



**Weill Cornell Medicine**

**NewYork-Presbyterian**

**NewYork-Presbyterian Hospital – Weill Cornell Medical Center**

**Division of Dentistry, General Dentistry Program**

**Goals and Objectives**

### **Program Overview**

The program is one year in length with one position as an optional 2nd year. Seven residents are accepted each year with their residency officially beginning on July 1st. Orientation begins approximately mid-June.

### **Overall Program Goals and Outcomes Assessment**

**Goal 1: Act as a primary oral health provider for individuals & groups of patients. This includes providing emergency and multidisciplinary comprehensive oral health care; providing patient focused care that is coordinated by the general practitioner; directing health promotion and disease prevention activities; and using advanced dental treatment modalities.**

The residents achieve this goal by providing emergency care in the Emergency Department and to inpatients as well as providing multidisciplinary comprehensive dental care to outpatients in the Adult Dental facility on the 21<sup>st</sup> floor of the main hospital as well as the Pediatric dental center in the Helmsley building. Patients have a full set of x-rays, and or a panorex and a comprehensive oral evaluation. At the treatment planning appointment, the residents discuss treatment plan options and disease prevention with the patient. They work with and refer to specialists as needed but all treatment except for orthodontics is done at the hospital.

Feedback from supervising dental attendings in the dental clinic, review of log books, chart reviews and American Association of Hospital Dentists outcomes assessment exams will be used in the evaluation of this goal.

**Goal 2: Plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs.**

The residents achieve this goal by treating patients referred from physicians within NYPH or from various facilities that house special needs patients (nursing homes, disability centers). This includes referrals from oncologists (mostly at MSKCC) or the management of oral side effects from chemotherapy and/or head and neck radiation treatment. Patients are seen for an oral evaluation as well as patient education prior to receiving head and neck radiation treatment. The residents also evaluate patients prior to heart valve replacement surgery, joint replacements, or organ transplants. In

addition, residents may be called for inpatient consults on patients with endocarditis, dental pain, oral infections or other dental issues.

Feedback and evaluations from supervising dental attendings in the dental clinic, review of log books and the American Association of Hospital Dentists outcomes assessment exams will be used in the evaluation of this goal.

**Goal 3: Manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to dynamic health care environment.**

The residents achieve this goal through chart review and patient satisfaction surveys. Results of chart review and patient satisfaction surveys will be used in evaluation of this goal

**Goal 4: Function effectively within the hospital and other health care environments.**

The residents achieve this goal by working with nurses, physicians, and medical house staff on their ED, Anesthesia, OMFS, MSKCC and Dental and Pediatric rotations. In addition, this goal will be achieved by seeing and treating dental patients in the Emergency Department as well as consultations/referrals from physicians within the hospital.

The supervising attending evaluations at the completion of the ED (urgent care), Anesthesia, OMFS, MSKCC rotations and Dental and Pediatric rotations as well as the American Association of Hospital Dentists outcomes assessment exams will be used in the evaluation of this goal.

**Goal 5: Function effectively within interdisciplinary health care teams.**

The residents achieve this goal by providing consultations to a wide variety of patients including cancer patients, cardiac patients undergoing heart valve replacement, orthopedic patients undergoing joint replacements and patients with endocarditis. During rotations in the Emergency Department, Anesthesia, OMFS, and MSKCC rotation the residents will work within interdisciplinary health care team.

The supervising attending evaluations at the completion of the ED (urgent care) Anesthesia, OMFS and MSKCC rotation and the American Association of Hospital Dentists outcomes assessment exams will be used in the evaluation of this goal.

**Goal 6: Apply scientific principles to learning and oral health care. This includes using critical thinking; evidence or outcomes based clinical decision-making and technology-based information retrieval systems.**

Critical thinking is developed during treatment planning/patient care conferences/case discussions and literature review. In addition, critical thinking will be developed through the medicine/physical diagnosis

course and Morbidity and Mortality conferences.

The residents have access onsite and via the internet to the Cornell Medical College library which gives the residents the use of technology based information systems.

Treatment planning, case presentations, and interactions with dental attendings in the clinic will be used to assess the resident's ability to use scientific literature and critical thinking skills in patient care. Also, the American Association of Hospital Dentists outcomes assessment exams will be used in the evaluation of this goal.

**Goal 7: Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability and acceptance of cultural diversity in professional practice.**

This goal is achieved by the residents attending institutional ethic conferences, grand rounds, and literature reviews. In addition, the residents will have ethic conferences throughout the year given by the divisions attendings.

The residents will work with certified translators within the hospital or use of the language line to assist in communication with patients that do not speak English.

Supervising attending feedback and evaluations after the completion of the ED (urgent care), OMFS, MSKCC , Anesthesia rotations and dental and pediatric rotations will be used in the evaluation of this goal.

**Goal 8: Understand the oral health needs of communities and engage in community service.**

The residents achieve this goal by providing ongoing community service to patients in the dental center who are eligible for reduced costs due to their financial status. The residents also participate in community service activities such as NYPH's health fairs and "Take your child to work day"

Supervising attending evaluations and feedback from outside community service activities are used in evaluation of this goal.

Source: ADA Accreditation Guidelines for GPR program.

Upon completion of training, the resident is competent to:

- A. Act as a primary oral health care provider. This includes:
  - 1. providing emergency and multidisciplinary comprehensive oral health care;
  - 2. obtaining informed consent;
  - 3. functioning effectively within interdisciplinary health care teams, including consultation and referral;
  - 4. providing patient-focused care that is coordinated by the general practitioner;
  - 5. directing health promotion and disease prevention activities; and
  - 6. using advanced dental treatment modalities
- B. Assess, diagnose and plan for the provision of multidisciplinary oral health care for a wide variety of patients including
- C. patients with special needs.
- D. Manage the delivery of patient-focused oral health care.

Upon completion of the residency program, the resident is able to provide the following at an advanced level of skill and complexity beyond that accomplished in pre-doctoral training:

- A. operative dentistry
- B. replacement of teeth using fixed and removable prosthodontics
- C. periodontal therapy
- D. endodontic therapy
- E. oral surgery
- F. evaluation and treatment of dental emergencies
- G. pain and anxiety control utilizing behavioral and pharmacological techniques

Upon completion of the residency program, the resident will be able to manage the following:

- A. medical emergencies
- B. implants
- C. oral mucosal diseases
- D. temporomandibular disorder and orofacial pain
- E. occlusal disorders

The competency and proficiency and outcomes assessment forms used are available to applicants upon request.

## **Rotation Goals and Objectives**

### **Anesthesia: 2 weeks, 50 hours per week**

The resident will be introduced to the medical field of anesthesiology. They will be instructed and supervised in the pre-operative assessment of patients scheduled for surgery, in the pharmacology of the various drugs used during general anesthesia and conscious sedation, monitoring techniques utilized during anesthesia including vital signs, pulse oximetry, capnography and spectrometry, management of the airway including mask, intubation and extubation, as well as the management of airway and medical emergencies, all as appropriate to their level of knowledge and capability. It is hoped that the resident will gain an understanding and respect for the human airway and physiology during this rotation.

### **Oral and Maxillofacial Surgery: 8 weeks, 50 hours/week.**

The resident will be introduced to the clinical and didactic field of oral and maxillofacial surgery. They will be instructed and supervised in all aspects of oral and maxillofacial surgery including dentoalveolar surgery, pathology, trauma, pre-prosthetic and reconstructive surgery including implantology and orthognathic surgery. The residents will assist in the management of all oral and maxillofacial surgery in- and out-patients. Additional instruction in the technique, pharmacology, etc., of out-patient general anesthesia and conscious sedation.

### **Urgent Care/Emergency Medicine: 2 weeks, 50 hours per week.**

The resident will receive additional experience in obtaining complete and focused patient histories and physical examinations through appropriately supervised evaluation and management of patients presenting with a variety of semi-urgent, urgent and emergent medical problems. They will be instructed and supervised by attendings of the Emergency Medicine Service and assist various medicine, surgery and specialty residents as appropriate.

### **Night Float: 8 weeks, 84 hours per week**

Two of these 8 weeks are spent as the residents' Urgent Care rotation. The remainder of this time is spent on call responding to ED consults and providing treatment of dental emergencies. The resident is also first call for the OMFS service which includes admissions, rounding on inpatients that are under the OMFS service and assisting in the urgent management of OR cases such as facial trauma and multi-space infections.

### **Pediatric Dentistry: 8 weeks**

Instruction in this discipline will enable the residents to gain competency in basic pediatric dentistry, in order to understand what their limitations are in providing care so that they may accurately assess appropriateness of referral to the pediatric dentist.

Objectives: General practice residents are given a period of 8 weeks to gain proficiency in basic pediatric dentistry. The rotation is divided into two, four consecutive week sessions. During the initial four-week period, the residents are taught how to assess the pediatric patient comprehensively. Residents learn how to evaluate the patients' medical history and assess the patients' current medical status, understand the relevance of previous dental experiences and their relationship to future care, how to properly conduct a thorough head and neck examination, how to provide a thorough dental evaluation including oral hygiene and nutrition and dietary assessments, a proper growth and development assessment, as well as a behavior assessment.

Competency is assessed through direct attending supervision and resident-attending interaction during treatment plan seminars, which are on going throughout the duration of the rotation. During the initial four week period, residents are introduced to basic pediatric dentistry procedures including, dental radiography, prophylaxis, basic operative dentistry and basic oral surgery. Surgical procedures including basic operative dentistry and basic oral surgery is provided by the resident under direct supervision of the attending. Prior to start, the residents review proposed treatment plans in detail with the attending. Advanced restorative procedures and difficult management cases are immediately taken over by the attending-in-charge and later discussed with the resident.

Residents are introduced to the Operating Room and taught Standard Operating Room Procedure. Residents are taught the rationale for providing dental treatment in the Operating Room under general anesthesia as was as overall treatment objectives. Residents are taught how to write operative notes for the procedure in addition to all corresponding Orders, and Notes that are required for patients treated in the Hospital Setting.

During the second four-week period, residents are introduced to more advanced pediatric dentistry procedures including stainless steel crown restoration, endodontic procedures, and anterior esthetic restorations. Residents provide care under the direct supervision of the attending. Proficiency is not required for these procedures as the goal of this rotation is not to provide training at the level of a specialist, rather, the main objective is to allow the resident to gain competency in rendering treatment, and in accurately assessing whether the patient is suitable for treatment by the general dentist or whether a referral to a pediatric dentist is necessary. The resident is exposed to these advanced procedures for the sole purpose of enhancing their understanding of what treatment options exist for these patients in addition to their limitations, i.e. parental and patient compliance/tolerance, parental expectations, etc..

At the end of the rotation, residents are interviewed by the attending-in-charge, and asked what they have gained from their experience.

**Memorial-Sloan Kettering Cancer Center: 7 weeks (50 hrs/week)**

The MSKCC rotation provides residents with experience in treating patients who are survivors of cancer and its therapy and who are in-treatment cancer patients of MSKCC. This demographic is an excellent

cross-section of the population presenting to general dentists in private practice. The combination of MSKCC with the NYPH-WCMC Advanced Education Program in General Dentistry will enable us to provide an exceptional clinical and didactic experience to new graduates of dental schools, educating them in the complexities of dealing with the oncologic patient, and medically complex patients in general, within the dental setting.

The MSKCC rotation offers a well-balanced clinical and didactic experience in treating medically complex patients undergoing radiation therapy, chemotherapy, and head and neck surgery for oncologic disease. The residents are trained in hospital dental oncology which covers all aspects of the oral care for the oncologic patient: pre-radiation and pre-chemotherapy / stem cell transplant evaluation, diagnosis and treatment of oral mucosal disease (mucositis, adverse drug reactions, infections, oral graft versus host disease) and general dental care. In addition the General Practice Resident can assist the Maxillofacial Prosthodontic fellows in the prosthetic rehabilitation of the cancer patient (maxillary Obturators, mandibular resection prostheses, implant placement and restoration and the prosthetic rehabilitation of facial defects).

The Dental Service at MSKCC provides comprehensive patient care and is involved in the treatment of patients with pediatric cancers, those receiving stem cell transplants in the treatment of hematogenous and solid tumors, the dental care of the head and neck radiation patient, and patients receiving bisphosphonate therapy, and in the treatment of oral and pharyngeal cancers requiring all phases of dental and maxillofacial prosthetic intervention (diagnosis, treatment, follow-up).

Clinical and basic science research in the areas of oral manifestations of cancer therapies is another integral part of the program. Residents are required to participate in the educational series of conferences and are encouraged to participate in research projects. Conferences include Surgical Grand Rounds, Departmental lectures by fellows and attendings, Head and Neck Conference and Journal Club, all of which are held once weekly.