of General Dentistry.

2. Staff evaluations of resident clinical performance: Informal mentoring coupled with countersignature of all clinical records. Written evaluations occur after each rotation. Clinical performance, patient management, productivity, didactic participation and compliance with dental center regulations are all factors considered by attending staff in the resident’s overall performance evaluation.

3. Program Directors quarterly evaluations of performance with residents counseled on their progress and performance.

4. Resident critiques of the program will be conducted annually.

5. Evaluation of the dental faculty staff by the resident on each rotation.

6. One year post-graduation survey.

7. Annual curriculum and competency review (review of the ADA self study).

**NOTE:** Residents practice under the credentials of their supervising (attending) mentor. Residents cannot treat patients unless they are under the supervision of an attending. ALL dental and medical record entries MUST be countersigned by the supervising mentor.
D. **Rotations:**

Assigned rotations to affiliated health center sites within the region are part of the AEGD curriculum. Rotations have specific objectives for achieving curriculum program goals. The rotations may include oral surgery and internal medicine, as well as other rotations for the purpose of enrichment experiences.

**Competency Statements**

C=Competent  
E=Exposed

VI. **COMMUNITY SERVICE AND ETHICS:**

A. **Objectives for the Resident:**

This aspect of the residency is designed to expose the residents to opportunities where they may use their talents and skills to the greater good of society. Opportunities abound within Central and Northern Wisconsin. During this residency each resident will be challenged to use their skills to educate, evaluate and provide for others. Residents are encouraged to challenge all health care providers to become involved in oral health care. Factors important to the success of oral health and caries management such as diet, oral hygiene, and salivary status are stressed. Residents will be encouraged to integrate preventive measures such as fluoride therapy, oral hygiene instruction, antimicrobial therapy and use of fluoride releasing materials as part of their disease control protocol.

B. **Graduates of the Marshfield Clinic AEGD are expected to:**

1. Engage in community service by improving access to care through treatment of the underserved populations and patients with special needs (E)
2. Engage in community service to prevent and reduce the incidence of oral disease (E)
3. Use accepted prevention strategies to help maintain and improve oral health as a means to improve the overall systemic health for at risk patients. (C)
4. Understand the risk management and treatment of the caries active patient using the medical model of caries for the at risk patients. (C)

VII. **CURRENT LITERATURE REVIEW - RESEARCH/PRESENTATIONS:**

A. **Objectives for the Resident:**

The objective of this portion of the curriculum is to help the resident learn the "language" of research; to develop the ability to critically analyze the dental literature; to learn how and where to find information, and to increase skills in communicating ideas to others. One method for attaining these objectives is through current literature review. During literature reviews, residents choose articles of interest from current dental journals and provide a brief overview and scientific critique. A vast
array of library resources is available to help the resident achieve these objectives. During the year, residents may also be called upon to make presentations illustrating clinical techniques or other topics. Research is part of the mission of Marshfield Clinic and is stressed for all employees, including residents.

B. *Graduates of the Marshfield Clinic's AEGD are expected to:*
   1. Demonstrate the ability to critically analyze a research report in the dental literature and use this information to make professional decisions *(C)*
   2. Demonstrate the ability to critically analyze a research report in the dental literature and provide an overview and scientific critique through a professional presentation during literature review sessions. *(C)*

**VIII. ENDODONTICS:**

A. *Objectives for the Resident:*
   The objective of this portion of the residency is to afford the resident the opportunity to develop skill and confidence in the diagnosis and treatment of non-surgical endodontic cases. Clinical training in endodontics will include techniques of biomechanical preparation and obturation of the root canal system, non-vital bleaching, and management of odontogenic infections. In addition, the resident will have the opportunity to use the latest in rotary instrumentation.

B. *Graduates of the Marshfield Clinic's AEGD are expected to:*
   1. Diagnose and treat pain of pulpal origin. *(C)*
   2. Perform uncomplicated non-surgical anterior endodontic therapy. *(C)*
   3. Manage uncomplicated non-surgical posterior endodontic therapy. *(C)*
   4. Manage non-surgical endodontic retreatment *(C)*
   5. Recognize and manage uncomplicated endodontic complications. *(C)*
   6. Understand indications for surgical endodontic therapy. *(C)*
   7. Understand the indications and procedures for bleaching discolored, endodontically-treated teeth *(C)*

**IX. ORAL AND MAXILLOFACIAL SURGERY:**

A. *Objectives for the Resident:*
   The objective of the oral and maxillofacial surgery curriculum is to allow the opportunity for residents to improve their skills in dentoalveolar surgery. In addition, it is designed to enhance the resident's ability in physical diagnosis and to reinforce the impact medical conditions have on dental treatment plans. Basic oral surgical principles are reviewed with clinical cases assigned as the resident demonstrates expanding surgical skill and interest. Under staff supervision and as cases present, the resident may gain exposure to various surgical techniques and above all how to treat medically compromised patients. An important objective is the development of good clinical judgment and the ability to effectively interact with other health care providers.
within the hospital setting.

B. **Graduates of the Marshfield Clinic’s AEGD are expected to:**

1. **Objectives of Oral Surgery – Diagnosis**
   a. Perform appropriate patient assessment, to include chief complaint, history of present illness, past medical history, past surgical history, allergies, medications, social history and a focused physical examination, and formulate an appropriate treatment plan based on those findings. (C)
   b. Recognize complicating systemic conditions and appropriately manage the dental condition of a patient with a systemic disease process and/or other medically compromising condition (C)
   c. Make and interpret appropriate medical consults. (C)
   d. Understand the ordering and interpretation of appropriate diagnostic imaging and laboratory studies for patients as required to guide treatment decisions (C)
   e. Appropriate knowledge of head and neck anatomy and can apply this knowledge to the clinical head and neck examination (C)
   f. Clinically develop a differential diagnosis and manage oral pathologic abnormalities. (C)
   g. Diagnose and manage oral mucosal diseases and the oral manifestations of systemic disease. (C)

2. **Objectives of Oral Surgery – Skills:**
   a. Gain insight into the resident's own surgical abilities and limitations allowing him/her to distinguish cases within his/her capabilities and those requiring specialty referral. (C)
   b. Manage the extraction of erupted teeth and retained root fragments (C)
   c. Understand the indications for removal and manage impacted teeth (C)
   d. Utilize sound surgical principles; appropriate suturing with aseptic technique (C)
   e. Understand indications and manage minor pre-prosthodontic surgery such as tori removal, tuberosity reduction, and alveoloplasty (C)
   f. Provide sound postsurgical management and effectively evaluate and treat post-operative complications (C)
   g. Provide primary care of acute infection, pain and hemorrhage of the oral and peri-oral structure with appropriate specialty referral (C)
   h. Evaluation and early management of minor dentoalveolar trauma. (C)

X. **ORAL DIAGNOSIS AND COMPREHENSIVE TREATMENT PLANNING:**

A. **Objectives for the Resident**

The objective of Oral Diagnosis and Comprehensive Treatment Planning is to mentor the skills required to make sound judgments in diagnosis, sequential treatment planning, and decision-making during the course of comprehensive treatment. It is essential that residents systematically evaluate patients, determine etiologies of problems, and develop appropriate treatment plans for patients requiring
multidisciplinary treatment. Residents are instructed in problem-oriented treatment planning and mentored through the treatment planning process. Treatment planning seminars are conducted to stimulate both residents and staff in the complexities of treatment planning.

B. **Graduates of the Marshfield Clinic's AEGD are expected to:**

1. Function as a patient's primary and comprehensive oral health care provider as part of a multidisciplinary health care team to provide emergency and multidisciplinary oral health care to all patients including those with special needs. (C)
2. Work with patients in a manner that is professional, builds rapport and confidence, respects patient's rights and dignity, puts the patient’s interests first, and maximizes patient's satisfaction with dental care. (C)
3. Obtain and interpret the patient's chief complaint, medical, dental, social histories, and review systems. (C)
4. Obtain and interpret consults from dental professionals and other health care providers. (C)
5. Develop and carry out multidiscipline dental treatment plans, including patients with special needs, in a manner that considers and integrates the patient's medical, psychological, and social needs. (C)
6. Obtain informed consent for dental treatment by providing patients with appropriate discussion of risks and benefits of treatment recommendations and alternative treatment options. (C)
7. Analyze outcomes and modify treatment plans based on therapeutic outcomes, unexpected circumstances or patient's individual needs. (C)
8. Maintain a patient record that facilitates retrieval and analysis of the progress and outcomes of patient treatment. (C)
9. Properly use pharmacological agents in the treatment of dental patients. (E)
10. Assess and manage patients with intra-oral dental emergencies and infections. (C)

**XI. COMPREHENSIVE CONTROL OF PAIN AND ANXIETY:**

A. **Objectives for the Resident**

The goal for this aspect of training is to broaden the resident's awareness of various means to manage apprehension and pain in dental practice. The objective is to teach the resident to safely manage pain and anxiety in the conscious patient beyond the scope of local anesthetics. Residents must fully understand that an accurate assessment of the patient’s medical condition coupled with responsible management and safety is paramount. Residents are required to be CPR certified and are offered the opportunity to attend Advanced Cardiac Life Support. One-on-one clinical teaching from qualified staff will be available to motivated residents in oral anxiolysis and nitrous oxide minimal sedation. However, this program is not intended to be the sole educational resource for residents interested in state certification for these procedures.
B. Graduates of the Marshfield Clinic AEGD are expected to:
1. Achieve and maintain certification in BLS. (C)
2. (ELECTIVE) Participate in ACLS for PGY-1; (E)
3. Possess a thorough working knowledge of the management of potential medical emergencies which may occur within in the dental clinic. (C)
4. Understand the anatomy; physiology, pharmacology and psychology associated with various pain and anxiety control methods. (C)
5. Select the proper regiment for the control of pain and anxiety after adequate physical and psychological assessment of the patient. (C)
6. Prevent, recognize and manage complications related to the use and interaction of local anesthetics, systemic medications and agents used in the control of pain and anxiety. (C)

XII. PERIODONTICS
A. Objectives for the Resident
The objective of this training is to expand the resident’s ability to diagnose and treat periodontal diseases. Emphasis is placed upon the relationship of the periodontium to overall treatment planning. Prevention and non-surgical corrective measures are stressed. However, residents will be instructed in up-to-date surgical procedures, as available.

B. Graduates of the Marshfield Clinic AEGD are expected to:
1. Diagnose and manage the treatment of early and moderate periodontal disease using appropriate therapies and procedures (C)
2. Manage advanced periodontal disease. (C)
3. Understand the effects of systemic conditions and/or medications on periodontal disease, its prognosis, and its treatment. (C)
4. Understand periodontal surgical principles and manage patients who may require periodontal surgery. (C)
5. Understand the principles behind biologic width and manage teeth requiring surgical crown-lengthening. (C)
6. Understand indications for osseous grafts and guided tissue regeneration. (C)
7. Understand indications/contraindications for implants, principles of placement and maintenance, (C)
8. Understand the importance of periodontal maintenance to success of treatment. (C)
9. Identify and manage acute periodontal conditions as well as routine post-surgical complications. (C)

XIII. PRACTICE MANAGEMENT:
A. Objectives for the Resident:
The objective of practice management is to provide the resident with practical exposure to the operational complexities of running an efficient, safe, and productive group practice. Residents experience first-hand the direct chair-side management of
auxiliary personnel and clinical schedules. This trial by immersion soon teaches the resident that a personal philosophy of treatment room management is essential for any future endeavors. Residents receive instruction in patient records maintenance, infection control, compliance with OSHA standards and institutional employee standards immediately upon arrival as part of their orientation. Residents learn to appreciate the peer review process by exposure to the Continuous Process Management and Improvement. These experiences are intended to fully reinforce the management/compliance issues expected of any dental office whether a private practice or institution. Although the primary focus of the curriculum is management of a group practice, a secondary objective is to provide exposure to alternative healthcare delivery systems. Topics covered in formal seminars are revised annually. Seminars are intended to reinforce resident competencies. Assigned readings, presentations, videos and/or laboratory exercises focus on competency development.

B. *Graduates of the Marshfield Clinic's AEGD are expected to:*
1. Use selected business systems in dental practice, including continuing care and combined electronic health record systems, for management of scheduling, patient flow, and record keeping. (C)
2. Provide patient care by working effectively with allied dental personnel, including appropriate management of auxiliary personnel and performing four-handed dentistry. (C)
3. Provide dental care as a part of an inter-professional health care team (C)
4. Understand principles of jurisprudence and professional ethics in the practice of dentistry. (C)
5. Use up-to-date information systems and technology to aide in dental practice. (C)
6. Maintain a patient record system that facilitates the retrieval and analysis of the process and outcomes of patient treatment. (C)
7. Understand the importance of and demonstrate interest in organized dentistry. (C)
8. Understand actions necessary to identify and help an incompetent, impaired, or unethical colleague. (C)
9. Use and implement accepted sterilization techniques, universal precautions, and occupational hazard prevention procedures in the practice of dentistry, which comply with OSHA and institutional standards. (C).
10. Understand the principles of continuous quality improvement, including the peer review process, and its importance to the business of dentistry. (C)
11. Explain and discuss with patients, or parents/guardians of patients, findings, diagnoses, treatment options, realistic treatment expectations, patient responsibilities, time requirements, sequence of treatment, estimated fees and payment responsibilities when appropriate, in order to establish a therapeutic alliance between the patient and provider. (C)

XIV. **PREVENTIVE DENTISTRY:**
A. *Objectives for the Resident:*
The objective of this area of the residency is to properly assess caries and periodontal...
risk factors, determine etiologies of disease and establish protocols for treatment. Residents are encouraged to integrate preventive measures into their daily practices.

B. **Graduates of the Marshfield Clinic’s AEGD are expected to:**
   1. Understand management and treatment of the caries active patient using the medical model of caries. (C)
   2. Engage in community service to promote prevention and reduce the incidence of oral disease. (C)
   3. Use accepted prevention strategies to help patients maintain and improve their oral health. (C)

XV. **PROSTHODONTICS:**

A. **Objectives for the Resident:**
   The objective for this segment of the residency is to enhance the prosthodontic skills a general dentist is likely to encounter in the course of daily practice. Traditional fixed and removable prosthodontics is stressed. Residents learn to communicate effectively with the dental laboratory and with other clinical departments in the course of patient treatment.

   Prosthodontic diagnosis and comprehensive treatment planning is stressed. It is essential for the dentist to employ the proper principles of preparation design, soft tissue management, and manipulation of prosthodontic materials. An exposure to implant prosthodontics will be provided and residents have the opportunity to participate in the treatment planning and restoration of implant cases.

B. **Graduates of the Marshfield Clinic’s AEGD are expected to:**
   1. **Traditional Fixed and Removable Prosthodontics:**
      a. Use appropriate assessment techniques to develop a differential, provisional and definitive diagnosis for patients requiring fixed or removable prosthodontics. (C)
      b. Treat patients with missing teeth requiring uncomplicated removable restorations (C)
      c. Treat patients with missing teeth requiring uncomplicated fixed restorations (C)
      d. Manage patients with missing teeth requiring complicated fixed or removable restorations (C)
      e. Diagnose and manage a patient's occlusion recognizing complex occlusal abnormalities and the effect on choosing and delivering case-appropriate fixed/removable prostheses. (C)
      f. Communicate case design with laboratory staff and evaluate resultant prosthesis (C)

_Although there is no absolute number of cases required for developing competency in fixed and removable prosthodontics, residents are STRONGLY encouraged to treat_
as many patients as possible. This may require after-hours time to develop treatment plans, prepare diagnostic wax-ups and prepare strategic clinical materials.

XVI. IMPLANTS:
A. Objectives for the Resident:
The objective is to provide residents with a solid exposure to implantology. Recognizing indications and contraindications for implants, understanding the importance of thorough diagnostic work-up and the multi-disciplinary approach to the treatment, along with implant maintenance is stressed.

B. Graduates of the Marshfield Clinic's AEGD are expected to:
1. Understand the indications and contraindications for implants. Familiar with the principles behind their placement, restoration, and maintenance (C)
2. Manage the restoration of uncomplicated implant restorations (C)
3. Understand the management of implant complications. (C)
4. Provide follow-up care an preventive maintenance therapy for patients with implant supported prosthesis (C)

XVII. RESTORATIVE/OPERATIVE DENTISTRY:
A. Objectives for the Resident:
The objective of the Restorative/Operative dentistry portion of the AEGD is to enhance diagnostic and treatment skills in dentition attacked by disease or trauma. Complex restorative techniques, soft tissue management and pulpal considerations of restorative biomaterials are stressed. Current, evidence based dental biomaterials are available for use by the residents. Finally, residents are encouraged to develop a personal philosophy for general practice, total patient care and continuity of treatment with particular emphasis placed on the development of a restorative philosophy for the physically, emotionally, and socially compromised patient.

B. Graduates of the Marshfield Clinic's AEGD are expected to:
1. Diagnose and treat dental caries, defective restorations and cracked tooth syndrome. (C)
2. Restore single teeth with a wide range of direct placement materials/methods. (C)
   a. Select the optimal restorative material based on functional demands, caries rate, esthetics, access, and ability to isolate.
   b. Understand indications and perform anterior/posterior composite restorations
   c. Understand and perform effective isolation of the operative field
   d. Understand indications, advantages, disadvantages, and placement of dentin bonding agents, bases and liners
3. Place restorations and perform techniques to enhance facial esthetics. (C)
   a. External bleaching, composite bonding and all ceramic restorations. (E)
4. Restore single teeth with a range of indirect placement materials and methods. (C)

5. Understand the relationship between restorative procedures and the periodontium. (C)
   a. Identify and manage inadequate biologic width.
   b. Provide atraumatic techniques to access to subgingival margins.

6. Restore endodontically treated teeth, understanding the principles and indications for various post and core systems. (C)

XVIII. HOSPITAL DENTISTRY/ORAL MEDICINE/GERIATRIC AND SPECIAL NEEDS DENTISTRY:
A. Objectives for the Resident:
The Marshfield Clinic takes pride in the fact that it provides exceptional care to thousands of low income individuals throughout Northern Wisconsin. Many of these individuals are aging and present to our facility with multiple medical complications. These patients rely on us for their care. To truly service their needs, a comprehensive dentist must be knowledgeable not only of the patient’s dental needs but the effects of aging, medical conditions, and of course physical limitations on both their systemic disease and the expected course of our dental treatment. The objective of this aspect of the curriculum is to provide the resident with practical clinical knowledge of the management of medically compromised, geriatric and special needs patients. Our patients routinely present these challenges.

B. Graduates of the Marshfield Clinic’s AEGD are expected to:
1. Perform dental evaluation, prepare appropriate responses to physician consultation requests, develop treatment plans, and provide appropriate dental treatment to geriatric/special needs patients. (C)
2. Understand impact of age and medical conditions on oral health and aware of current trends in aging that impact dentistry and dental treatment plans. (C)
3. Understand the indications for treatment of patients within an operating room, including those with moderately severe medical problems, and have the ability to treat these patients. (C)
4. Perform treatment for patients with special needs including the medically compromised and developmentally disabled populations and appropriately modify routine treatment as necessary to meet their needs. (C)

XIX. TEMPOROMANDIBULAR DISORDERS/OROFACIAL PAIN/OCCCLUSAL DISORDERS:
A. Objectives for the Resident:
The objective of this area of the residency is to expose residents to practical clinical aspects of the systematic evaluation of patients with symptoms suggestive of craniomandibular and/or occlusal disorders.

B. Graduates of the Marshfield Clinic’s AEGD are expected to:
1. Appropriately assess and manage patients with symptoms of orofacial pain/occlusal disorders and make appropriate referrals as an adjunct to patient
care. (C)
2. Appropriately manage patients requiring an occlusal device. (C)

XX. INTERNAL MEDICINE:
This is a four-week rotation which is divided into two separate two week rotations throughout the 12 months of residency. The resident will be paired with an Internal Medicine Resident and will be supervised by Internal Medicine Faculty. The rotation is designed to provide formal instruction in physical evaluation and medical assessment.

A. **Objectives for the Resident:**
The objective of this portion of the residency is to perform an appropriate history and interpret clinical findings to formulate a differential diagnosis based on the findings and understand the clinical features, differential diagnosis management of common medical conditions respective to a general physical evaluation. The resident will be exposed to presenting patient care information using both oral and written formats, recognize effective communication skills, and appreciate ways to build relationships with patients and colleagues. This would give the resident an opportunity to expand their capacity to function as an increasingly independent clinician on an interdisciplinary team, and appreciate appropriate professional behavior while working on teams and caring for patients.

B. **Graduates of the Marshfield Clinic's AEGD are expected to:**
1. Understand how to perform an appropriate history and physical exam, including the use of basic principles of inspection, auscultation, palpation and percussion in general health assessment. (C)
2. Understand how to interpret clinical findings from the history and physical exam to formulate a differential diagnosis, including assessment of the need for and results of clinical laboratory examinations. (C)
3. Understand the clinical features, differential diagnosis, and management of common medical conditions. (C)
4. Demonstrate the ability to appropriately present patient care findings and information to faculty. (C)
5. Recognize and understand how to manage a medical emergency. (C)
6. Recognize effective communication skills, and appreciate ways to build relationships with patients and colleagues. (C)
7. Expand capacity to function as an independent clinician on an interdisciplinary team, seeking feedback to improve on clinical skills. (C)
8. Appreciate appropriate professional behavior while working on teams and caring for patients. (C)
9. Provide instruction to other health care providers in proper oral examination and risk assessment, providing referral to the dental clinic as needed. (C)

XXI. ORAL SURGERY ROTATION:
This is a six week rotation, two half days per week, offered to the AEGD residents. The resident will be instructed by and under the direct supervision of Dr. Milan Pastuovic, an Oral Surgeon at the Marshfield Clinic OMS Center. The rotation is designed to provide advanced instruction in oral surgery in an oral surgery specialty setting.

A. Objectives for the Resident:
The objective of the oral and maxillofacial surgery curriculum is to allow the opportunity for residents to improve their skills in dentoalveolar surgery. In addition, it is designed to enhance the resident's ability in physical diagnosis and to reinforce the impact medical conditions have on dental treatment plans. Basic oral surgical principles are reviewed with clinical cases assigned as the resident demonstrates expanding surgical skill and interest. Under staff supervision and as cases present, the resident may gain exposure to various surgical techniques and above all how to treat medically compromised patients. An important objective is the development of good clinical judgment and the ability to effectively interact with other health care providers within the hospital setting.

B. Graduates of the Marshfield Clinic's AEGD are expected to:

1. Objectives of Oral Surgery – Patient Care
   a. The resident will be expected to take appropriate patient history and do an appropriate physical examination with emphasis on patient’s dental needs and relevant medical issues. (C)
   b. The resident will be expected to formulate a dental/oral surgery treatment plan based on history and physical findings with special consideration given to patient’s medical problems and medication history. (C)
   c. The resident will be expected to provide patients with appropriate discussion of clinical findings and treatment recommendations. (C)

2. Objectives of Oral Surgery – Skills
   a. Develop skills to perform complete oral examination and examination of related head and neck structures. (C)
   b. Develop comprehensive oral surgery treatment plan based on patient history and physical findings. (C)
   c. Develop understanding of sequencing of treatment for patients requiring complex care including multiple dental specialty areas. (C)
   d. Understand the ordering and interpretation of appropriate diagnostic imaging and laboratory studies. (C)
   e. Recognize indications for medical consultation, develop ability to obtain and interpret such consultation, and effectively interact with other healthcare providers. (C)
   f. Recognize indications for referral to dental specialists. (C)
   g. Develop understanding of indications for dental/oral surgery treatment in an operating room. (C)
   h. Develop necessary skills for working in an operating room setting. (C)
i. Develop skills required for treating patients with special needs including the medically compromised and developmentally disabled patient populations. (C)

j. Develop familiarity with pharmacological agents commonly used in oral surgery/dentistry. (C)

k. Develop skills related to diagnosis and treatment of dental/facial infections. (C)

l. Understand the evaluation and management of dentoalveolar trauma. (C)

m. Develop understanding of systemic medical conditions that impact provision of oral surgery/dental care. (C)

XXII. ADMISSION CRITERIA:

To become part of this AEGD, applicants may apply during their senior year of dental school. The applicant must be enrolled in and graduate from an American or Canadian Dental Association accredited dental school. Applicants must pass parts I and II of the National Board Dental Examination (NBDE). Applicants must be United States citizens OR non-United States citizens with a visa. Those applicants holding a visa must be able to provide documentation of their visa and work eligibility. All applicants must also be eligible to obtain a Wisconsin state dental license.

Applicants must meet all requirements established by The Division of Education and Human Resources and Employee Health and Safety (posted on our website).

XXIII. APPLICATION PROCESS:

Applications must be filed through the Postdoctoral Applications Support Service (PASS). PASS applications should be received by PASS prior to published deadlines, program deadline is October 1st. Please note: the PASS Program simply facilitates the application process and has no impact upon the selection process. Information and PASS applications can be obtained online at the ADEA/PASS website. In addition, please send the following required supplemental materials directly to our dental service at the address listed below:

1. AEGD Residency Application Form (submit via email or fax) found on this page.
2. Official NBDE Score Report: Parts I and II (send via regular mail).
3. Official Regional Examination Score Report: accepted examinations include CRDTS, WREB, NERB, SRTA, ADEX and CITA (send via regular mail).
4. Photocopy of dental school diploma (when received upon graduation)
5. Current 2 x 2 inch photo

Materials should be sent to:
Tiffany O’Brien, DDS
Marshfield Clinic AEGD Program Director
1307 North St. Joseph Avenue
Marshfield, WI 54449
Email: obrien.tiffany@marshfieldclinic.org
Candidates are selected based upon academic records, professional evaluations (obtained through PASS), and a personal interview. Non-discrimination is practiced not only in the selection process but also in every aspect of this program. A selection committee will consist of Program Director, Dental Administration and Education Administration.

The applicants are also reminded that significant variation exists between accredited programs in terms of personnel, resources, and patient demographics. A prospective resident must assess programs on an individual basis to determine whether the program structure and personality will satisfy their objectives for advanced professional education.

**XXIV. ADDITIONAL INFORMATION FOR CANDIDATES/RESIDENTS:**
A. Resident stipends are set annually for all PGY positions. Currently the estimated 2014 stipend is: First Year Resident (PGY-1): approximately $55,067.
B. Currently AEGD residents receive 15 days of annual leave (vacation and sick) per year.
C. Malpractice coverage is provided by Marshfield Clinic.
D. A Wisconsin State Dental License is required while practicing within this institution.
E. A DEA number is required while practicing within the confines of this institution.
F. Moonlighting is not permitted.
G. The due process policy for disciplinary actions against residents is covered in the Marshfield Clinic’s Institutional Policy Compendium.
H. Current (non-expired) BLS certification is required prior to the start date.

**XXV. ADA ACCREDITATION COMPLAINTS POLICY:**
ADA Accreditation Complaints Policy - residents are aware that the Commission on Dental Accreditation will review complaints that relate to the program’s compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but it does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. A copy of the appropriate accreditation standards and/or the Commission’s policy and procedures for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL. 60611 or by calling 1-800-621-8099, extension 4653.
References:


