

SYLLABUS

COURSE: CLIN 3001 Pediatric Dentistry Clinic
SEMESTER: Fall/Spring/Summer
CREDIT HOURS: 2.0

REVISED: 2003
REPRINTED: 2009

COURSE DIRECTOR: Robert Tate, D.D.S., M.S.

GOAL

The purpose of this course is to prepare dental students to render dental treatment to their pediatric dental patients. At the completion of this course the student will be able to recognize the differences that exist in the delivery of treatment to children vs. adults. The student will be competent to perform a comprehensive oral examination using all the necessary diagnostic tools to evaluate the dental needs of the pediatric or mixed dentition patient and to develop a thorough, comprehensive treatment plan. The student will also recognize the need for and management of space maintainers and the need to refer any cases that are beyond his/her expertise. Prevention is emphasized, recognizing the child's level of cognitive and psychomotor development and parental cooperation and interaction. This course will develop the student's skills in the management of both the child patient and their parents, including application of behavior modification skills. The course teaches the student to be competent in operative dental procedures modified for use with primary and young permanent teeth including the administration of local anesthesia and pain control.

OUTLINE

The Pediatric Dentistry clinical course will expand and modify specific aspects of restorative, periodontal, endodontic, and surgical principles so that the diagnosis and treatment can be adapted to the primary and young permanent dentition and its supporting structures. Behavioral approaches to preventive and therapeutic care may need modifications for acceptance and compliance by this patient population.

This clinical experience for the third/fourth year predoctoral student will consist of:

- I. Developing skills in the management of both the child patient and their parents, including application of behavior modification skills.
- II. Learning the procedures of performing an oral examination, prophylaxis, and topical fluoride application on a pediatric dental patient.
- III. Gaining familiarity with the methods of recording oral findings.
- IV. Developing diagnostic skills as they relate to the primary, mixed, and young permanent dentition.
- V. Developing an effective program of prevention, recognizing the child's level of cognitive and psychomotor development and parental cooperation and interaction.
- VI. Becoming acquainted with the design, parts, purposes, care, and methods of use of dental operative instruments appropriate for use in the pediatric dental clinic.
- VII. Learning to administer local anesthesia and pain control in pediatric dental patients.
- VIII. Learning operative procedures modified for use with primary and young permanent teeth.
- IX. Discussing rationale for the child's systemic and topical fluorides and to prescribe fluoride supplements based on age and fluoride ion concentration in the water supply.
- X. Becoming acquainted with the design, parts, purposes, care, and methods of use space maintainers in the pediatric dental patient.

CRITERIA TO ACHIEVE COMPETENCIES

The following criteria must be fulfilled in order to demonstrate competency:

- A. The student must be able to identify the chief complaint, along with obtain and interpret medical, psychological and dental histories. This information must be recorded accurately in the appropriate area in the treatment records of all pediatric dental patients assigned to the student. The student must also establish and maintain accurate patient treatment records using the following notations:
1. P (Problem): Clearly identify the problem to be addressed.
 2. H (Health History) Review medical and dental history, current medications, allergies with parent/legal guardian.
 3. O (Oral Hygiene) Evaluate dental hygiene
 4. T (Treatment): Accurate description of all treatment rendered that day
 5. E (Evaluation): Evaluation of patient's behavior
 6. N (Next Visit): Treatment to be performed at the patient's next visit
- B. The student must be able to conduct an appropriate clinical examination and to accurately record the information on the correct pages in the clinical record of all pediatric patients assigned to the student. This examination must include, but is not limited to:
1. Soft tissue examination
 2. Hard tissue assessment
 3. Preventive assessment
 4. Behavioral assessment
 5. Occlusion assessment
- In addition, the student must be able to recognize which radiographs are appropriate for their pediatric patients and to properly expose these films.
- C. The student must have an understanding of the fluoride water analysis test and to properly use the results as a foundation for appropriate fluoride supplementation. This is to be completed when appropriate, on all the pediatric patients assigned to the student.
- D. The student must be able to evaluate all of the diagnostic information available and develop an appropriate treatment plan for each pediatric dental patient assigned to the student. This diagnostic information visit includes both clinical and radiographic examinations and any pertinent information provided by the patient's parent or guardian. The treatment plan must be written in the appropriate area of the patient's record and it must be logically sequenced.
- E. The student must be able to discuss, with a parent or guardian, the dental findings of the pediatric dental patients assigned to the student. This discussion must include conditions diagnosed, treatment options, sequence of treatment, estimated fees and payment responsibilities. All of these items must be discussed in such a way that the parent or guardian can fully understand all risks and benefits so that the student may obtain informed consent. This informed consent must be documented by the signature of the parent or guardian in the chart.
- F. The student must be able to recognize when and how treatment plans should be modified due to a patient's behavioral, medical or special needs. This must be a continual process, being evaluated at each treatment visit for all pediatric dental patients assigned to the student.
- G. The student must possess a complete understanding concerning the etiology and prevention of oral diseases including, but not limited to, dental caries and periodontal disease. This information must

be shared, at an appropriate level, with all of the pediatric dental patients (and their parent or guardian) assigned to the student. The student must also develop an oral hygiene plan for all of their pediatric patients. This plan must include:

1. Proper brushing
2. Proper flossing
3. Proper use of both topical and systemic fluorides
4. Appropriate recall intervals

- H. The student must assess and monitor the oral hygiene status of all pediatric dental patients assigned to the student. Oral hygiene will be assessed at every visit by using the plaque index. This index is to be used to motivate the pediatric dental patient to assume responsibility for their oral health and to motivate the patient to improve their oral hygiene. See Appendix.
- I. The student must complete a prophylaxis and topical fluoride application on every pediatric dental patient assigned to them. The prophylaxis must include the use of a prophy cup and prophy paste along with scaling, when needed. Topical fluoride application must include:
1. Proper tray selection
 2. Dispensing the proper amount of fluoride
 3. Placing the patient in an upright position
 4. Use of the saliva ejector during and after the treatment

A prescription for supplemental fluoride must be written when indicated. The student must be able to place sealants on appropriate teeth of all pediatric dental patients assigned to the student. All sealants must be placed under rubber dam isolation, whenever possible.

- J. Until graduation, the student must provide recall visits at six months intervals for all pediatric dental patients assigned to the student.
- K. The student must use proper local anesthesia (amount used and short needle) and technique (use of topical anesthesia and needle placement) to minimize the discomfort associated with dental procedures for all pediatric dental patients assigned to the student. Maximum dose of local anesthesia is calculated and recorded prior to administration.
- L. The student must also be able to control the anxiety of the pediatric dental patient by using the appropriate behavioral modification technique (Tell-Show-Do, Voice Control) along with the appropriate word substitute for dental terminology. The student should use knowledge gained in the didactic portion of courses DEPF 2962 and DEPS 2963.
- M. The student must evaluate the periodontium and recognize the etiologic factors. Compare the clinical findings with the radiologic assessment and arrive at a diagnosis. Formulate a prognosis and an appropriate treatment plan on all of the assigned pediatric dental patients.
- N. While performing restorative dentistry on a pediatric dental patient the student must avoid unnecessary trauma to the pulp, periodontal tissue and other soft tissues of the oral cavity and recognize the importance of the preservation of these structures.
- O. The student must perform all necessary tasks to restore teeth with amalgam, tooth colored materials and stainless steel crowns as needed by their assigned pediatric patients. Criteria for the different restorations are outlined in the syllabus for course DEPS 2963. The student must apply all preventive measures such as topical fluorides, sealants, and preventive resin restorations (as needed) to all pediatric dental patients assigned.

The following criteria must be achieved to demonstrate overall competency in restorative and preventive Pediatric Dentistry

Restorative Dentistry

1. All materials and instruments needed for the procedure are present.
2. Verbal description of procedure to be performed is appropriate.
3. Patient received adequate anesthesia for procedure.
4. Rubber dam is properly oriented, soft tissues are covered,
5. Clamp has floss, is stable and a traumatic.
6. All restorations performed under rubber dam isolation.
7. Optimal restorative treatment, including the correct cavity design and preparation of the tooth/teeth in need of treatment.
8. All caries removed
9. Proper choice and placement of cavity liners and/or bases if necessary
10. Proper choice and placement of restorative materials.
11. Optimal restoration of anatomical form, function and occlusal harmony
12. Postoperative instructions given to patient and caregiver

Preventive measures:

1. Topical fluoride application
 - a. Proper tray selection
 - b. Dispensing the proper amount of fluoride
 - c. Placing the patient in an upright position
 - d. Use of the saliva ejector during and after the treatment
 - e. Appropriate instructions given to patient and parent/guardian.
 2. Sealant
 - a. Appropriate indication
 - b. Proper choice and placement of material
 - c. Sealant applied under adequate rubber dam isolation
 3. Preventive Resin Restoration
 - a. Appropriate indication
 - b. Adequate anesthesia and anxiety control
 - c. Correct cavity design and preparation
 - d. Proper choice and placement of material
 - e. Adequate rubber dam isolation
 4. Home Fluoride
 - a. Appropriated indication
 - b. Prescribe medication
- P. The student must evaluate the pulp and periradicular tissue using the clinical as well as the radiographic examination, arrive at an appropriate diagnosis and formulate a treatment plan. Where indicated, the student must be able to manage pulpal disorders in primary teeth through vital pulp treatment.

Criteria for Vital Pulpotomy

1. Adequate anesthesia and anxiety control
2. Adequate rubber dam isolation
3. Removal of coronal pulp adequate
4. Adequate hemostasis achieved

5. Proper placement of medicament
6. Adequate fill of the pulp chamber

Q. Oral Surgery

1. Adequate anesthesia and anxiety control provided.
2. All extractions and/or removal of fractured or residual root tips must be performed under rubber dam or with placement of protective gauze shield to ensure patient safety.
3. Adequate hemostasis achieved.
4. Postoperative instructions given to patient and caregiver.

R. The student must be able to recognize the indications for a space maintainer. Using knowledge gained in course DEPS 2963 Pediatric Dentistry II, the student must demonstrate his/her ability to design and insert a space maintainer for a pediatric patient when needed.

RESOURCES

A. Human Resources

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B. Foundational Knowledge

DENF 2962 Pediatric Dentistry I
DEPS 2963 Pediatric Dentistry II

C. Foundational Skills

DEPS 2963 Pediatric Dentistry II

ACTION PLAN

Students are expected to complete minimal essential clinical Pediatric Dentistry experiences during the course of normal comprehensive care on assigned patients by the final day of the spring semester.

Competency in Third Year Pediatric Dentistry may be achieved only by developing clinical skills and knowledge to an ability level that will enable you to adequately address any patient's basic comprehensive dental needs. This level is measured by the: 1) successful completion of the Third Year Clinical Pediatric Dentistry Competency examinations 2) successful fulfillment of the minimal essential clinical experiences and 3) successful completion of a one day rotation at HMC activities as directed by an attending faculty member.

In general, only procedures that are performed in the third year Pediatric Dentistry chairs (Bay R) will be counted for CLIN 3001. Those procedures performed in other areas will count in those department courses.

I. Competency Assessment

The student will be required to successfully complete the following competency examination (within the time allotted during a scheduled regular clinic session) as evaluated by the pediatric dentistry faculty member.

The components of clinical Competency Examination include:

A. Competency VI.5 Perform and evaluate preventive therapies

1. The appropriate use of Fluoride:

Procedure requirements:

A written examination will be given for a student to prescribe/ customize an appropriate fluoride based on the patient's need.

2. Sealant:
Successfully apply a sealant on an appropriate pediatric patient.

Procedure requirements:

- i. Student must be able to determine the appropriate selection of tooth for sealant placement.
- ii. Tooth must be approved by faculty as satisfactory for a competency exam at the beginning of the procedure.
- iii. The tooth must accommodate appropriate isolation.
- iv. A student must check that all clinical necessary armamentarium are available and in good working order before starting the competency examination.
- v. Students must work independently.
- vi. A student will be supervised/ graded (1) during the time of application of sealant and (2) at the completion of sealant

B. Competency I.2 Evaluation of outcomes of treatment:

1. Competency Assessment for evaluation of outcomes of treatment is judged at the recall examination or at the conclusion of treatment of a pediatric dental patient.

Procedure requirements:

- i. Students are required to recall a pediatric dental patient at 6 month intervals from the time that the treatment plan is developed.
- ii. Students update medical history with parents or a legal guardian both written and verbally prior to treatment.
- iii. Record vital signs.
- iv. Identify chief complaint.
- v. Assess oral hygiene.
- vi. Perform an intra-oral examination.
- vii. Determine and obtain appropriate radiographs according to AAPD guidelines.
- viii. After all clinical examination, student must determine the status of prior treatment (treatment outcomes) and identify/ customize the follow-up plan.
- ix. Formulate a sequential treatment plan as indicated. Discuss the proposed treatment plan with a faculty member.
- x. Obtain consent from a parent or a legal guardian.
- xi. Perform prophylaxis with prophy paste and apply fluoride.
- xii. Discharge a patient to parent and legal guardian with appropriate post-op instructions.
- xiii. Record concise detailed progress note and record entries.

After successful completion of each Assessment of Competency, students must continue to be able to demonstrate competency. Failure to demonstrate competency in any circumstance will result in remediation. Students will have additional sessions assigned to them with an identified instructor to monitor the progress.

II. Minimal Essential Experience for CLIN 3001 Pediatric Dentistry Clinic

The following are recommendations for a well-rounded clinical experience for the third year. The primary objective is for you to treat YOUR patients in a comprehensive manner. We realize that this may cause a slight variance and we will allow for moderate variations in individual categories, however, we do expect a minimum total of 30 points.

Each student must complete comprehensive restorative care on a minimum of two pediatric dental patients.

Each student is required to submit a copy of the treatment plan for each patient to the Pediatric Dentistry Department. (Room 352)

All students are required to recall their assigned pediatric patients at six months intervals and complete additional treatment needs as diagnosed at the recall appointment.

Clinical Practices and Policies

A. Patient Assignment

Each student will be assigned a minimum of four pediatric patients by their practice leaders. (See Requirements)

Once assigned to you, the patient's oral health becomes your responsibility, a responsibility that should be viewed seriously. This responsibility remains yours **UNTIL GRADUATION** or until for some reason the patient is discontinued in the program.

Appointments of Patients:

1. All students will be expected to follow appointment sign-up procedures.

2. Students are strongly encouraged to see each patient at least every other week until treatment is completed.
3. Recall patients should be seen within one month of their recall due date.

B. Screening

1. Pediatric Dentistry faculty members screen children between the ages of 5-12 on Monday and Wednesday in Bay R. To make an appointment for a child please call 713-500-4334.

C. Parental Involvement

1. Any preliminary discussion with the parent about the child should be conducted before treatment begins. The parent is to remain in the reception area. Parents are only to accompany the child into the clinic area for oral hygiene instructions when parent's participation is desirable due to the child's young age. Presence at other times is only by approval of the supervisory faculty.
2. Parents should not be allowed to leave the building while the student is treating the child. The parent must be available at all times during treatment.

D. Faculty Supervision

It is the student's responsibility to obtain a faculty member's advice and consent at each of the following points;

1. Before initiating ANY treatment of the child (including administration of anesthesia).
2. At appropriate intervals during treatment. These vary according to procedures and will be identified by the faculty.
3. Following completion of all clinical records in EPR and before dismissing the patient.

The students are responsible for the correlation of clinical activity with didactic instruction. Consequently, they shall be prepared to discuss any anticipated treatment procedures with the instructor.

The faculty is responsible for maintaining an awareness of the student's activities at all times, and consequently, can seek additional times for consultation. The students are encouraged to seek faculty participation any time it would facilitate their learning.

As a department, we feel this program will not only assist you in completing your patients in pediatric dentistry, but also provide you with someone to contact should any problems arise.

E. Fabrication of Space maintainer

Students are required to work under a faculty member's supervision when any space maintainer is fabricated. A faculty member will evaluate the process of space maintainer fabrication according to the space maintainer worksheet (see attached paper).

- a. A student will earn half credit if there is any missing signature.
- b. Student will earn NO credit for remaking a defective appliance.

- c. The Pediatric Dentistry Department will keep the space maintainer worksheet at the time of appliance delivery.

F. Sedation

Pharmacologic management techniques will not be used in the undergraduate clinic. If the situation arises where this is the only acceptable management technique for a pediatric patient, a faculty member should be consulted for referral to the Pediatric Dentistry Postgraduate Clinic located in the Houston Medical Center, 6655 Travis, Suite 460, 713-500-8220.

G. Problems with patients/inactivation

1. Patient Cancellations

- a. In any instance that a patient cancels an appointment, the student is required to record this as a note in EPR. The student must have an instructor approve this note. In this entry, the student should include the reason for the cancellation and the amount of notice he/she was given for cancellation. It is the student's responsibility to confirm the patient's appointment 24 hours before the appointment.
- b. If a patient accumulates three cancellations without previous notice, the student should report this to his/her treatment coordinator.

2. Inactivation of a Patient

a. Reasons for Inactivation of a Patient:

- i. Excess of three cancellations (less than 24 hours notice)
- ii. Numerous late arrivals (more than 30 minutes late, more than three times)
- iii. Discontinuation of treatment as requested by the parent or guardian

b. Procedure to discontinue a patient

- i. The student who wishes to discontinue a patient for any of the above reasons will inform his/her treatment coordinator about the patient's name and chart number so that the appropriate entry can be made in EPR.
- ii. The student must request the Office of Patient Care (Room 142) to mail a letter to the parents indicating the action taken and the reasons for it. A copy of that letter must be scanned in EPR. A note stating that the letter has been sent must be approved by an instructor.
- iii. If patient is discontinued, a copy of the letter of discontinuation **must** be sent to the Pediatric Dentistry Department.

H. Student Responsibilities

It must be emphasized that the availability of suitable patients for treatment is a shared responsibility between the student and department. While the Pediatric Dentistry department will screen and assist the student in this regard, this should never be construed to mean that the responsibility for patient availability resides **solely** with the department.

Consequently, the lack of available patients will NOT be accepted as an excuse for inadequate clinical experience. The student must work with the department in every attempt to secure patients. It may be necessary to encourage your adult patients and friends to bring their children to the clinic for dental treatment.

The effectiveness of these objectives and their attainment is in direct relationship to, and is contingent upon, the desire of the student to actively seek as much experience as possible in the Pediatric Dentistry Department.

Students are required to review all treatment procedures to be rendered prior to appointment. Students must understand / identify the treatment rationale, procedure and appropriate instrumentation. Failure to prepare may be grounds for suspension from clinic.

Students must check that dental unit and handpieces are working properly before seating a patient. All clinical instrument and burs should be available for the anticipated clinical procedures.

Students must have a patient's record and existing radiographs pulled up on the monitor screen before seeking faculty member for the start check.

The informed consent form must be signed and dated prior to treatment.

Students must follow the Clinic Manual and infection control guidelines.

Students must maintain an accurate treatment record (see Clinic Manual).

III. Clinical Observation Postgraduate Pediatric Clinic

Students are expected to report at 8:00 AM for the morning session and at 1:00 PM for the afternoon session on their specified rotation date. **Attendance is mandatory.** In the event of an excused absence the day will need to be re-scheduled with the undergraduate Clinic Director. If contact is not made of the missed rotation day within two weeks of the absence a remake day will be scheduled for the student and the appropriate time will be blocked from the students' clinic schedule.

The postgraduate pediatric clinic is located at: 6655 Travis, Suite 460. **See map** on page 22 of this syllabus. The clinic is located within a walking distance (10-minute walk). Parking is available in the parking of the adjacent Hilton Plaza Hotel for \$10.00 a day. Additional parking is available at the parking garage of St. Luke's Episcopal Hospital located at the corner of Main and Southgate.

Each student will be scheduled to spend one whole day observing treatment rendered at the postgraduate pediatric dentistry clinic as part of his or her junior year requirements. The purpose of this rotation is to give the student the opportunity to observe a wide variety of pediatric dental patients being treated. In addition, the student will be able to familiarize themselves with different behavior management techniques and observe patients being treated with inhalation sedation and/or oral sedation. Although no treatment will be rendered directly by the student, the student will be required to actively assist postgraduate residents rendering restorative care on at least two pediatric dental patients. This rotation will give students an opportunity to observe infant oral care as well as management of dental emergencies. The students are encouraged to interact with all postgraduate residents and the attending faculty to maximize their learning experience.

This assigned rotation consists of one day of observation at the postgraduate Pediatric Dentistry clinic. For successful completion of the rotation the student must be in attendance for the whole day and engaged in activities as directed by attending faculty member. Students will be evaluated by the attending faculty member at the end of the day's rotation. At this time, it will be determined by the

attending faculty whether or not the rotation has been satisfactorily completed. If the rotation is not satisfactorily completed, an additional rotation day will be assigned.

IV. Course Grading

Clinical competency examinations	50%
Daily clinical evaluation grading and Productivity	40%
Clinical judgment/professionalism	10%

Summary of Requirements for Third Year

1. Each student must successfully complete the Assessment of Competency.
2. Each student must complete comprehensive care on a minimum of two pediatric dental patients.
3. All students are required to recall their assigned pediatric patients at six months intervals and complete any additional treatment needs.
4. Successfully complete a rotation at the postgraduate pediatric dentistry clinic.

Minimum criteria used for satisfactory progress

CLIN 3001 Pediatric Dentistry Clinic	Progress
Mid Fall semester	Start the first Category II patient.
End of Fall semester	Complete the first Category II patient.
Mid Spring semester	Start the second Category II patient. Successful completion of Competency Assessment (Competency VI.5)
End of Spring semester	Complete the second Category II patient and recall the first patient. Successfully complete a rotation at HMC. Successful completion of Competency Examination (Competency I.2)

CLIN 4001	Progress
mid Fall semester	Start the first Category III patient; recall category II patients.
end of Fall semester	Complete the first Category III patient. Recall category II patient. Start the second category III patient and successfully complete Competency Exam (Competency V).
mid Spring semester	Complete the second category III patient, recall patients, and successfully complete Competency Exam (Competency I.2 and VI.6).
end of Spring semester	Recall all patients

Students may be required to complete more than 4 pediatric dental patients to have sufficient minimal essential experiences.

V. Course Completion

All clinical competency exams, completion of HMC rotation and minimum essential experiences for the course must be successfully completed by the final day of the spring semester. If they are not completed by this date, the report of the student to the Third Year Evaluation and Promotion Committee will be an IU (incomplete unsatisfactory). See penalty as describe in "Evaluation Methods" section.

EVALUATION METHODS

Students must meet clinical acceptability on treatment performed on a daily basis. At each clinic session, students are evaluated for performance of procedures, knowledge, infection control, record keeping, professionalism and overall management of the patient. Students must successfully complete the third year Assessment of Competency.

Criteria used to determine your final grade for this course are listed below:

- A. Competency Assessment (50%)
 - a. Competency VI.5. Perform and evaluate preventive therapies:
 - 1. The appropriate use of Fluoride: (15%)
 - 2. Sealant: (20%)
 - b. Competency I.2. Evaluation of outcomes of treatment (15%)

If the student does not pass any section of the assessment of competency, remediation will be necessary for that section. Once remediation of competency section is complete, a maximum grade of 70 will be given for that section.

- B. Daily clinical evaluation grading and productivity (40%)

A minimum of **30 points** is required to obtain a productivity score of 70. For every additional point earned, the productivity score will increase by one (1) point.
- C. Clinical judgment and professionalism (10%)

This will be based on faculty evaluation of the following:

 - a. Patient care and treatment completion in a timely manner
 - b. Timely follow-up of consultations with other health care professionals
 - c. Recall appointments for patients scheduled and completed at appropriate time
 - d. Complete progress notes, including all communications with patient and parent(s).
 - e. Faculty evaluation of the postgraduate Pediatric Dentistry rotation

The Department of Pediatric Dentistry will utilize a five-point scale for grading clinical performance. The overall clinical grade is determined by the average of all grades received during the clinical course.

The grading scale is summarized as follows:

Point	Rating
5	Excellent
4	Good
3	Average
2	Poor
1	Failure
0	Learning experience, faculty demonstration

The final grade for the course will be assigned as follows based on the final average.

100 – 90	= A
89 – 80	= B
79 – 70	= C
<than 70	= F

Students who fail to complete at least two Category II patients by the end of spring semester will receive an “incomplete unsatisfactorily (IU)” grade report.

Students who fail to complete expected requirements by the end of the spring semester will be penalized as follows:

Completion at the end of Summer Clinic	Grade reduced by 5 points
Completion August 1 to August 31, 2010:	Grade reduced by 10 points
Completion September 1 to September 30, 2010:	Grade reduced by 15 points
Completion after September 30, 2010:	Maximum grade = 70

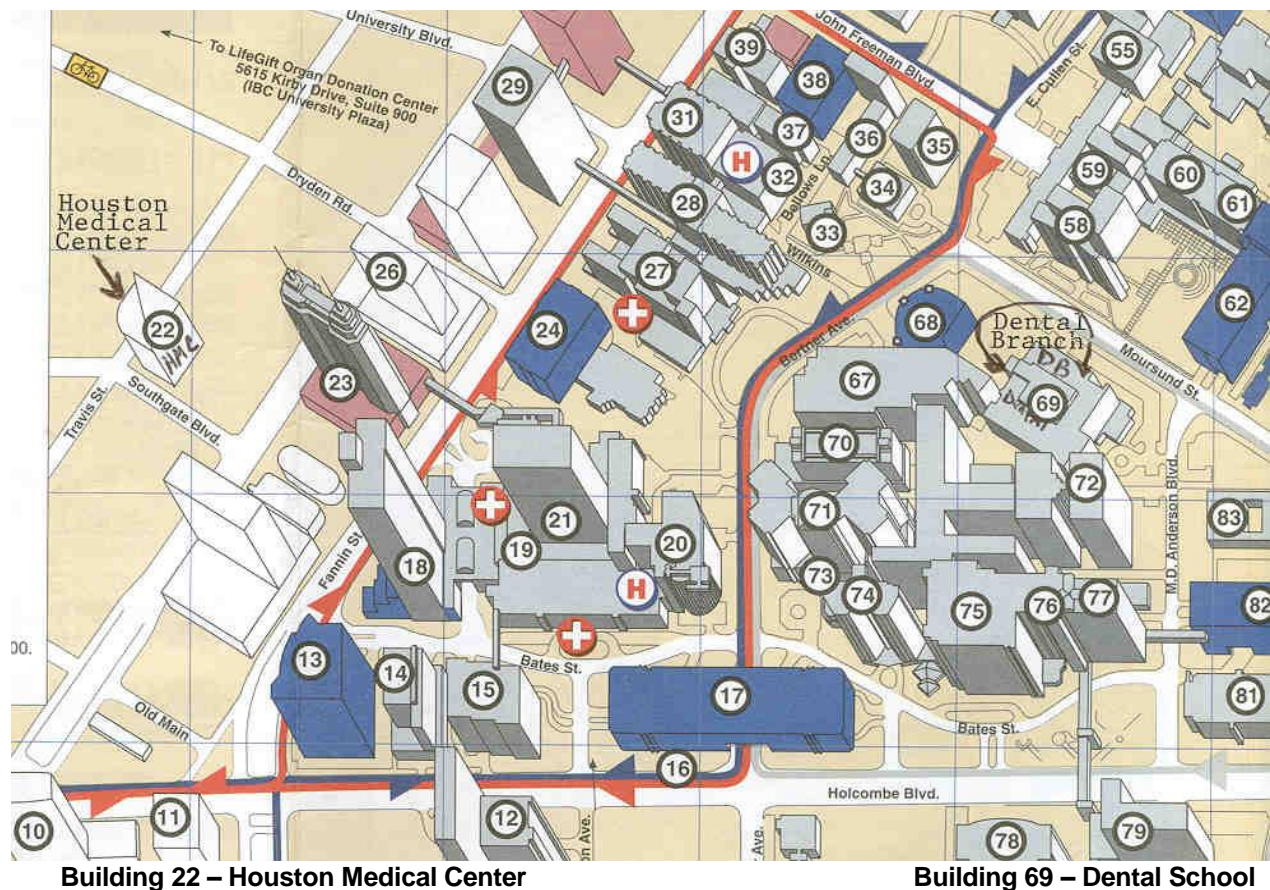
APPENDIX

Houston Medical Center Building (HMC) –Postgraduate Pediatric Dentistry Clinic Rotation Dental Clinic Directions and Map

The University of Texas Pediatric Dentistry Department has a dental clinic located in the Houston Medical Center Building. The clinic address is **6655 Travis, Suite 460, situated in the Medical Center area at the corner of Southgate and Travis.**

The clinic offers comprehensive pediatric care for patients from birth through 20 years of age. In addition, the clinic specializes in treating the physically and medically compromised patient. For the young pre-cooperative patient, the clinic has the capability of treating children under general anesthesia as an outpatient at Hermann Hospital. This is primarily used for infants with nursing bottle caries. Treatment under general anesthesia allows all dental work to be performed at one time so efforts can be concentrated on prevention of future problems.

Office hours are **Monday through Friday from 8:00 am to 5:00 pm.** A pediatric dentistry resident is on call 24 hours, and can be reached through the **Hermann Hospital page operator at 713-704-4284.** Appointments can be made by calling 713-500-8220. Fees are structured to include a majority of the population. **The clinic is a Medicaid provider and accepts private dental insurance. For information or questions concerning dental insurance offered at our clinic call 713-500-8220.**





Competency Assessment Evaluation and Criteria

Competency I.2 Evaluation of Treatment Outcomes
Competency I.4, I.5, II.1, III.4, IV, V.2, V.3, VI.5, VI.18

Competency Examination: Periodic Examination
Course: 3001 Pediatric Dentistry Clinic

Student Name Last First	Student #		Patient Name Last First	
Practice			Chart #	Date Started
Supervising Faculty			Tooth #	Procedure Code Date Finished

Proc. Suffix	Date	Activity Knowledge, Skill, Value	Student Evaluation						Faculty Evaluation					Faculty #	
			5	4	3	2	1		5	4	3	2	1		
-01		Core values, infection control													
-02		Periodic recall at 6 month intervals													
-03		Update medical history													
-04		Record vital signs													
-05		Identify chief complaint													
-06		Assess oral hygiene													
-07		Perform an intra-oral examination													
-08		Radiographic Examination													
-09		Determine treatment outcomes													
-10		Formulate a sequential treatment plan													
-11		Obtain consent													
-12		Prophy-Fluoride application													
-13		Post-op instruction													
-14		Patient record Keeping													
-15															
-16															
-17															
-18															

Overall Evaluation

Date	Comments	Faculty Initials	Faculty #	Evaluation Score

7/30/2009 Rev. 6

	5	4	3	2	1	0
Core Value	Ethical, Professional behavior, followed all clinic policies and procedures, complied with infection control policies	Minor error(s) in one or two areas	Minor errors in multiple areas	Critical error in one area	Critical error in multiple areas	
Evaluation of Treatment Outcomes	Periodic recall at 6 month interval after an initial treatment plan is developed	Periodic recall within a month after the due date	Periodic recall within two months after the due date	Periodic recall within three months after the due date	Periodic recall within four months after the due date	Periodic recall is more than 4 months after due date
	Accurate Patient Assessment and Charting (03-08)	Few minor errors	Some minor errors	Multiple errors	Insufficient Patient Assessment and Charting	Incomplete patient assessment which compromises patient care or endangers the patient
	Accurate assessment of previous treatment outcomes Accurate sequential treatment plan Appropriate post-op instruction Accurate patient record keeping	Few minor errors	Some minor errors	Multiple errors	Incomplete	Lack of knowledge
	Thoroughly prophylaxis	Few dental plaque/calculus found	Some dental plaque/calculus found	Multiple areas of dental plaque/calculus found	Gross deposit of dental plaque/calculus found	Tissue trauma not consistent with the pretreatment gingival condition
	Correct fluoride selection and application	Few minor errors	Some minor errors	Patient in incorrect position Incorrect tray selection	Fluoride applied too little/ too much time Too much/too little fluoride applied	Patient in a supine position Excess fluoride not removed from oral cavity following application Rinsing with water after fluoride after application

Note: Students will automatically fail the competency examination, if any critical error occurs:

1. Failure to update medical history
2. Failure to obtain informed consent

In order to successfully complete this competency assessment, a student MUST earn a grade of 70 or higher.



Competency Assessment Evaluation and Criteria

Competency VI. 4 – Preventive therapies
Competency I.1, I.2, I.5, III.4, VI.16, VI.17

Competency Examination: Sealant
Course: 3001 Pediatric Dentistry Clinic

Student Name Last First	Student #		Patient Name Last First
Practice			Chart # Date Started
Supervising Faculty		Tooth #	Procedure Code Date Finished

Proc. Suffix	Date	Activity Knowledge, Skill, Value	Student Evaluation						Faculty Evaluation					Faculty #
			5	4	3	2	1		5	4	3	2	1	
-01		Core values, infection control, patient record keeping												
-02		Appropriate tooth isolation												
-03		Correct procedure of sealant placement following the manufacture guideline												
-04		No excess or deficiency of sealant material												
-05		Smooth surface, no pits, voids or irregularities of sealant material, harmonious occlusal form												
-06														
-07														
-08														
-09														
-10														
-11														
-12														
-13														
-14														
-15														
-16														
-17														
-18														

Overall Evaluation

Date	Comments	Faculty Initials	Faculty #	Evaluation Score

7/30/2009 Rev. 6

	5	4	3	2	1	0
Core Value	Ethical, Professional behavior, followed all clinic policies and procedures, complied with infection control policies, documentation in record was legible, complete and accurate	Minor error(s) in one or two areas	Minor errors in multiple areas	Critical error in one area	Critical error in multiple areas	
Sealant	Appropriate tooth isolation	More or less optimal tooth isolation	Acceptable tooth isolation	Inadequate tooth isolation	No tooth isolation	Isolation of the wrong tooth
	Correct step of sealant placement following the manufacturer's guideline	Slight deviation from manufacturer's guideline	Moderate deviation from manufacturer's guideline	Severe deviation from manufacturer's guideline	Critical deviation from manufacturer's guideline	Placement of the sealant on the wrong tooth e.g. etch the wrong tooth
	No excess or deficiency of sealant material	Slight excess or deficiency sealant material	Moderate excess or deficiency of sealant material	Severe excess or deficiency	Critical excess or deficiency	Gross excess or deficiency
	Smooth surface, no pits, voids or irregularities Harmonious occlusal form	Slightly surface irregularities	Moderate surface irregularities (pitting or Voids)	Sever surface irregularities (pitting or Voids) Slight Hyper-occlusion	Critical surface irregularities (pitting or Voids) Severe Hyper-occlusion	Gross surface defect or missing sealant Gross Hyper-occlusion/ Overflow of sealant

Note: Students will automatically fail the competency examination, if any critical error occurs:

1. Placing sealant on the wrong tooth
2. Placing the sealant on a carious tooth
3. Overflow sealant e.g. covering the embrasure of the teeth, gross hyperocclusion
4. Missing sealant e.g. sealant dislodged with hand instrument

In order to successfully complete this competency assessment, a student MUST earn a grade of 70 or higher.



Competency Assessment Evaluation and Criteria

Competency VI.5 – Perform and evaluate Preventive Therapies
Competency VI.14

Competency Examination: Appropriate use of Fluoride
Course: 3001 Pediatric Dentistry Clinic

Student Name Last	First	Student #		Patient Name Last	First
Practice				Chart #	Date Started
Supervising Faculty				Tooth #	Procedure Code Date Finished

Proc. Suffix	Date	Activity Knowledge, Skill, Value	Student Evaluation						Faculty Evaluation					Faculty #
			5	4	3	2	1		5	4	3	2	1	
-01		Core values												
-02		Prescribe an appropriate fluoride regimen based on a patient's need												
-03														
-04														
-05														
-06														
-07														
-08														
-09														
-10														
-11														
-12														
-13														
-14														
-15														
-16														
-17														
-18														

Overall Evaluation

Date	Comments	Faculty Initials	Faculty #	Evaluation Score

7/30/2009 Rev. 6

	5	4	3	2	1	0
Fluoride	No error on prescription	One minor error	Two minor errors	Three minor errors	Four minor errors	Critical error occurs i.e. exceeding the toxic lethal dose, writing a wrong medication

In order to successfully complete this competency assessment, a student MUST earn a grade of 70 or higher.

SPACE MAINTAINER WORKSHEET

Patient Name _____

Student Name _____

Start date _____

	Type of Space Maintainer			
Band fitting				
Working model with band and design				
Adaptation of archwire (0.036")				
Appliance is ready to solder				
Solder and finishing				
Acrylic button (for Nance appliance only)				
Appliance adaptation and cementation				

Comments: _____

**A student will earn half credit if there is any missing signature.
 Student will earn NO credit for remaking a defective appliance.
 Pediatric Dentistry will keep this worksheet at the time of appliance delivery.**

Pediatric Dentistry Clinical Point System

Before graduation, students are required to complete a minimum of two Category II patients and two Category III patients and earn at least 125 points. Completed patients must be recalled until students graduate.

Diagnosis

Code Number	Description of Procedure	Points
0130 /02	Emergency oral examination	2
0150 /02	Initial oral exam, necessary radiographs	5
0210 /02	Radiographs, complete series	0
0211/02	Radiographs, partial series (5-11 films)	0
0220 /02	Radiographs, first periapical	0
0230 /02	Radiograph, each additional	0
0240/02	Radiograph-occlusal film	0
0272 /02	Radiograph, bitewings	0
0330 /02	Radiograph, panoramic	0
0470 /02	Diagnostic casts, trimmed	6
	Competency Exam (Case Presentation)	10

Recall Appointment

0120 /02	Periodic oral exam (prophy, fluoride, OHI, & necessary radiographs)	5
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Preventive Dentistry

1201 /02	Topical application of fluoride (including prophy), child	2
1330 /02	Oral hygiene instructions	1
1351 /02	First sealant, per quadrant	2
1351 /02	Each additional sealant in quadrant	1
9999 /02	Water analysis interpretation	1

Operative Dentistry

2110 /02	Amalgam, one-surface, primary	3
2120 /02	Amalgam, two surface, primary	5
2140 /02	Amalgam, one surface, permanent	4
2150 /02	Amalgam, two surface, permanent	6
2160 /02	Amalgam, three surface, permanent	6
2330 /02	Preventive resin with sealant	4
2331 /02	Resin, two surface anterior	4
2332 /02	Resin, three surface anterior	6
2335 /02	Resin, involving incisal edge	6
2336 /02	Resin (strip) crown	6
2380 /02	Resin, one surface, primary	4

2930 /02	Stainless steel crown, primary	6
2931 /02	Stainless steel crown, permanent	6
2933 /02	Stainless steel crown, resin window	10
2940 /02	Sedative filling	2

Pulp Therapy

3110 /02	Pulp cap-direct	2
3120 /02	Pulp cap-indirect	3
3220 /02	Pulpotomy	4

Surgery

7111 /02	Extraction of coronal remnants, deciduous tooth	1
7140 /02	Extraction, erupted tooth or exposed tooth	1

Space Maintainers

1510 /02	Fixed, unilateral	10
1515 /02	Fixed, bilateral	15
1525 /02	Removable, bilateral	15

Adjunctive or Unusual Procedure

Unspecified procedures will be given credit at faculty's discretion.

0013	Case Complete	0
0019	Recall Case Complete	0
9110 /02	Emergency treatment	as per treatment