

UNIVERSITY OF NEVADA, LAS VEGAS
Resident in the Advanced Education Program in Pediatric Dentistry
(HANDBOOK SUPPLEMENT)

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 clinical opportunities in all phases of behavior management, conscious sedation, hospital/surgery center pediatric oral rehabilitation dentistry, management of patients with special needs, management of dento-alveolar & circumoral trauma, orthodontic diagnosis, treatment planning, provision of age-appropriate, and orthodontic therapy. PGSs participate in scholarly research, pediatric emergency medicine rotations, community service, rotations to multi-disciplinary services, as well as off-site locations. The Certificate in Pediatric Dentistry received initial accreditation on July 31, 2008, from the American Dental Association (ADA) along with the Commission on Dental Accreditation (CODA) and full accreditation on August 5, 2010 & August 3, 2017. CODA is the sole specialized accrediting body of the ADA and is recognized by the United States Department of Education. For more information regarding this process, you may contact CODA at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. This portion of the School of Dental Medicine (UNLV Dental Medicine) Handbook is designed to give more specific information as it pertains to the Certificate in Pediatric Dentistry. As a program within the UNLV Dental Medicine, adherence will be given to the rules and regulations as outlined by the UNLV Dental Medicine and the University.

II. Dental License Requirements

The Nevada State Board of Dental Examiners (NSBDE) requires that all dental PGSs obtain an unrestricted License to practice dentistry in the state of Nevada. For detailed information, please contact the NSBDE at 1-800-DDS-EXAM (1-800-337-3926) or nsbde@nsbde.nv.gov. Upon matriculation, the issuance of a Limited License will be provided for ninety (90) days until all licensing requirements are provided to the NSBDE. During the ninety (90) day period, PGSs must provide all necessary documentation for the completion of licensure with the NSBDE. Should a PGS not be credentialed within the required ninety (90) day period, all clinic privileges and other license-related activities in the program will be suspended until all requirements are completed. Please note this may cause a delay in the completion of program requirements.

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.

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 populations in the State of Nevada.

Planned assessment, methods, instruction, and analysis of SLOs can be found in the annual outcomes assessment plan, which is maintained within the UNLV Dental Medicine Office of Education, and located at the UNLV Office of Academic Assessment at <http://provost.unlv.edu/Assessment/>. An emphasis of the program is to prepare the graduate for successful completion of the ABPD examinations required for board certification.

V. Program Requirements

The program trains the PGS to acquire a broad knowledge and understanding of growth & development, diagnosis, treatment planning, craniofacial anomalies, interdisciplinary dentistry, restorative treatment methodology, behavior management techniques, hospital dentistry, age-appropriate orthodontic therapy, research methodology, and classic & current literature relevant to pediatric dentistry. Patient care is conducted in the pediatric postgraduate dental clinic, community clinics, private clinics, and at University Medical Center (UMC) Hospital/Children's Trauma Center. Patients represent a cross-section of the cases encountered in private practice to ensure the PGS's preparedness to practice pediatric dentistry in a diverse population. The curricula includes clinical seminars, clinical pediatric dentistry, clinical orthodontics, diagnosis & treatment planning, case presentations, biomedical sciences, clinical sciences, professional studies, research, literature reviews, and hospital rotations. PGS evaluations will be given every six months to ensure that each PGS is progressing in the program and to provide constructive feedback. Completion of the program involves acceptable performance in four areas of the curriculum. These include:

A. Clinical Training (70%)

PGSs will receive clinical training and experience in the pediatric dental postgraduate clinic located in the UNLV Dental Medicine, the Children's Specialty Center at UMC, the operating rooms (ORs) at affiliated facilities, and the Children's Specialty Center of Nevada. PGSs must have necessary immunizations and periodic Tuberculosis (TB) testing as determined by the UNLV Dental Medicine in order to work in the clinic; have current basic life support (BLS) and Occupational Safety Health Administration (OSHA)

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 patients remain the responsibility of the assigned pediatric clinic faculty, who work closely with the PGSs in the diagnosis, treatment planning and implementation of pediatric patient oral health care; comply with the directions of the attending pediatric dental faculty and adhere to the program policies while providing oral health care to all pediatric patients in the out-patient clinic, OR, and other clinical settings; prepare all patient records according to the established protocols of the American Academy of Pediatric Dentistry (AAPD) which include consent forms, treatment plans, etc.; rotate with craniofacial anomalies team during their second year; complete at minimum more than 50% of the cases they begin to ensure continuity of care and maintain detailed records for each case, in which they participate; must participate in twenty (20) general anesthesia pediatric dental, oral rehabilitation cases; and must personally complete at least ten (10) general anesthesia cases, during their postgraduate program.

PGSs must also complete fifty (50) sedation cases per ADA and CODA requirements (Minimum of 50 sedation cases within the 24-month period). Within the 50, PGSs must observe 10 sedation cases (excluding nitrous oxide) prior to acting as the operator (to qualify as an observation, the PGS must be present during the patient workup, delivery of medication, present during the procedure, act as the monitor, completing the records portion of the sedation form for vital signs during the procedure); complete 20 nitrous oxide/oxygen analgesia patient encounters as primary operator; complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide/oxygen (but may include nitrous oxide/oxygen in combination with other agents) are used. The agents may be administered by any route; act as operator in a minimum of 25 sedation cases; and of the remaining sedation cases (those not performed as the primary operator), must gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation.

All funds regardless of source, generated from a PGS's clinical activities in connection with his/her participation in the academic programs shall accrue solely to the benefit of the UNLV Dental Medicine. PGSs are not employees of the UNLV Dental Medicine and, as such, are not eligible for wages, workers' compensation or other benefits otherwise available to the UNLV Dental Medicine employees in connection with their participation in the program.

B. Clinical Rotations (Percentage included in the 70% mentioned in Part A above)

1. Craniofacial Rotation. Craniofacial Clinic offers an interdisciplinary team approach, including assessments and follow-up for children ages birth to 18 years of age, with

craniofacial conditions. The team includes specialists in the areas of audiology, dentistry, otolaryngology, plastic surgery, orthodontics, oral and maxillofacial surgery, pediatrics, and speech pathology. Starting in August, two PGSs will attend the rotation. They will shadow and oral surgeon and craniofacial surgeon assigned to the clinic. It is extremely effective for the PGSs to see numerous orofacial syndromes, as well as cleft lip and palate cases and be able to discuss with the interdisciplinary experts their treatment recommendations. The rotation is from 11:00 am - 5:00 pm.

2. Hematology/Oncology Rotation. The hematology/oncology rotation is designed specifically to develop an understanding and knowledge of children with blood dyscrasias, neoplasias, and other immunocompromised conditions. PGS will attend this rotation for 2 weeks. PGSs will complete a screening for each child. Referral to the UNLV Dental Medicine dental program should be given to the parents/legal caregivers for each child while they are being treated at the hematology/oncology facility.

Joseph Lasky, Medical Director
Cure 4 The Kids Foundation

1 Breakthrough Way
Las Vegas, NV 89135
(702) 732-1493 - Main

Point of Contact: Tamara Saldana Email: tsaldana@cure4thekids.org

3. Lied Clinic Rotation. PGSs will provide pediatric oral evaluations alongside pediatric medical residents on Thursdays from 1:00 pm - 5:00 pm at the Lied clinic. Parents/legal caregiver will be provided information pertaining to their child's oral health. It is the responsibility of the PGS to obtain parent/legal caregiver's contact information and call the parent/legal caregiver to make an appointment for their child to be seen if the patient does not have a pediatric dentist or dental home. Referral to the UNLV Dental Medicine dental program should be given to the parents/legal caregivers for each child at the time of the screening visit.

UMC Lied Pediatric Outpatient Center
1524 Pinto Land, 3rd Floor
Las Vegas, NV 89106
(702) 944-2828 Phone
(702) 944-2852 – Fax

Contact:

- Dodds P. Simangan Jr. DO, MPS, FAAP
Assistant Professor, Dept of Pediatrics, Associate Program Director
Email: dodds.simangan@unlv.edu

4. Surgery Center/Hospital Operating Room (OR) Rotations. All hospital cases are treated at University Medical Center (UMC). The PGS must complete their hospital dentistry orientation and become credentialed at all UMC surgical locations. At the start of the OR rotation, PGS-Year 1s (PGSY1) will be given the opportunity to provide care in the OR as the second surgeon to the PGS-Year 2s (PGSV2) (primary surgeon) treating oral rehabilitation cases. The PGSV1s will complete the post-operative dictation report, under the direction of the PGSY2s for the first month of the rotation, and all other dictation reports for the first year of training. This will allow all PGSs to meet CODA requirements for the OR. Cases should be reviewed with the attending faculty 2 weeks prior to the surgery date. PGSs should be dressed and prepare the room by 6:45 am so that, the case can begin promptly at 7:00 am. At this time, you will review the cases with the attending and talk with the patient's family prior to surgery, and complete all appropriate documentation. The facilities will provide scrubs for OR cases.

University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102
(702) 833-2000

5. Anesthesia Rotation. PGSY1s will complete a 4-week Anesthesia Rotation during their first year.

University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

6. Pediatric Medicine Rotation. PGSY1s will complete the Pediatric Medical Rotation at UMC for two weeks.

University of Nevada Las Vegas School of Medicine
Department of Pediatrics
University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102
(702)383-2000

Primary Contact:

To be determined (TBD) -Chief Resident of the current year

Email: chiefpedslv@gmail.com, Phone: (702) 780-7615, Pager: (702) 447-1962

7. Emergency Medicine Rotation. The PGSY1s will complete the Emergency Pediatric Medicine rotation at the University Medical Center (UMC) for two (2) weeks.

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 examination. It is the PGS's responsibility to ensure information forms are in the dental box prior to leaving the ER/ED.

The PGS must identify and obtain the necessary contact information for the patient's local pediatric/general dentist, if they have one, and notify them of the situation. The PGS must offer patient follow-up care for all trauma cases and other cases if the patient does not have a dental home. The PGS must give the patient and parent/legal caregiver a copy of our referral form instructing them to be seen within the 24 to 48 hours. A copy of the progress notes from the ED visit must given or faxed to the clinical supervisor (Roxanne Barajas) and the pediatric clinic before leaving the ED, (702) 774-2587. Also, please return any used dental instruments to the dental box within 48 -72 hours.

If the On-Call PGS cannot be available during their assigned days, it is their responsibility to coordinate someone to cover their time. Where possible, this exchange must be made four (4) weeks prior to their assigned call. The On-Call PGS must immediately notify the Chief PGS by email to ensure that the UMC ER/ED is informed as well as the other PGSs of the change(s). There are no additional considerations provided for those who are On-Call for holidays and any other special days.

9. Off-Site Dental Rotations: Second year residents will rotate at Sunrise Children's Dentistry an Orthodontics and Absolute Dental. These rotations provide practice management insight, increased special healthcare needs patients, a private practice and dental management corporation experiences.

Contacts:

Absolute Dental
Julie Cotton
(702)–816-1292
JCotton@AbsoluteDental.com

Sunrise Childrens
Cody Hughes
(702)-378-5095
codyhugheskidsdmd@gmail.com

C. Didactic Education (20%)

Competence in Pediatric Dentistry requires knowledge of biomedical sciences and other topics as related to the specialty. Materials in research, biostatistics, as well as other disciplines, are provided in the program so that PGSs will be able to apply important biomedical concepts and principles that govern acceptable clinical procedures. The curriculum is intended to broaden PGS's overall background to broaden the acumen for critical analysis and to provide an opportunity to gain in-depth knowledge of pediatric dentistry. Differentiating curriculum content includes using various delivery formats designed to provide the PGS with a comprehensive understanding of contemporary information covering a broad range of material relevant to pediatric dentistry and pediatric medicine. Information will be conveyed through applied courses, seminars, reading assignments, literature review, clinical settings, hospital rotations, laboratory assignments, and selected local and distant conferences, generally sponsored by the AAPD. Specific presentation style will depend on the individual instructor. PGSs will be assigned numerous presentations in the didactic courses, to include selected cases of special interest for review in treatment planning seminars.

D. Research (5%)

PGSs will develop the skills necessary for independent research. The attainment of new knowledge is a mission of the UNLV Dental Medicine and the university. Additionally, in accordance with CODA standard, students must initiate and complete a research project to include a critical review of the literature, development of a hypothesis and the design, statistical analysis and interpretation of data. PGSs must complete an original research project resulting in a publishable quality manuscript submitted and approved by the program director and director of clinical research. Manuscripts that fall short of the standard will be revised and resubmitted until the standard is met. The journal's acceptance for review must be acknowledged by a confirmation receipt prior to receiving a pediatric dental postgraduate certificate. Written confirmation from the publisher will be maintained on file. The director of clinical research will maintain records of PGS's progress and develop a timeline for each PGS to ensure successful completion within the 24-month timeline. In order to attend the annual AAPD meeting, Y1 PGSs will be required to present a case report poster that will be displayed at the annual meeting. The Y2 PGSs will present

a research poster for the annual AAPD research competition. IF all data has been collected and analyzed by January of Y2. Note that the program will, as funds permit, cover travel and lodging expenses to the AAPD annual meeting.

D. Teaching (5%)

The ADA accreditation program requires PGSs to spend time teaching. Through teaching, PGSs gain deeper insights into various disciplines and subjects, learn interpersonal skills, and develop organizational and presentation skills. PGSs will have teaching responsibilities including developing course material. As part of teaching responsibilities, PGSs will also provide clinical supervision of predoctoral students in the pediatric clinic as designated by the Predoctoral Course Director.

VI. Pediatric Patient Flow

A. Emergency Visit

1. Parent/legal caregiver arrives at the main UNLV Dental Medicine reception area.
2. If the patient is 0-16 years of age, the front administrative personnel contact the pediatric dental clinic receptionist.
3. The patient is appointed. If the clinic is not seeing patients, the PGS On-Call is contacted to evaluate/treat the patient.

OR

1. Parent/legal caregiver calls the pediatric clinic. The receptionist schedules an emergency appointment
2. The parent/legal caregiver and patient are escorted to the pediatric dental clinic.
3. The parent/legal caregiver completes patient information (medical/dental history & written informed consent).
4. The parent/legal caregiver pays the emergency fee.
5. The patient is evaluated for the specific problem. Necessary radiographs are obtained for limited, specific emergency treatment.
6. The definitive treatment for the day is discussed and approved with the parent/legal caregiver and attending pediatric dental faculty.

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

Parent/legal caregiver calls the pediatric dental clinic. The receptionist schedules a new patient visit.

1. The appointment is confirmed the day before.
2. When the patient arrives for their appointment to the front desk at the UNLV Dental Medicine, the staff personnel checks the axiUm software schedule to verify their appointment and changes their status to "arrived."
3. The parent/legal caregiver and patient are escorted to the pediatric dental clinic.
4. The parent/legal caregiver completes the patient information and medical/dental history forms as well as consent for treatment.
5. The parent/legal caregiver pays the estimated fee for their child's new patient visit.
6. The patient is evaluated with the parent/legal caregiver present. Necessary radiographs are obtained.

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.

VII. Conscious Sedation Protocol

A. Pre-Sedation

1. Patients requiring conscious sedation are identified and a pre-sedation form is completed.

2. The patient's weight and height is obtained to determine their BMI. Their physician's name is verified with the parent/legal caregiver.

3. The completed pre-sedation record includes:

A thorough medical history (allergies and previous adverse drug reactions, current medications, including all over the counter medications, relevant diseases, physical/neurologic impairment, previous sedation/general anesthetic experience(s), snoring, obstructive sleep apnea, mouth breathing symptoms and history, other significant finding (e.g. family history), airway assessment, mouth breathing, obesity, limited neck mobility, micro/retrognathia, macroglossia, tonsillar hypertrophy obstruction, and limited and difficult oral opening)

4. Indications/contradictions for sedation are discussed with parent/legal caregiver and recorded in the patient's dental record.

5. ASA Classification is recorded.

6. Indications for medical consultation are recorded.

B. Pre-sedation Medical Consultation. If the PGS or attending pediatric dentist, suspect a medical problem, a pre-sedation medical consultation from the patient's physician must be obtained. The requested medical consultation must be received, prior to scheduling the procedure, unless an emergency exists that may cause permanent injury if there is a delay in treatment.

1. The pre-sedation record is signed by the PGSs attending pediatric dentist and dated.

2. The signed informed consent is obtained from the parent/legal guardian and dated.

3. This form is also signed and dated by a pediatric dental staff witness.

4. The proposed treatment plan signed consent is obtained, if not already present in the patient's record.

5. Oral sedation instructions are explained, in the appropriate language, and given to the parent/legal caregiver to take home, for their review, as well as an appointment card.

B. Day of Sedation

1. The patient reports to the clinic one hour prior to treatment time with the parent/legal caregiver and an accompanying adult.

2. The PGS completes the assessment, medical history; review of systems; NPO status; airway patency; pre-treatment checklist; vital signs (heart rate, respiration rate, blood pressure, and temperature, if possible); and weight.
3. The parent/legal caregiver is provided an opportunity to ask questions and reaffirm their consent for sedation and planned treatment.
4. Correct drug dosage calculations are approved by the attending pediatric dental faculty; the medications are then entered in the drug log, in the medicine cabinet and witnessed.
5. The patient is given the medication and time is noted. The patient's behavior is noted, regarding cooperation.
6. The patient is left in the treatment room with the parent/legal caregiver. The treating PGS and a dental assistant will monitor the sedated patient throughout the waiting period.

C. The Sedation Procedure

1. The assistant sets up the room with all the necessary equipment, supplies, and monitors. All monitors and equipment are tested prior to seating the patient.
2. The parent/legal caregiver is instructed to not leave the pediatric dental reception/waiting room, during the sedation/procedure. Name verification of the additional, accompanying adult is made and recorded.
3. The patient is seated; the time and baseline vital signs are recorded.
4. All medications and administration time(s) are recorded on the sedation record.
5. Informed consent for immobilization devices, signed by a parent/legal caregiver should be accomplished prior to the start of the procedure, and if utilized does not restrict the airway or chest movement
6. Nitrous oxide N₂O /O₂ analgesia is initiated; start time is noted, as well as both N₂O and O₂ percentages delivered, as well as the length of time administered, during the treatment.
7. The necessary dental procedures are completed, while being monitored, continuously, with a pulse oximeter and blood pressure cuff monitor, if possible, based on the patient's behavior.
8. Caution is taken to prevent excess fluids from collecting in the mouth. Rubber dam isolation or Isolite must be used during sedation procedures.

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

- g. Parental consent
- h. Progress notes
- i. Acknowledgement of receipt of Notice of Privacy Practices/HIPAA consent

X. Attendance Policy

Attendance is required at all activities scheduled by the program. Please note that some required activities such as clinic, classes, and rotations are scheduled on weekends. All lectures are mandatory unless a PGS has received permission to be absent from the program director. There are community outreach programs on some Saturdays that PGSs will attend on a rotating basis. All PGSs are expected to attend the "Give Kids a Smile" (GKAS) event. Non-UNLV employment is prohibited from Monday through Friday, between 8:00 am to 5:00 pm, as well as any required additional times as specified for lectures, continuing education (CE) courses, and scheduled Saturday community outreach programs.

A. Personal Days/Sick Leave.

Each PGS is allowed up to ten (10) personal days per academic year in addition to designated holidays when not "On-Call". Second year residents may take two (2) days for job interviews at the discretion of the Program Director. Personal days are not carried over into the next academic year, which begins July 1st of each year. Personal days are primarily for preapproved vacation and interviews, as well as for illness, medical, and family & personal emergencies. Leave requests must be turned into the pediatric dental clinic manager for planned leave requests at least 4 weeks prior to the leave request. Leave requests may be submitted for half-days. Submittal of a late leave request does not guarantee that leave will be granted. PGSs will be notified by the pediatric dental clinic manager and/or program administrative assistant whether the leave request is approved or denied by the program director. However, it is the PGS's responsibility to verify approval/denial of requested leave on the general calendar prior to making travel arrangements. The PGS accepts all financial responsibility related to denial of their request should that decision be made. All personal days must also be approved by the faculty/course director for each class that will be missed. PGSs will not be allowed to arbitrarily change their schedule. No more than two PGSs per class can take leave at the same time unless it is a time when the clinic is closed. Approved leave will be on a first come first serve basis at the discretion of the program director. If a PGS needs to be absent from clinic or class due to personal illness or family/personal emergency, the pediatric dental clinic manager and program administrative assistant must be contacted immediately at (702) 774-2417 and (702) 774-2666, respectively. Upon their return or as required by the program director, the PGS must provide a completed leave slip and obtain a signature of approval from the program director. A physician's excuse may be required at any time. PGSs should

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

not have any names, logos, unacceptable wording, diagrams or images, as determined by the program director. Clinical attire includes acceptable, clean, "closed-toe" shoes, and mid-calf socks. PGSs may not chew gum or bring food/drink into the clinic area. No food or drink is permitted in the reception room or treatment areas by faculty, PGSs, staff, patients, other children or parent/legal caregivers. Radiology dosimeter must be visibly worn when provided, whenever you are in the pediatric dental clinic and placed on your clinic information wall file when not being worn. All Personal Protective Equipment (PPE), including safety glasses/side shields with prescription eyewear, must always be worn, correctly, covering your eyes, whenever you are chairside. Face shields always require safety glasses/side shields with prescription eyewear, in addition to the face shield. Failure to follow all clinic policies can result in suspension of your clinic privileges and may result in disciplinary action.

XIII. Chief Postgraduate Student (Job Description)

Two second-year PGS in this residency program will be appointed as chiefs by the program director. A chief PGS should possess the following qualities: leadership potential, mediation skills, capacity for self-direction, tolerance for ambiguity, optimism, and respect for established policies. Other general traits such as organizational skills, responsibility, commitment, and willingness to work cooperatively in an interdisciplinary environment are essential as well. The chief PGS positions will be divided among selected PGSs, and will work together for the year. The incoming chief PGS will work together with the outgoing chief PGS throughout the last month to assure appropriate and coordinated transition of chief PGS responsibilities.

The chief PGS will act directly under the program director and will not create policy. The chief PGS has the potential to make significant contributions, both immediate and long-term, to the postgraduate program. PGS training will ultimately benefit from the efforts of a strong, innovative chief PGS who is actively involved in both the administrative and academic aspects of the training program. The chief PGS should be a source of new ideas and initiative and act as the spokesperson for the PGSs. The chief PGS will help the program director and clinic administrators coordinate program activities. The chief PGS will facilitate monthly meetings and report the outcomes of such meetings at departmental meetings. Other activities include; incoming PGS activities; recruitment; coordination of social activities surrounding residency applicant interviews; annual alumni/PGS CE courses and coordination of activities that involve hospitals, surgical facilities, community outreach clinics, and volunteer activities. During the year, other responsibilities may be assigned by the program director. The chief PGS will also assume teaching responsibilities during this period and will be allotted preparation time out of clinic as designated by the program director.

A. Goals for the Chief PGS. The chief PGS will be an effective leader, role model, administrator, and competent clinician. The chief PGS should strive to be a clinician

educator, incorporating principles of adult-education, and become an integral component in the promotion and improvement of the pediatric dentistry postgraduate program.

B. Knowledge Objectives. By the end of the chief PGS term, the successful chief PGS should:

1. Understand the process of teaching PGSs with varying levels of ability.
2. Learn the principles of effective supervision of PGSs in the care of patients.
3. Understand the principles of quality care assessment, systems-based care, and process implementation.
4. Acquire knowledge of different leadership and negotiation styles to achieve desired outcome.
5. Continue development of scientifically based pediatric dental knowledge and clinical skills in providing patient care.
6. Understand the process of project development and presentation; including budget planning, team organization and management, time management, and critical assessment.
7. Understand the use of information databases, literature reviews, and computer technology to achieve administrative & educational goals.
8. Understand the professional peer-review process.

C. Responsibilities of the Chief PGS in Pediatric Dentistry

1. **Contact Availability.** The chief PGS shall carry a cell phone for contact availability on a 24 hour basis. The cell-phone number shall be made available to all PGSs and pediatric dental faculty and to the administrative staff at UMC or other On-Call facilities.
2. **Call Schedule.** The chief PGS will be solely responsible for the creation of the On-Call schedule and shall ensure compliance. Any breaches in the schedule will be the chief PGS's responsibility.

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 pediatric dentistry PGSs outside of clinic hours. The purpose of these meetings shall be to communicate information from the program director and the attending faculty and report feedback from the PGSs to the program director. These meetings shall also serve as coordination meetings to assure appropriate PGS conduct as related to schedules, rotations and patient care policies. PGSs are encouraged to use the PGS Comment Form to initiate discussion at PGS meetings.

6. Liaison between Faculty and Staff. The chief PGS will work with clinical and administrative staff to assure favorable working relationships with support staff and will act as the liaison with the clinic director to assure appropriate adherence to clinical policies and procedures.

7. Coordinate Special Seminar Topics and Scheduling. The chief PGS will be responsible for the scheduling of special seminars and educational activities outside of the general program schedule, in consultation with the program director.

8. Annual Alumni/PGS Program. The chief PGS will work with the Alumni Association and the program director in creating and planning an annual the UNLV Dental Medicine Pediatric Dentistry Alumni/PGS program to be held at the AAPD annual meeting.

9. PGS Admissions. The chief PGS will serve as the PGS representative on the Pediatric Dentistry Postgraduate Admissions Committee. The chief PGS will be responsible for coordinating the participation and input of the other PGSs in the admissions process.

10. Incoming PGSs Orientation. The chief PGS will work with the program director in coordinating incoming PGS orientation activities during the first week(s) of the program. This includes, but is not limited to, orientation seminars, tours, program activities, and social events.

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 written and oral exams is 80% to 100%. Upon completion of six months in the residency program, the evaluation given will determine the residency participant's academic progress. If it is determined that the PGS is not meeting the requirements of the program the PGS will be placed in a probationary status. The PGS then has approximately six months to meet the satisfactory academic progress requirement. Satisfactory academic progress will

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 satisfactory academic progress by the end of the second six-month period, they may be given the opportunity to extend, withdraw or possibly be dismissed from the program. If extended, the PGS will be re-enrolled for those courses in which satisfactory academic progress has not been met.

XV. Academic Separation/Dismissal

Academic Separation is the result of unsatisfactory performance as deemed by the program director and Faculty and entails involuntary removal from the UNLV Dental Medicine, Advanced Education Program in Pediatric Dentistry.

A. Any recommendation for Academic Separation by the Evaluation Committee shall be submitted to the Dean. The Dean (or his/her representative) shall meet with the PGS to discuss the recommendations for Academic Separation, and condition for reinstatement, including remedial procedures, if any; and provide the PGS with written notification of the Academic Separation/Dismissal indicating related conditions.

B. Grounds for Academic Separation include without limitation to failure to:

1. Satisfactorily pass all required courses; must have a minimum cumulative grade point average of 3.0 or Satisfactory/Pass in required coursework.
2. Meet the conditions set by the faculty as a result of unacceptable evaluations.
3. Adhere to standards and guidelines set forth by the program.
4. Complete specified requirements within the allotted time.
5. Perform duties in a professional manner in regard to patient care, including interactions with faculty and staff.
6. Attend classes or clinic sessions without authorization.
7. Meet the conditions of Voluntary Leave of Absence.
8. Respond to on-call emergencies.
9. Abide by the Honor Code, the University Student Code of Conduct, and/or the UNLV Student Academic Misconduct Policy.
10. Pay the required tuition and fees.

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

A. Complaints that Relate to Standards for Accreditation. CODA reviews complaints relating to a program's compliance with the accreditation standards. CODA is interested in sustained quality and continued improvement of dental and dental-related education programs, but does not intervene on behalf of individuals or act as a court of appeals for treatment received by patients or matters of admission, appointment, promotion, or dismissal of faculty, staff, or students/residents. Complaints based in the Standards for Accreditation, are addressed as per the CODA policy for reporting. A copy of the appropriate accreditation standards and/or CODA's policy and procedure for submission of complaints may be obtained by contacting CODA at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099, extension 4653, or on the CODA website.

B. Complaints Unrelated to the Standards for Accreditation.

- 1. Student Complaints.** Predoctoral (DMD/DDS) student complaints should be first reported to the course director and/or team leader where appropriate. If the complaint is not remedied at that level, the student should report the complaint to the respective department chairs. If a student has concerns about reporting their complaint to their course director/team leader and/or respective department chair, then they may report their complaint directly to the Office for Academic Affairs. In addition, the UNLV Dental Medicine Student Council may bring student complaints to the UNLV Dental Medicine administration for review and resolution as appropriate. For scheduled leadership meetings, meeting minutes will be maintained by the Office of Admissions & Student Affairs. All other records regarding predoctoral student complaints will be maintained in the Office of Academic Affairs, 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.
- 2. Staff Complaints.** Staff complaints should be reported to the Director of Operations. This office will maintain a record of these complaints including the date of complaint, staff name, description of complaint, how the complaint was received, date of response to the complaint, status of the complaint, and resolution.
- 3. Patient Complaints.** Patient complaints should be reported to the UNLV Dental Medicine Patient Advocate. It will be the responsibility of the Patient Advocate to maintain a record of these 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.

- 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.