

**DEPARTMENT OF DENTISTRY
JERSEY SHORE UNIVERSITY MEDICAL CENTER
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CORE COMPETENCY AND PROFICIENCY STATEMENTS

The Council On Dental Accreditation of the American Dental Association is now encouraging all General Practice Residency Programs to adopt **COMPETENCY BASED EVALUATIONS** for GPR Residents. These evaluations are to be based on **CORE COMPETENCY AND PROFICIENCY STATEMENTS WHICH ARE TO BE TIED TO THE OBJECTIVES OF OUR PROGRAM** and related to both program self assessment and final **PROFICIENCY PORTFOLIOS** for residents completing our program.

Competency and Proficiency Statements will be divided into general statements for the program as a whole and statements related to our various subject areas as described below. Each statement will be designated as either an area of **(A-apprentice)** in which graduates will have very little knowledge or experience at the beginning of the program and may or may not become competent by the end of the program, **(C-competent)** in which graduates are expected to have little experience at the beginning of the program or as an area of **(P-proficient)** in which graduates are expected to be competent at the beginning of the program and gain further experience, knowledge, skills and judgment as the program progresses.

Many of the following “core” group of competency and proficiency statements have been proposed by GPR program directors to be included in lists prepared by all programs. Many of these statements will also apply to more than one subsection of the department of dentistry.

Residents will continue to be evaluated by subsection directors and curriculum committee members as has been done in the past. In addition, several other forms will be related to the Competency and Proficiency Statements. The **COMPETENCY AND PROFICIENCY FORM** will be used (by the individual indicated by the code under each statement) to evaluate each resident in regards to each statement. The **EVALUATION SUMMARY ANALYSIS/PROFICIENCY PORTFOLIO FORM** will be used to provide final resident evaluations and Proficiency Portfolio's for residents completing the program. The **COMPETENCY AND PROFICIENCY SURVEY** will be filled out by residents to provide us with an internal pre and post program assessment instrument to evaluate the quality of our program and to determine whether or not the objectives of the program (the Competencies and Proficiencies) have been met.

CODES: DC=Director of Clinic DOS= Director of Oral Surgery
 DJC= Director Journal Club DOD=Director Oral Diagnosis
 DP=Director Periodontics DPR= Director Prosthetics
 PD=Program Director DD=Director of Dentistry
 DO=Director Operative DCD=Director Cosmetic Dentistry
 DA=Dental Auxillaries AA=Any Attending
 DIC=Director Med-Immuno Compromised

A graduate from our General Practice Residency Program in Dentistry at Jersey Shore Medical Center will be able to:

General Statements:

1. Function as a patient's primary and comprehensive oral health care provider. (P)
2. Treat patients efficiently in a dental practice setting.(C)
3. Work with patients in a manner that is professional, builds rapport and confidence, respects patients' rights and dignity, puts patients' interests first and maximizes patients' satisfaction with dental care.(P)
4. Use and implement accepted sterilization, disinfection, universal precautions and occupational hazard prevention procedures in the practice of dentistry.(P)
5. Provide patient care by working effectively with allied dental personnel, including performing sit down, four handed dentistry. (C)
6. Provide dental care as part of a intraprofessional health care team such as that found in a hospital, institution, or community health care environment. (P)
7. Make referrals to, and obtain consultations from, professional colleagues for the treatment of dental, medical, psychological, and social problems presented by dental patients. (P)
8. Apply principles of jurisprudence and professional ethics in the practice of dentistry. (P)
9. Evaluate scientific literature and use information in the literature in making professional decisions. (P)
10. Maintain a patient record system that facilitates the retrieval and analysis of the process and outcomes of patient treatment. (P)
11. Continuously analyze the outcomes of patient treatment to improve treatment. (P)

Diagnosis and prevention of Oral Disease:

12. Obtain and interpret appropriate clinical and radiographic data and additional diagnostic information from other health care providers or other diagnostic resources. (P)
13. Obtain and interpret clinical and other diagnostic data from dental professionals and other health care providers. (P)
14. Use the services of clinical, medical and pathology laboratories and make referrals to other health care professionals for utilization of these services. (P)
15. Perform a limited history and physical evaluation and collect other data to establish a risk assessment for dental treatment and use that risk assessment in the development of a dental treatment plan. (P)
16. Perform a comprehensive clinical oral examination to include head, neck, skin, jaws, periodontium, soft tissues, occlusion, and teeth.(P)
17. Take a full mouth x-ray series and be able to interpret them.(P)
18. Implement a comprehensive disease control program whereby the resident educates his/her patients in the area of prevention and provides preventive services such as fluoride treatments and sealants.(P)

Treatment of Oral Disease:

19. Obtain informed consent for dental treatment by discussing with patients, parents or guardians of patients the following: findings; diagnoses; the risks, benefits, and process of various treatment options; patient responsibilities during and after treatment. (C)
20. Integrate multiple disciplines into individualized, comprehensive, sequenced treatment plans for patients with uncomplicated and complex needs.(C)
21. Develop and carry out dental treatment plans for patients, including patients with special needs, in a manner that considers and integrates those patient's medical, psychological, and social needs. (P)
22. Modify the treatment plan, if indicated, based on therapeutic outcomes, unexpected circumstances or the patient's individual needs. (P)
23. Treat patients with intra-oral dental emergencies and infections.(P)
24. Provide initial treatment and then manage patients with extra-oral and complex oral-facial emergencies and infections.(C)
25. Anticipate, prevent, diagnose and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment.(C)

Restorative Dentistry/Pediatric Dentistry:

26. Restore single teeth with a wide range of materials and methods. (P)
27. Restore primary teeth(C)

Cosmetic Dentistry

28. Residents should be able to provide anterior composites, composite build ups and posterior composites. (C)

Prosthodontics:

29. Treat patients with missing teeth requiring removable restorations.(P)
30. Treat patients with missing teeth requiring uncomplicated fixed restorations.(P)
31. Manage patients with missing teeth requiring complicated fixed restorations.(C)
32. Place restorations and perform techniques to enhance patient's facial esthetics. (C)
33. Restore endodontically treated teeth.(P)
34. Diagnose and manage a patient's occlusion. (C)
35. Communicate case design with laboratory technicians and evaluate resultant prosthesis. (P)
36. Restore single tooth implants.(C)
37. Present treatment plans to patients.

Endodontics:

38. Diagnose and treat pain of pulpal origin.(P)
39. Perform uncomplicated non-surgical anterior endodontic therapy. (P)
40. Perform uncomplicated non-surgical posterior endodontic therapy. (P)
41. Treat uncomplicated endodontic complications.(P)
42. Assess and manage facial pain. (C)
43. Provide pulpal therapy for primary teeth(C)
44. Prepare pulp chambers and canals for posts and cores(P)
45. Explain treatment plans to patients.

Oral Surgery:

46. Perform nonsurgical extraction of teeth. (P)
47. Perform surgical extraction of teeth. (C)
48. Perform uncomplicated pre-prosthetic surgery. (C)
49. Perform biopsies of oral tissues. (C)
50. Treat intraoral hard and soft tissue lesions of traumatic origin. (C)
51. Manage intraoral soft tissue lesions of non-traumatic origin. (P)
52. Treat avulsed teeth (C)
53. Perform implants and techniques to perform them.(A)
54. Manage fractures to the maxilla and mandible(A)

Periodontics:

55. Scaling and root planning.(P)
56. Diagnose and treat early periodontal disease using surgical and non-surgical procedures.(P)
57. Diagnose and treat moderate periodontal disease using surgical and nonsurgical procedures. (C)
58. Evaluate the results of periodontal treatment and establish and monitor a periodontal maintenance program. (P)
59. Diagnose when crown lengthening surgery is needed and have knowledge of methods of crown lengthening.(P)
60. Perform crown lengthening surgery.(A)
61. Evaluate the health of dental implants and establish and maintain implant maintenance procedures.(C)

Oral Diagnosis/Oral Pathology:

62. Diagnose and manage oral manifestations of systemic disease. (P)
63. Diagnose and manage common oral pathological abnormalities.(P)

Hospital Dentistry:

64. Use proper hospital protocol when treating and managing patients in a hospital environment.(C)
65. Perform dental consultations and request medical consultations for hospitalized patients and non hospitalized patients. (C)
66. Provide Dental Treatment in the Operating Room. (C)

Pharmacology:

67. Use pharmacological agents in the treatment of dental patients. (P)
68. Provide control of pain and anxiety in the conscious patient through the use of pharmacological interventions, behavior management techniques, local anesthesia, and oral and/or nitrous oxide conscious sedation techniques. (C)