



GENERAL PRACTICE RESIDENCY PROGRAM

COMPETENCIES

RESIDENCY YEAR 2016-2017

INFORMATION FOR THE GENERAL PRACTICE RESIDENTS

Introduction:

As part of our accreditation, we have created a list of “Competency statements” that we want you to be able to perform by the time you finish our program. Our competency statements allow us to assess your progress as you progress through the year.

In the SMC GPR program, we have a total of 23 competencies, with several subheadings. In each of these areas, we will determine the skill level you have achieved, with the following descriptors:

- 1 - Novice: When the resident is completely or recently new to a particular knowledge, skill, or value; unable to perform without direct supervision, makes errors, is slow or hesitant, rules driven, and relies upon one method to complete the task.
- 2 - Beginner: The resident can demonstrate knowledge, skill and value sufficiently to complete a task, but still is unable to do so completely independently. Errors are fewer than the novice, but may still be present.
- 3 - Competent: The resident has achieved a level of knowledge, skill, and ability to perform an aspect of dental practice independently after completing the program.
- 4 - Proficient: The resident can accomplish a particular activity in more complex situations, with repeated quality, and with more efficient utilization of time.
- 5 - Expert: The resident can execute an activity that is flawless, fast, fluid, easily modified, conformed to context, done with multiple methods, and integrated.

Completing the Program:

In order to receive a *Certificate of Completion* from the program, you must demonstrate a level of “Competent” or better in each statement by the time you finish. With reasonable effort and skill, you should meet these criteria with ease. We will continually assess your activity throughout the program, and will formally review your progress three times during the year (October, March and June). If you are progressing well, we will congratulate you. In areas that you are particularly doing well, you will receive “Proficient” or even “Expert” evaluations. Note that a “Novice” and “Beginner” score may be used as normal interim score as you progress from July to June, and will be appropriately upgraded as your skills improve.

If we detect areas that you are failing to meet our minimum standards, we will provide remediation. At the end of the program, if you still have been unable to achieve a level of “Competent”, we will be unable to award you a *Certificate of Completion*, and will issue a *Certificate of Participation* instead. Of course, we hope all residents will complete the program as intended.

Rules:

Our Competency Statements are attached. Note that some competencies (such as pedo and anesthesia) can only be met on those rotations. It behooves you to revisit this list often to ensure you are on track and/or have time to obtain remediation. Similarly, our faculty will be monitoring you for appropriate progress and will attempt to intervene quickly if any difficulties are detected. If you have questions or concerns about your progress, please ask the faculty on your rotation or Dr. Bart Johnson. We will be happy to help.

The Rewards

The benefit of using Competency statements is that you can document what you are capable of doing to future employers or other advanced training programs. Proficient and Expert designations carry quite a bit of weight, and most residents achieve several of these scores by the end of the year. Plus, by only granting a *Certificate of Completion* to those residents who have truly mastered the entire battery of skills we have set forth, it ensures that our *Certificates* have worthy meaning behind them!

Swedish Medical Center GPR

Competency Statements



In order for a resident to successfully complete the program, a rating of “Competent”, “Proficient” or “Expert” must be achieved in all competency areas by the end of the program, unless listed as optional.

Competency/ Proficiency

Global Competencies

1 Ethics / Professional Conduct

- Ethics** Practice and promote professionalism and ethical principles in all aspects of the program, particularly with colleagues, staff, and patients regardless of their age, culture, socio-economic/educational/professional background, or lifestyle preferences.
- Integration** Demonstrate ability to integrate the various concepts of the program into cohesive patient care decisions

2 Attitude

- Attitude** Self-assess abilities and limitations. Have a positive attitude and be an inquisitive, continuous learner who strives for quality education and self-improvement. Demonstrate organization, responsibility, reliability and punctuality.

3 Didactics

- Academic presentations** Prepare and present patient cases of interest to colleagues, both formally and informally. Review the literature as appropriate. Prepare and present a formal lecture on a topic pertinent to dentistry or the practice thereof.
- Emergency Preparedness** Complete BLS and ACLS training. Participate in simulated medical emergency scenarios.
- Legal** Learn about how the WA State Dental Quality Assurance Commission (DQAC) reviews complaints with regard to the WACs. Participate in the annual legislative process.

4 Practice Management

- Efficiency** Use scheduling systems, insurance and financial arrangements to maximize production in dental practice.
- Business** Gain an understanding of how to run a private practice, including staffing, operations, facilities and finances.
- Experts** Understand how to maximize the benefits of CPAs, Bankers, Attorneys, and Consultants with relation to dental practice.

General Dental Rotation Competencies

5 Overall Oral Health Care

- Comp Oral Health provider** Function as the patient's primary and comprehensive oral health care provider, particularly patients with medically complex and/or special needs. Apply “Best Care” principles to all patient care interaction
- OSHA** Practice all accepted sterilization, disinfection, universal precautions and occupational hazard prevention procedures.

6 Patient Evaluation and Plan of Care

- H&P** Consistently obtain a quality medical history that identifies and characterizes the patient's CC, HxPI, PMHx, Ops/Hosps, ROS/SI, medications, allergies, and any other pertinent information. Perform a proper physical examination appropriate to the needs of the patient. Understand the “classic” H&P examination.
- Diagnostics** Order/obtain and interpret appropriate imaging (radiographs, CT), laboratory data, diagnostic tests, and any other additional information necessary to make appropriate treatment decisions.
- Supplemental Information** Look up supplemental information about “unknowns” (medications, syndromes, diseases, conditions, therapies, tests, etc.) sufficient for making educated decisions about patient care.
- Experts** Utilize the services of medical doctors and other healthcare professionals as appropriate to make quality patient care decisions.
- Assess Risk** Establish an assessment of risk and differential / provisional / definitive diagnosis(es).

Tx Plan Integrate collected data and demonstrate sufficient understanding of the patient's condition to create an individually appropriate, comprehensive, phased and sequenced plan of care. Obtain informed consent as appropriate.

7 Pharmacology/Pain control

Pharmacology Appropriately utilize a variety of pharmacologic agents commonly required in dentistry, including local anesthetics, analgesics, sedatives, antiemetics, steroids, fluorides, and antimicrobial medications. Use advanced theory/techniques where possible (For example: Gow-Gates, V2 division blocks, intraosseous delivery, scheduled dosing, trays, etc.).

Pain control Provide control of acute pain through the proper use of psychological interventions, behavior management techniques, local anesthesia, sedatives and analgesics. Diagnose and manage patients with uncomplicated chronic pain complaints.

8 Sedation

Pt selection Select an appropriate sedation modality for patients who would benefit from the use of sedation.

Provision Provide appropriate oral +/- N₂O minimal sedation and intravenous moderate sedation. Demonstrate appropriate record keeping. Understand how to prevent, recognize and manage complications related to the use of sedation

9 Restorative Dentistry

Materials/ Knowledge Incorporate latest scientific knowledge/principles to prescribe which restorative material to use in a given situation.

Technical quality Restore single and multiple teeth (foundations and final restorations) utilizing amalgam, composite, gold, porcelain, or other accepted materials while demonstrating advanced skills (speed, efficiency, finesse, etc.), without sacrificing quality.

10 Periodontics

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

Perio Tx Diagnose and treat early and moderate periodontal disease using nonsurgical, pharmacologic, and surgical procedures. Manage advanced disease where possible.

11 Endodontics

Dx endo Diagnose and treat pain of pulpal origin.

Technical skill Perform uncomplicated non-surgical anterior and posterior endodontic therapy utilizing conventional and rotary techniques.

Complications Understand how to manage mild-moderate endodontic complications.

Surgical endo Understand the principles of, and indications for, surgical endodontic therapy. Perform an apicoectomy if possible.

12 Prosthodontics

Dentures Replace missing teeth/structures with properly designed and fitted removable (CD/RPD/implant-retained) dentures. Communicate case design with laboratory technicians and evaluate the resultant prostheses.

13 Implants

Tx plan Evaluate patients for implants; prescribe what type of implant(s) should be placed, and in what location(s).

Placement Appropriately place endosseous implants using proper principles and techniques, including simple bone grafting.

Restoration Design and place proper final restorations (abutments/crowns, attachments) on implants.

14 Oral Surgery

Evaluation Evaluate complexity of exodontia based upon clinical and radiographic (conventional / CT) data.

Dentoalveolar Perform nonsurgical and surgical extraction of erupted, soft-tissue and bony-impacted teeth. Perform uncomplicated pre-prosthetic surgery (tori/exostosis removal, frenectomy, alveoloplasty, etc.). Manage complications related to intraoral surgical procedures (i.e., infection, bleeding, dry socket).

Orthognathics Participate in the management of orthognathic surgery patients to gain an understanding of the issues involved.

Biopsies (OPTIONAL) Perform biopsies of oral tissues.

15 Oral Medicine

TMD Understand basic TMD disorders. Manage conservatively using orthotics (nightguards, repositioning stents, etc.), physical therapy and medications where appropriate. Provide referral when appropriate.

Oral Mucosal Diseases Recognize and manage oral mucosal diseases (i.e., autoimmune conditions, cancer, mucositis, drug reactions). Use palliative care, biopsy, pharmacologic intervention, and/or referral as appropriate.

16 Orthodontics / Occlusion

Ortho and Occlusion Evaluate patients for occlusal disorders including malocclusion, attrition, erosion, ruminant, occlusal interferences, etc. Provide appropriate intervention (treat vs. refer) as appropriate.

17 Hospital Dentistry

GA cases Perform preoperative History and Physical examinations, write orders, and provide general dental treatment for adults in the O.R. setting, including appropriate perioperative activities and paperwork.

Hosp Consults Perform dental consultations and request medical consultations for hospitalized and other “complex/special needs” patients.

18 Dental Emergency Management

Eval/triage Appropriately evaluate and triage incoming emergent needs.

Orofacial injuries Manage uncomplicated toothaches, mild to moderate infections using appropriate drains and medications, avulsed/luxated/subluxated/fractured teeth, and lacerated intraoral and extraoral tissues.

Fractures Understand the diagnosis and treatment of common maxillofacial osseous fractures. Work up and manage uncomplicated fractures with OMFS guidance.

Pediatric Rotation Competencies

19 Pediatric Dentistry

Eruption Theory Understand and apply eruption and exfoliation sequences, management of the developing dentition, infant oral health guidelines.

Peds Pharm Appropriately modify pharmacologic agents (local anesthesia, fluoride, antibiotics, analgesics) for the pediatric patient.

Tx plan Provide age-appropriate treatment plans.

Habits Manage oral habits such as thumbsucking, bruxism, etc.

Behavior Mgmt Use pharmacologic (oral/N₂O) and non-pharmacologic behavior-management skills with the pediatric patient.

Parent Control Provide quality interaction and information for the parents of pediatric patients.

Restorative Restore intra / extra-coronal defects in the primary dentition (amalgam, composite, SSC's).

Pedo Endo Perform pediatric pulpal therapy.

Surgery Perform uncomplicated surgical procedures on pediatric patients.

Ortho Diagnose, prescribe and fit limited orthodontic and/or space maintenance appliances.

GA Provide dental care under general anesthesia for pediatric patients.

Emergency tx Provide emergency treatment (toothache, infections, trauma) for pediatric patients.

Medicine Rotation Competencies

20 Hospitalists

Experience Medicine Witness how our medical colleagues approach the management of illness, including medications, surgery, and non-surgical therapies. Link our didactic training about medical conditions with real-life clinical presentations.

H&P refinement Refine skills in obtaining an H&P.

Protocols Learn about hospital protocols/procedures, including orders, notes and reports in the electronic medical record (EPIC).

21 Cardiothoracic Surgery

Didactics Learn about cardiac anatomy, physiology, pathophysiology and medical/surgical therapeutics.

Cardiology Experience how patients are worked up, diagnosed, and treated in the outpatient clinical setting.

Cardiothoracic surgery

Witness cardiac surgery to gain a better understanding of cardiac disease, surgical capabilities, operating room protocols, and perfusion therapy.

22 SCSC

Public Health	Understand current trends of oral healthcare delivery as they apply at the community, state and national levels. Learn about the FQHC and Community Clinic systems, including community access-to-care issues.
Factors	Understand how cultural and social factors influence disease prevention, prevalence, and delivery of oral care.
Access	Participate in the dental care of underserved populations.
Skills	Work with attendings to refine and enhance oral surgical skills.

23 Anesthesia

Assessment	Evaluate the patient's physical status, relate it to the planned surgical procedure, and help determine choice of anesthesia.
Equipment	Appropriately prepare and use the anesthesia equipment, monitors and medications during MACs and GAs.
Pharmacology	Understand basic pharmacology, pharmacokinetics, and interaction of commonly used anesthetic and sedative medications as well as secondary medications utilized during general anesthesia (e.g., muscle relaxants, analgesics, etc.).
Fluids	Understand the basic principles of fluid and electrolyte balance.
Airway	Manage routine / non-complex airways using bag-valve-mask, LMA, nasal and oral intubation techniques.
Venipuncture	Perform routine / non-complex venipuncture and insertion of intravenous catheters for the infusion of fluid.
Recovery	Participate in the management of patients during recovery from anesthesia.
Didactics	Demonstrate self-directed learning and accountability of assigned reading topics. Actively participate in discussion sessions with the Anesthesia Faculty on various topics of their choosing.