

University of Maryland School of Dentistry, Baltimore

**DIVISION OF PEDIATRIC DENTISTRY
RESIDENT HANDBOOK
2021-2022**

(This document is revised annually. The most current version is applicable to all years. For the most current version please contact Mr. Jarrett Waller)

Revised June 1st, 2021

UMSOD Vision:

Good oral health is integral to general health and quality of life. We will achieve preeminence through excellence and innovation in education, patient care, research, public service, and global engagement.

UMSOD Purpose:

Advancing Oral Health. Improving Lives.

Mission of the Division of Pediatric Dentistry:

The mission of the Division of Pediatric Dentistry is to improve the quality of life for Maryland children through excellence and leadership in training of oral health care providers, clinical and preventive care, community service and health policy development.

UMB Core Values:

<i>Accountability</i>	<i>Civility</i>	<i>Collaboration</i>
<i>Diversity</i>	<i>Excellence</i>	<i>Knowledge</i>
<i>Leadership</i>		

PEDIATRIC RESIDENCY PROGRAMS- Degree or Certificate

1. Three Year Master's Degree Program

2. Two Year Certificate Program

Residents must decide which track/program they wish to pursue within 3 months of joining the program and submit their choice in writing to the program director/division chief.

PROGRAM REQUIREMENTS:

1. Three Year Master's Degree Program

Residents in this program are required to fulfill the clinical and didactic program as that of Two-Year Certificate Program. In the third year, the resident will complete the research requirements (conducting research, writing and defending the thesis); in addition, 2-3 days per week will be allocated towards teaching and working in clinics. The third year is considered to be continuation of residency and the resident will be regularly evaluated by the research mentor as well as by the program director bi-annually. The time-off and travel requests will be similar to previous years. Please contact Ms. Nichole Mitchell (Coordinator, Office of Research, UMSOD (NMitchell@umaryland.edu) to get further information regarding the graduate school requirements (in addition to program requirements). A helpful link: <http://www.graduate.umaryland.edu/student-resources/>. Please note CODA requires research project to be completed as a part of 2-year residency program (independent of the master's program). This research MUST be presented in the second year as a poster at a meeting approved by the program director. If the master's research project is not expected to fulfil this requirement, a separate research project must be started in the first year of residency after consultation with the program director to fulfil the research requirement for residency program.

2. Two Year Certificate Program

Residents electing this program will be required two years of didactic courses, research and clinical dentistry. Several requirements are listed out in this document (Appendix 1a.). Also see the entry and exit requirements below:

3. Additional requirements/information:

a. Entrance requirements:

- All residents are required to take the AAPD in-service written exam
- All incoming residents will be asked to take computer-based competencies. As per the program director's discretion, when needed residents may be asked to take written and clinical (dentoform) exams.

- All incoming residents must complete IRB certification (<http://www.umaryland.edu/hrp/for-researchers/required-training/>).
- Submit a self-appraisal report highlighting their achievement and expectations from the two/three-year training program.
- Any additional requirements will be notified by emails/ written memo during the training period.

b. Periodic assessments: SANU Daily Grading System (appendix 1b)

- **Annual assessment to recommend promotion to second year (appendix 1c)**
- **Biannual resident evaluations (appendix 1c)**
- **Mock boards** (every 6 months)
- **Progressive Assessment Tool (PAT): (appendix 2)**

You can use PAT to self-assess yourself in areas of various clinical expertise. Please inform the program director when you plan to challenge a PAT with attending by email. After you have challenged a PAT, documentation **MUST** be submitted for **all attempted PAT's (graded as Superior, Acceptable, Needs Improvement & Unacceptable)** to the Program Director as soon as possible.

- Competency on basic pediatric dentistry: Incoming residents will be required to take basic web based competencies on 1.Oral health promotion & disease prevention; 2. Radiology in pediatric dentistry; 3. Restorative dentistry; and a case based competency. The web-based competencies can be taken in your down time or from home.
- PAT's:
 - Prevention (Patient based) PAT (minimum 2): resident should try to challenge and successfully complete this assessment within first 6 months of residency.
 - Nitrous oxide safety (Patient based) PAT (minimum 5): resident should be able to verbalize indications/contraindications of nitrous oxide and elaborate on the usage, safety, and monitoring required.
 - Extraction (Patient based) PAT (minimum 2) -: (pre-requisites: Resident can challenge this assessment any time after first 6 months of residency).
 - Space management competency (Patient based) PAT (minimum 5) -: (pre-requisites: Resident can challenge this assessment any time after first 6 months of residency).
 - Restorative (Patient based) PAT (minimum 5)-: The goal of this assessment is to test the resident on pulp diagnosis and restorative technique using appropriate behavior guidance technique with or without nitrous oxide anxiolysis.

- Management of OR cases (Patient based) PAT (minimum 5) - Residents may challenge this assessment anytime in second year after they have completed at least 10 OR cases.
- Sedation (Patient based) PAT (minimum 5) - Residents may challenge this assessment anytime in second year after they have completed at least 10 sedation cases.
- Advocacy - based on suggested reading material and experience during AAPD Advocacy Day

c. Exit requirements:

- Graduating residents must take the exit-level AAPD in-service exam as a review of general pediatric knowledge gained during their training.
- Graduating residents must take the ABPD QE examination in May.
- Submit a self-appraisal report focusing on achievements, growth during the program, career plans and feedback for the program.
- Complete an End of the Program Survey.
- Exit interview and summary assessment (**appendix 3**).
- Submit the Resident Clinical Log (RCL) in Microsoft Teams.
- Make sure that all treatments are completed and notes approved in Axiom. All images also need to be approved in a timely fashion.
- Submit documentation for completed assessments.
- Complete poster, research and case conference requirements.
- Please submit details and Axiom #'s of cases that are interesting, with much educational valuable to follow or be a potential teaching case.
- Return all hospital scrubs to avoid charges on your account
- Check with Mr. Jarrett Waller and Ms. Dorothy Nelson for any pending work.
- Please update Mr. Jarrett Waller with your permanent mailing address

c. Resident Clinical Log (RCL):

- Each resident is required to keep a clinical log of all clinical treatment done weekly and submit updated RCL's to Program Director on a monthly basis. The Program Director maintains residents log in their digital portfolio folder.
- Use Microsoft Teams to maintain a clinical log for following clinical work:
 - Sedation experiences and sedation assists
 - OR experiences and OR assists
 - Trauma/Emergency care cases

- Special needs/medically complex needs cases
- Preventive (space maintainers)/interceptive orthodontics cases
- Sedation & OR logs must be submitted to Dr. Dhar in hard copies and digital copies in order to be filed into your portfolio (Mid-June). Please MAKE SURE the numbers in MS Teams are reflected in the Axiom report. Please provide additional evidence (A copy of Chart Notes) for OR cases done at UMROI hospital.
- All treatment done must be entered into Axiom the same day and the notes must be approved.
- All clinical pictures imported into MiPacs.

e. Poster, Research and case conferences requirements:

- **Second year residents** (including master's students) are expected to participate in the presenting at the annual Academy of Pediatric Dentistry (AAPD) meeting and at the School of Dentistry Scholars Symposium (i.e., oral or poster presentations) during their 2nd program year, before graduation. Departmental funding for travel to AAPD is limited and may not be sufficient to fully reimburse all expenses. In this regard, a budget for travel can be obtained prior to the submission deadline for AAPD abstracts (usually due mid-January). At that time, in consultation with mentor, the resident can decide if will be able to present at the annual meeting.
- **Third year** residents are also required to present their master's research at the annual session of Academy of Pediatric Dentistry (AAPD) in their 3rd program year and are encouraged to apply for the Nu-Smile Graduate Student Research Award.
- Please submit digital copies of all case-conferences to Dr. Dhar (Mid-June). In addition, please upload all your case conferences into MS Teams after presentation
- Please submit digital and hard copies of relevant abstracts, posters, and final manuscripts of your research project (Mid-June). In addition, please upload these into MS Teams .

f. Resident Portfolio Folders: Program Director maintains a digital file- Portfolio Folder for each resident including the RCL's and various evaluations.

g. New rotations/ changes to the program: The format of program is dynamic and changes that will improve the quality and/ or the impact of the program may be made midyear. Such changes are made only after due consideration and faculty and CODA approval. Implementation of any midyear changes impacting the residency programs will be done after discussion with residents and at least one month's prior notice to allow for efficient scheduling.

Student Rights and Responsibilities

1. Attendance

Students should be available during the regular school session. Physical Diagnosis course may meet in the evenings. Any period of unscheduled time (Wednesday afternoons) is established for library use, medical and dental consultations, OR/sedation paperwork, research, Board preparation etc. Students are expected to make good use of their time. **“Moonlighting” during regular school hours is unacceptable.**

The certificate program is two years duration; pursuing the Master’s Degree will require a third year. ***As per CODA Standard 4-2: ‘The duration of an advanced specialty program in pediatric dentistry must be a minimum of 24 months of full-time formal training.’***

Attendance for courses, seminars, clinic and clinical rotations is mandatory unless excused by the Program Director. Excessive absence (including medical) may result in course failure or extension of the two-year program, at the discretion of the Program Director.

If students are to be absent, a Request for Leave slip (**appendix 4**) must be filled out. These are available from the Department secretary and must be approved and signed by the Program Director. University of Maryland Medical Center Pediatric Emergency Room “on-call schedules” are required 365 days per year. First-year residents cover the usual “holiday/special” breaks.

Policy on Leave

1. Vacation

- Residents are allowed a total of ten school days of vacation in the two-year program and fifteen days in the three-year program.
- Only one resident may be on vacation at a time.
- Residents are required to give **3 months’** notice for vacation or one month for other scheduled absences (military commitment etc.).
- If an unusual circumstance presents itself, then vacation time can be taken during the year with the approval of the Program Director.
- **During the month of June and July time off requests will be considered for extreme circumstances only. Time off will only be given in an emergency or unavoidable situation.**

2. Personal leaves (Excused Absences/ Sick Leaves/ Professional Leaves):

A total of up to **5 days in one year** may be used towards excused absences/sick leaves and professional leaves. The personal leaves cannot be carried over to next year and cannot be combined with vacation days. Personal leaves are subject to approval by the Program Director. Residents will have to make up for any excessive days utilized at the end of 24 months of residency period.

All planned absences should be submitted to the Program Director in writing for approval with at least one month's notice. When the need is not foreseeable, the application should be made as soon as practicable. The director will then inform the receptionist on how to adjust the schedule. **Residents on a scheduled rotation, are to find a replacement and notify Program Director and other responsible parties for a planned absence.** If for some reason (sickness etc.) you cannot be present, you are to let either Dr. Dhar (240-813-5011) or Dr. Tinanoff (410-952-4712) know that you will be late or not present. In addition, you are to inform the faculty member involved, i.e., faculty member covering clinic, conducting the seminar, etc, that you will not be present. If no one answers the departmental phone (410 706-7970), please call Postgraduate Reception Desk, 410 706-4213, to pass a message on. As a last resort, contact Dean's Office 410 706-7461. All "personal business" appointments that are scheduled are to be done on your own time.

- Excused absences/Sick leave absences are: sickness (personal or child), death in family, essential holidays (only) based on faith/ religious belief that are not otherwise in the list of School holidays etc.
- Any other type of excused leave request must be made in written and will be considered by Program Director for approval.
- In extreme emergency situations, arrangements will be made for another resident to see your patients, or they will be rescheduled for you. Make sure to inform the Program Director, Postgraduate Reception Desk and the Chief Residents.
- Any illness greater than two days will require the resident to provide a doctor's note.
- Extended medical conditions requiring absence from the program (i.e. illness) for an extended period of time will require the resident to make up time beyond the two-year period. Such requests will be evaluated on a case-by-case basis. In such situations, you are required to notify Human Resources at UMMS so that they can remove you from their payroll and you will potentially be required to pay additional tuition for the extended time to be made up in the program.
- Professional leave: Second Year residents may be granted 2-3 professional days for job interviews. This is subject to approval from the Program Director.
- Up to one day off for preparation of ABPD QE may be requested but is solely up to the discretion of the Program Director.
- CODA requires an individual to complete 24 months in the program. These excused absences must have a legitimate basis. Misuse of this privilege can result in disciplinary actions, which may include dismissal from this program.

3. Family and Medical Leave:

- a. **Maternity/Paternity Leave:** Although not a separate leave category, the resident may use a combination of personal and vacation time towards the maternity leave. Resident will inform the program director on the anticipated number of maternity leave days needed. If additional days are needed, you may apply for medical leave of absence for this purpose. A resident whose partner has delivered a child may also use a combination of personal and vacation time to permit two weeks of paternity leave to help care for her/his/their family. A resident who adopts a child may also use up to two weeks to help care for her/his/their family. If you will be utilizing the medical leave of absence (beyond the combination of vacation days and personal leave), please remember to notify the program. An assessment will be made if you need to be removed from the payroll. You may potentially be required to pay additional tuition for the extended time to be made up in the program. Residents will have to make up for any excessive days utilized (beyond the vacation and personal leave days) at the end of 24 months of residency period. The length of make-up time beyond the standard 24-month residency period is determined on a case-by-case basis. The program director will evaluate the length of excessive time taken, the reasons for time off, and the performance of the resident during the residency program to determine the length of additional time. This will then be discussed at the monthly faculty division meeting to evaluate, modify (as needed), and approve via consensus. This decision and a plan for implementation will be shared with the resident.
- b. **Break Time for Nursing Mothers Provision:** The division is compliant with the Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision

Effective March 23, 2010, the Patient Protection and Affordable Care Act amended the FLSA to require employers to provide a nursing mother reasonable break time* to express breast milk after the birth of her child. The amendment also requires that employers provide a place for an employee to express breast milk. Section 7 of the Fair Labor Standards Act of 1938 (29 U.S.C. 207) is amended by adding at the end the following:

- (r)(1) An employer shall provide—
- A. a reasonable break time* for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk; and
 - B. a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.
- (2) An employer shall not be required to compensate an employee receiving reasonable break time* under paragraph (1) for any work time spent for such purpose.
- (3) An employer that employs less than 50 employees shall not be subject to the requirements of this subsection, if such requirements would impose an undue hardship by causing the

employer significant difficulty or expense when considered in relation to the size, financial resources, nature, or structure of the employer's business.

- (4) Nothing in this subsection shall preempt a State law that provides greater protections to employees than the protections provided for under this subsection.

**** Considering that patient care is fundamental to the resident's training and the mission of the SOD, suggested reasonable break times are before clinics start at 9 AM, between 12-1PM and after clinics end at 4 PM.***

5. **Money**

Though continuous efforts are made to maintain the below stated stipends for residents; please note that stipends are approved by the hospitals on an annual basis and therefore are **NOT** guaranteed. The stipends come from two sources: University Hospital (UMMC) for Pediatric Emergency On Call and University of Maryland Work-study program. Those qualified to receive University of Maryland Work-study get additional compensation of \$19/hr for up to 40 hours in 2 weeks. The rotation at University of Maryland Rehabilitation and Orthopedic Institute has been suspended for FY21.

Through the generous donations of program alumni, a certain amount of money has been allocated to each resident. Each resident has available \$250 available to support his or her research costs (if needed). Copying and typing costs are not included as part of reimbursable research costs.

6. **Textbooks**

While no textbooks are required for your pediatric courses, it is assumed that you will acquire a couple of textbooks during the course of your study. Recommended textbooks include

- Dentistry for the Child and Adolescent. McDonald, Avery and Dean
- Textbook of Orthodontics. Bishara
- Handbook of Pediatric Dentistry Cameron and Widmer

In addition to this the department has a wide variety of textbooks and journals available for your use.

7. **Library/Journals**

The department does maintain several textbooks and some journals. The honor system is in effect. Most books/journals have a library card in the back cover. Please fill out and leave with the Director. Please do not keep any books out over one week without letting the Director know that you have a book. In addition, the Health Sciences Library is four blocks from the Dental School.

8. **Desk Space**

The pediatric and orthodontic residents share an area on the 3rd floor. Please keep the area neat and clean. To ensure HIPPA compliance, please **DO NOT** leave patient records on your desk unless you are currently working on them. All patient models should be stored on the assigned shelves. A mailbox slot assigned to you is in this room, please be sure to check it frequently. There are several shared computers in this area, please be sure to backup all of your documents onto a zip drive if necessary. Please be sure to log out of this system when you have completed your task.

9. Lab and Orthodontics Laboratory Supplies

To be brief -- "If you use it, clean up after yourself." This has been a big problem in the past. The dental assistants are not here to clean up your messes. A rotation schedule will be set up for lab duty/clean-up. A weekly rotation schedule will be posted in the lab. The chief resident is responsible for overseeing that the lab is kept clean and tidy. Students will be responsible for replacing any orthodontic pliers that are missing at the end of the certificate program.

10. Dress Code

A. Dental Student Code of Personal Appearance

Patients have the right to expect a certain standard of professional appearance from their health care providers. While the definition of "professional appearance" may be debatable, we intend to set high professional standard at UMSOD.

Objective: To establish a code of appearance that is representative of neat, well- groomed professionals by establishing guidelines that take into consideration the clinical and pre-clinical dental environment, as well as the goal of unification, without sacrificing individual needs or OSHA guidelines.

This Code Applies to all undergraduate students and residents within the UM School of Dentistry.

Professional appearance and demeanor are expected, as well as cleanliness and strict personal hygiene. Failure to follow this code will result in students being dismissed from preclinical and clinical sessions or be restricted from clinical activity for a determined period of time.

1. Fingernails are to be kept short, clean and properly trimmed; no acrylic or colored polish is allowed
- 2 Hair and jewelry must be of a length/style such that they never contact the patient's body
- 3 Males are expected to be clean-shaven. If a beard is worn, it must be neatly groomed and short.
- 4 Rings are not to be worn except for plain bands.
- 5 No visible tattoos are allowed

6 No visible body piercings are allowed other than a single piercing of the earlobe in females.

B. Clinic Attire

Students are to wear clean, pressed scrubs in the clinic when treating patients.

1. Clean high quality scrub shirt/pant of the color and style specified for each class should be worn. Undershirts should be worn and shirts should be tucked in.
2. Shoes must have closed toes. Non-fabric clogs are preferred, but clean subdued solid-color leather athletic shoes may be worn.

Attire shall meet published School's infection control guidelines. Required PPE and protective barrier gowns are to be worn during treatment and in supervising procedures and should not be worn outside of the clinic.

11. Mail/Phone

Mailboxes have been allocated to each of you. The address should include:

Your Name
University of Maryland Dental School
Division of Pediatric Dentistry, Room 2218
650 W. Baltimore Street
Baltimore, Maryland 21201

This is critical as the Dental School does not have its own Mail Room. All mail is delivered once daily from the main campus mail room.

For all phone calls, please use 706-4213. Departmental lines do not go to your room or the reception desk. Therefore, all patient calls, etc., should use the above number.

12. School/Clinic Policies

- Students are responsible for reading the Clinic Manual and adhering to all the policies therein. This includes infection control, judicial policy, academic policy, clinic attire, etc. You can find this information on the School's website – [University of Maryland School of Dentistry, Academic Affairs, Academic Information](#), Policies.
- Students are expected to stay close to the clinic after they finish with their patients early until the end of clinic in case they are needed.
- Please refer to appendix 17 at the end of the document for **UMSOD General Patient Care Protocol** in light of COVID-19 pandemic.

13. **CODA Complaint Policy:** Complaints to the Commission on Dental Accreditation - The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the

accreditation standards. The Commission is interested in the 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 appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611 or by calling 1-800-621-8099 extension 4653. (Appendix 13)

14. **Professional Organization**

Student membership in the AAPD is required. There is no fee requirement, so be sure the paperwork is filled out and mailed to the AAPD. Please coordinate with Mr. Jarrett Waller to help you with the registration. You will receive the Journal of Pediatric Dentistry. Students are strongly encouraged to attend the meetings of the Maryland Academy of Pediatric Dentistry, which usually involve a guest speaker and dinner. The Department will pay for any charges related to these meetings.

Second year residents are permitted to attend the Board Review Course given annually. However, all residents that attend the course are expected to take Part 1 of the American Board of Pediatric Dentistry specialty examination in May of their second year.

In addition, second-year residents are expected to prepare a table clinic for presentation at the annual American Academy of Pediatric Dentistry meeting in May. Funds will be provided for travel, lodging (shared with other grad students) and University per-diem cost for food. Please see the 'Out-Of-State Travel Policies and Procedures for Professional Meetings /Continuing Education Courses' section for more details.

First-year residents may also attend the annual AAPD meeting, though this will be usually at your own expense. However, one first-year residents must be on rotation for Pediatric Emergency On-call and will most likely be unable to attend.

15. **Patient Assignment**

All patient assignments are made by the program director who provides a schedule to the clinic receptionist. Every attempt will be made to provide a distribution of patients so that you can get experience in all phases of clinical pediatric dentistry. If you are teaching in the undergraduate clinic and see a particularly interesting patient that you would like to treat, or you acquire a patient at one of our

other clinics, you may arrange to have this patient assigned to you. This must be approved by the program director.

Your patient appointments will be scheduled by the program's receptionist for the days you are assigned in the clinic. Generally, two to three patients are appointed during the three-hour clinic session. Changes in the routine are possible but must be arranged with the program director. Charts for scheduled patients should be available to you at least 24 hours prior to appointment. It is your responsibility to review the charts ahead of time, in order to identify potential issues.

First year residents are expected to "check in" and "check out" with the attending faculty, especially in the more complex treatment or behavior management cases, or those requiring sedation or general anesthesia.

Once you see a patient, the receptionist will try to appoint them with you for subsequent appointments, and you will continue to see the patient until their treatment is complete. You are expected to complete recall appointments on any patient requiring active or passive appliance therapy. A decision regarding your recall responsibility will be made for each individual patient in consultation with the faculty member present in clinic.

16. **Patient Records**

All patient charts are maintained electronically (EPR- Electronic Patient Records). Please make your entries (notes and treatment related) on a timely basis – all charts are monitored by IT and the student may be locked out of access `Chart lock-out' on temporary basis if entries are found missing.

Accurate and detailed patient charts are an essential part of quality dental care. Accurateness and completeness of your record keeping will be a factor contributing to your clinic grade. The normal write-up will be done using the VISIT form.

All treatment must be entered into the Axiom system as either complete or pending (treatment plans) on the same day that treatment is rendered for billing purposes.

Failed appointments must be documented in the electronic chart and informed to the clinic receptionist for rescheduling. Multiple failed appointments will result in a warning letter being sent.

17. **Emergency Schedule**

- A rotating daily schedule will be established to allow each resident the opportunity of dealing with emergency patients. Emergency treatment is defined as a relief from pain and infection. Under no circumstances shall a patient that has been treated as an

emergency patient be scheduled for definitive care ahead of those patients on the waiting list.

There is no longer a system of scheduled emergencies. Patients will be seen on a first come first served basis, or at the discretion of the faculty. Emergency patients who are still waiting to be seen after the morning deadline of 11am, will be asked to return at 1pm. However, on a rotating basis, one resident will be assigned to the emergency column in these afternoon sessions. While you do not need to be present in the clinic at this time and you will have no scheduled patients, it is expected that you are in the building and using this time productively.

- Pediatric Emergency “On Call” at the Hospital is scheduled on a rotating basis. All residents will be on-call for the **entire duration** of residency (both as year 1 and as year 2 residents). The rotation is normally from 8 a.m. on Monday to 8 a.m. on the following Monday. Both the first on-call and second on-call resident are **required** to go to the ER to provide urgent care patient services during their rotation week. The scheduled residents will cover the “holiday/break” schedule, i.e., Thanksgiving, Christmas, Spring Break, and AAPD meeting. If you cannot keep your rotation, you are responsible to find a replacement and notify the program director as well as Dr. Lichtenstein in Peds Emergency. All ER notes must be entered in EPIC. Also fill out the pre-registration forms for patients that don’t have records at the dental school. Dental treatment should be charged out in Axiom the following day. During this rotation, you are to carry a pager at all times, which will be provided to you. Do not schedule anything that will keep you from getting to the Emergency Room within 20 to 30 minutes. Residents are **strongly encouraged to live within 20-30 minutes** of driving distance from the school. Equipment and supplies for treatment at UMMS will be available for your use. **Please ensure that all supplies are ordered/replenished at the end of your ER rotation.**

18. Teaching Schedule

Third-year residents will be scheduled to teach at least one day every week.

Second-year students are scheduled on a rotating basis to teach in the undergraduate and pediatric clerkship. You will be paired with either a full-time or part-time faculty member. You are expected to be available to the undergraduate students during these assignments.

Duties will include, helping with treatment planning, x-rays, behavior management, and operative treatment as needed.

First year residents will be assigned to teach in the undergraduate lab and sealant courses.

19. **Scheduled Assignments**

A schedule of program assignments is made each semester. Attempts are made to be fair and equitable in assignments. Just remember that you will not always have the same assignments, and that you are responsible to arrange for a substitute so that the assigned responsibility is properly covered. Please notify the program director, chief resident and the front desk in writing if extended substitutions are necessary.

First-year students have rotations in General Anesthesia (one month), UMMC Pediatric Emergency Room, Mt. Washington Pediatric Hospital and may participate in the teaching labs for dental students. Second-year students have rotations in Pediatric Medicine, Pediatric Emergency Room, and Johns Hopkins Cleft Palate and Craniofacial Teams.

You will be given outcomes assessment forms to evaluate the experience and your performance.

20. **Sedation and Operating Room Cases**

Residents will be assigned on a rotating basis to the operating room and to oral/IV/IM sedation patients. Patient selection criteria will be explained to you during orientation and discussed throughout the course of your residency.

Patients should not be scheduled for either the OR or sedation without approval from the attending or Program Director.

You will receive orientation on the correct method for documenting cases, filling in paperwork and billing. You will also receive a username and password to allow you to use the electronic patient record for orders at UMMS.

During your residency you should have completed at least 50 sedation patients and 20 OR cases.

You are asked to keep accurate logs of the patients you have treated as they will be discussed at your evaluations.

If your sedation or operating room cases are canceled for the day, you must notify your faculty attending and the front desk so that you can be scheduled for patient care in clinic at UMSOD.

21. **Research Projects:**

a. **Two- year Certificate Program:**

The research phase of the graduate program runs throughout the two-year program. In the two-year period, residents are expected to design, implement and interpret a piece of original research. In general,

the topic of the research is of the residents own choosing, with the assistance of faculty member in the department as the primary mentor. Residents are expected to present their final product in poster format at annual AAPD conference and turn in an 8-10 pages manuscript before the graduation certificated can be presented as the ADA requirements for accreditation. All products including research proposal, abstract, poster and manuscript should be approved by the primary mentor before submission. Residents should meet with their primary mentors at regular basis to update the progress of the project. Documentation of this meeting should be on the “Mentor Meeting Memo” form. The form should be turned in to the primary mentor within 3 days after the meeting. **It is the responsibility of the resident to schedule meetings with their mentors.**

Objective: Manuscript and Poster submission

Deadlines: Please see Timeline at “Research Projects” below. All deadlines will be strictly followed. Delay or unable to meet the deadline may result in delay in graduation or incompleteness/dismissal from the residency program.

Timeline

The entire timeline will be strictly followed. Delay or unable to meet the deadline may result in delay in graduation or incompleteness/dismissal from the residency program.

Year 1

September 30 th	Identify primary research mentor and tentative research topic
December 30 th	Finalize research topic/title, brief literature review on key articles, construct general rationale for project including tentative methodology.
March 30 th	Finalize research proposal, IRB submission begin if necessary
June 30 th	IRB approval, data collection begin Year I: Spring grade determined by primary mentor (deadline: June 1 st)

Year 2

November 30 th	Completion of data collection, review of raw data and begin data analysis, draft abstract for AAPD poster competition (Deadline: January 15 th) Year II: Fall grade determined by primary mentor (deadline: Dec. 15 th)
Feb. 28 th	Draft abstract & poster (on UMSOD template) to be presented with all internal faculty & residents

April 15 th	Finalize abstract & poster for AAPD poster competition upload (Deadline: April 25), draft for manuscript
May 25 th	Year II: Spring grade determined by mentor & program director (Deadline: May 1 st) Poster presentation at AAPD conference
June 20 th	Submit final manuscript and all other required documents to program director

b. Master Program

For residents who seeking Master degree enrolling in the three-year Master Program, please refer to dental school’s webpage (Master of Science in Biomedical Science Program) for more detail. Ms. Nicki Mitchell at 6th floor can be reached if residents have any question. Her contact email is: nmitchell@umaryland.edu. Some additional information (BMS-Guide, deadlines and other relevant documents) specific to master’s program requirements is attached at the end of the document (**Appendix 5**).

Research Time

Residents in the three-year Master’s program are allowed research time according to the following schedule:

- 1st Year 1/2 Day per week
- 2nd Year 1/2 Day per week
- 3rd Year 2 or 3 Days per week

This time is flexible depending on the research requirements.

All research time can be changed depending on the needs for clinic coverage. **At any time during the year, your time may be adjusted to accommodate the department needs.**

Objective: Poster presentation in AAPD and manuscript submission in a peer reviewed journal.

Deadlines: Please follow the graduate school deadlines (See Appendix 5). Please note that as an example Spring 2016 deadlines have been attached in appendix 2; however, these deadlines are updated every year. Here is the link for updated deadlines: <http://graduate.umaryland.edu/Current-Students/Academic-Calendar-and-Deadlines/>

Research Evaluation

The student will receive a grade for each semester as indicated:

Year I Spring	PEDS 569A	Research	3 credits
Year II Fall	PEDS 569C	Research	3 credits
Year II Spring	PEDS 569C	Research	4 credits

c. **Research Project Mentors**

Names of faculty advisors and their areas of research interest:

- **Dr. Norman Tinanoff**- Early childhood caries, fluoride, access to care, evidence-based reviews
- **Dr. Vineet Dhar**- Sealants, clinical pediatric dentistry, prevention, pulp therapies, evidence-based reviews
- **Dr. Jim Coll**- Clinical pediatric dentistry, pulp therapies
- **Dr. Martina Majstorovic**- Child psychology and behavioral sciences, clinical pediatric dentistry
- **Dr. Christine Hsu**- Microbiology, cariology, ECC, clinical pediatric dentistry
- **Dr. Glenn Canares** – Dental care for children with special needs, dental education (predoctoral and postdoctoral)
- **Dr. Marvin Leventer**- Sedation, anesthesia
- **Dr. Ed Ginsberg**- Oral sedation, behavior management, clinical pediatric dentistry

Please note that the program director will be co-advisor for all resident research projects for both Certificate and Master’s Program.

Contents of a Protocol (Minimum pages: 2)

- Title
- Background
- Hypotheses
- Methods, including study material or population, sample size, variables, and statistical approach
- Potential strengths and limitations of the study
- Tentative time schedule
- Budget (if applicable)

Contents of the final manuscript (8-10 pages)

- Title
- Abstract
- Introduction
- Materials and Methods
- Results
- Discussion
- Results
- Recommendations
- References

22. **Resident Evaluations**

Clinic

1. Faculty Critique

Students are evaluated at the end of each semester. Forms are filled out by all full and part time faculty who have contact with residents. The individual evaluations are transferred to one sheet to form an overall composite evaluation (see attached **appendix 6**). These are reviewed with each resident by program director. Interim critiques can be relayed to the program director. Periodic discussions of residents at faculty/departmental meetings will be held.

2. Resident Productivity

Periodic review of patient distribution and productivity will be done by the program director. This will be done when data is entered into computer. Monthly reports will be given to residents when received from business office.

Didactic

OBJECTIVE: To assess residents' ability to assimilate, comprehend and utilize knowledge from all areas in dentistry, and to apply this to clinical situations.

Examinations will be scheduled as necessary. Check individual class schedules.

23. **Faculty evaluations:** Residents will be requested to fill out a feedback form evaluating faculty once in a year. The evaluation is submitted anonymously (**appendix 7**).

24. **Staff evaluations:** Residents will also be requested to submit anonymous s on various staff members on annual basis (**appendix 8**).

25. **Documented Cases**

All residents will be asked to submit a total of 3 completed cases to the Department for review. Please check the website for the American Board of Pediatric Dentistry for the type of cases and their requirements. First-year student will present one case in May and second-year students will present two cases in their senior year.

26. **Case Conference Seminar**

Residents will be assigned on a rotating basis to present a case undergoing treatment. The case can involve different aspects of treatment: complex case for treatment planning (involving restorative, pulp, trauma, interceptive orthodontics, etc.); associated medical or genetic problems; recall cases showing previous care (were correct treatment decisions made or should something else have been done in retrospect?); etc. The resident is expected to be knowledgeable on the current literature on the topic of discussion and will be expected to answer questions from faculty and other residents. All residents are

required to read the circulating article(s). Multiple choice examination questions (4) will be given before the start of each case conference seminar.

The following is needed:

1. Typed date sheet of basic pertinent material including:
 - a. Patient initials, age, sex, race
 - b. PMH, PDY, Family and Development History
 - c. Extra- and Intra-oral exam
 - d. Diagnosis
 - e. Problem list
 - f. Treatment plan and progress to date
2. Trimmed and labeled study models
3. Radiographs on power point
4. Clinical slides (pre- and post-treatment)
 - a. Full face
 - b. Profile
 - c. Anterior
 - d. Right and left lateral
 - e. Maxillary and mandibular occlusal
5. Patient chart
6. Article(s) pertaining to a specific problem involving this seminar/patient must be distributed one week prior to case presentation. They should be distributed as follows: all residents and one copy each for faculty members who attend.

The general format will be to:

1. Review patient data sheet (1.a., b., and c. above)
2. Circulate models, radiographs
3. Project Powerpoint presentation
4. Present main area of focus (1. d., and e. above)
5. General discussion, questions, literature review

The grade for this course will be based upon:

1. Organization of presentation
2. Presentation of material
3. Previous thought and preparation
4. Attendance and punctuality
5. Knowledge of literature on the subject
6. Quiz grades

27. Literature Review in Pediatric Dentistry

Articles and textbooks from the AAPD Core Curriculum Reading List are reviewed on a weekly basis. The articles and textbook chapters are assigned by the course director and both year residents are responsible to present

and participate in the review discussion of the articles. Written reviews of the articles are presented following a format of: 1) hypothesis or purpose 2) methods 3) results 4) conclusions and 5) discussion.

The course director submits reviews at the end of each semester for evaluation. The Reading List will be updated as revisions become available.

28. Written Board and Mock Clinical Boards Preparation

The purpose of the Written and Oral Board Preparation courses is to help prepare the resident for his/her written qualifying oral board certification examinations. This is a practical review of the requirements as set forth by the American Board of Pediatric Dentistry and modified by the Department faculty. Also, these courses assist the faculty in evaluating the resident's ability to perform comprehensive treatment for the pediatric patient and assess their understanding of treatment protocols in pediatric dentistry, as well as help determine the readiness of the graduating resident to pursue Pediatric Dental Board Certification and private practice.

29. Advocacy, Ethics and Leadership

The focus of this course is to expose residents to organized dentistry and introduce them to advocacy training and programs supporting oral health for children from infancy to adolescence and for special needs persons. The residents experience organized dentistry on the local, state, regional and national levels. They attend meetings on all of these levels and are required to keep a journal of their experiences and submit reports to the program director on what they learned from attending the meetings.

30. Journal Club:

The purpose of the Journal Club is to teach the residents how to do a critical appraisal of research articles in the field of pediatric dentistry. The course is held weekly during the fall and winter quarters and all pediatric dental residents are expected to participate. Residents will summarize the paper and analyze it for its strengths, weaknesses, Opportunities and threats as pertaining to clinical practice or research.

Evaluation of a Published Paper

In General

- Is the paper easy to read, full of jargon, grammar errors?
- Is it a worthy topic to study?
- What is the track record of the authors?
- Is the topic appropriate for the journal and its readership?
- Is there an important question to be answered?
- What is the reputation of the journal in which the article is contained?
- Good research is very hard to do, never perfectly executed, and most often something goes awry during the course of a study. So when reviewing a published paper one should start out with a positive attitude and try to determine if and how the paper can advance science or practice.

Types of Reports (from strongest to weakest)

- **Meta Analyses or Structured Evidence-Based Reviews:** Reviews of a topic with stated method specifying how articles were identified, criteria for including articles for review, and how data from articles was analyzed.
- **Randomized Controlled Clinical Trial (RCT):** Individuals similar at the beginning are randomly allocated (authors must describe random assignment) to two or more treatment groups and the outcomes the groups are compared after sufficient follow-up time. Generally, subjects and evaluators are “blinded”.
- **Randomized Cross-Over Clinical Trial:** Individuals with a chronic condition are randomly allocated to one of two treatment groups, and, after a sufficient treatment period and often a washout period, are switched to the other treatment for the same period. This design is susceptible to bias if carry over effects from the first treatment occur.
- **Laboratory/Animal Study:** Basic research to address clinical questions with surrogates to clinical variables. Extraneous factors can be controlled, but extrapolation to human clinical results may not be possible.
- **Cohort (Incidence, Longitudinal Study) Study:** A longitudinal, observational study of subjects which have had or had the exposure of interest, to determine the association between the exposure and an outcome. Data analysis is often incidence.
- **Case-Control Study:** A retrospective study often based on secondary data in which a group with a specific outcome is compared to a control (e.g. free from disease). Data analysis is often odds ratio.
- **Cross-Sectional (Prevalence Study) Study:** A study of the prevalence of disease and other factors at one point in time in a defined population. Studies lack information on timing of exposure and outcome relationships. Can only describe associations.
- **Case Series:** A series of cases, typically describing the manifestations, clinical course, and prognosis of a condition.
- **Expert Opinions.** The opinions generally of expert panel with a consensus regarding treatment or approach.
- **Non-Structured Literature Reviews.** Reviews that do not describe in their methods to identifying articles, the criteria for eliminating studies and method of analysis. Conclusions may be based on opinion rather than on data analysis.
- **Case Report:** A description of a single case, typically describing the manifestations, clinical course, and prognosis of that case.
- **Opinion Articles.** The opinion of single authors that often is not associated with data.

Things to Consider in Reading a Paper

Title

Does the title describe the research project and is it concise?

Abstract

The title & abstract are often all that people will brose. They have to be clear and interest provoking.

- What was the purpose?
- What was done?
- What are the main results?
- What are the conclusions?

Introduction

- Does the introduction give enough information for one who does not know the topic to understand the objectives of the study?
- What is the question (research/scientific hypothesis)?

Methods

The methods section should be a clear and succinct. It should be a chronological description of what was done.

- Are the methods described in sufficient detail for others to repeat or extend the study?
- Were adequate references cited if standard methods were used?
- If methods were modified, were modifications described carefully?
- Is the sample representative/generalizable to an average population with the condition that is being studied?
 - In a clinical study is the population well described?
- In a RCT, have they attempted to reduce the confounding variables?
 - Were the patients randomly assigned to groups?
 - Were attributes of subjects likely to influence results recorded?
- What proportion of patients who started the study were followed to the end?
- Have they described in detail the indices that are used and the methods that they were employed
- Have they described the calibration of the examiners?
- Were examiners and/or patients blind to the intervention received by the subject?
- Have the authors specified the statistical procedures used?
- Is the sample size appropriate? Was a power analysis performed?
- Are the statistical methods appropriate? Parametric vs. Non-parametric, etc.

Results

Text should complement the tables/figures, report key findings, but not repeat all the information presented.

- Are the results appropriate for the stated objectives?
- Can the results be derived from the methods employed?
- Do the results make sense?
- Do tables & figures clearly describe the data?
- Are the tables and figures independent from the text (i.e., can one understand the tables and figures without reading the entire paper)?

Discussion

- Does the discussion discuss the results and relate them to other studies?
- Have other studies come to similar/different conclusions?

- What are the pitfalls of the current study? (no study is perfect and the authors should describe the limitations)
- Besides statistical significance, what is the clinical significance?
- Were the objectives of the study met? If not, do authors have an explanation as to why not?
- Were statistical hypotheses clearly supported or refuted?
- Do authors indulge in needless or unsubstantiated speculation?

Conclusion

- Are the conclusions based on the authors' results?
- Are they succinct?

References

- Do authors cite appropriate papers for comments made?
- Do authors cite their own publications needlessly?
- Are the references up to date?
- Are there errors in the references, including punctuation and abbreviations?

Are there potential conflicts of interest?

Some Aspects of a Randomized Control Trial

I. Definition & Design of a Randomized Controlled Trial

A. A study design in which subjects are assigned at random to receive one of at least two different treatments so that differences in outcomes between the different treatments can be estimated.

B. Process

1. Subjects screened for eligibility and consent.
2. Eligible subjects assigned at random to one of at least two different treatment groups. Traditionally referred to as:
 - a. Experimental group: Assigned to receive the newer or more novel treatment.
 - b. Control group: Used as a basis for comparison against the Experimental group. May receive no active treatment, or may receive an active treatment that is different from the Experimental group.
3. Treatments are given after group assignment.
4. Outcomes are assessed after treatments are given.

C. Designs

1. Between subject designs: Each subject is assigned to only one group.
2. Within subject ("Crossover") designs: Each subject serves as his or her own control by receiving first one treatment, then the other.

D. Advantages: One of the highest levels of evidence for cause & effect

1. Controlled. With the single exception of the type of treatment, the control group should receive identical management as the experimental group. This is so that differences in outcomes can be attributed to the differences in treatment types.

2. Randomized: To maximize the likelihood that prognostic factors (known, unknown, and uncontrollable) are equally distributed between the experimental and control groups, individuals are assigned at random to the experimental or control groups. (selection bias)
 3. Blinding. Keeping knowledge of group allocation secret in order to minimize factors that might subtly alter management between groups:
 - a. Different approaches to treating the patient
 - b. Different approaches to evaluating the patient (detection bias)
 - c. Changes to the patient's own perceptions and reporting of outcomes (recall bias).
 - d. Placebo effect. The appearance of genuine physiologic responsiveness to an otherwise inert substance, assumed to be mediated through some type of psychological mechanism.
 4. Prospective design. Group assignment occurs prior to receipt of treatment, and receipt of treatment occurs prior to assessment of outcomes. Decreases the probability that knowledge of outcomes can selectively skew patient selection, study conduct, or handling of study information in ways that tend to support a particular hypothesis.
- E. Disadvantages: Low generalizability. Experimental conditions are so tightly controlled that resemblance to real-world conditions is low.
1. RCTs commonly over-estimate effectiveness
 2. May be better at *ranking* the efficacy of different treatments rather than realistically estimating their effectiveness.
 3. Costly and difficult to perform.
 4. Not ethical or practical in many situations

II. Critical appraisal of an RCT

1. Were subjects randomized?

Methods of randomization should be explicitly stated. Potential problems include ambiguities in the randomization process that might allow the allocator to influence the group the subject is assigned to. The second potential problem is lack of allocation concealment, in which the allocator knows which group the subject was assigned to.

2. How similar were the experimental and control groups?

If randomization was effective, each group of subjects should begin the study with similar prognostic factors.

3. Who (group allocators, subjects, clinicians, and outcome assessors) were blinded?

Blinding is meant to minimize different types of bias that can influence how subjects are treated or assessed based on knowledge of which treatment they are receiving.

4. Was an intention to treat analysis performed?

An ITT analysis is meant to avoid bias that can occur when patients are lost to follow up (or crossover to a different treatment arm) based on prognostic factors. This could potentially load the experimental or control group with subjects who are doing particularly well or particularly poorly. The ITT analysis is not an ideal solution. It requires values to be estimated which reduces the validity of the study. But conservatively estimating values is less likely to lead to misleading results than the alternatives. Because of this, this question really must be considered along with the drop out, loss to follow up, or crossover rates.

5. How complete was follow up?

In order to perform an Intention to Treat analysis, missing values must be conservatively estimated. Every estimated value decreases the validity of the study, however. So even if an ITT analysis was performed, a large loss to follow up rate would still cause concern about the study's validity.

6. How large was the point estimate of the treatment effect?

This question deals with both statistical significance and clinical significance. If results are not statistically significant, then the question of clinical significance is not relevant. If results are statistically significant, then it is important that the treatment effect be clinically significant as well.

7. How wide or narrow is the confidence interval?

The width of the confidence interval is important for two reasons. First, even if the treatment effect in the entire population is genuine, a wide confidence interval is more likely to cross the "zero effect" line than a very narrow one. Second, a narrow confidence interval simply has less uncertainty in the actual value of the treatment effect than a wide one.

8. How similar is my patient to the study patients?

This question relates to the "P" part of the PICO question. Clinical judgment is needed to determine what constitutes a relevant or irrelevant difference, or how to interpret the study's findings in light of a relevant difference.

9. Were all clinically significant outcomes considered?

There are at least three types of outcomes to consider: Clinically beneficial outcomes; Side effects and adverse events; and social factors such as cost, convenience, and expertise needed.

10. Do the benefits outweigh the costs and potential harm?

This question can be quite subjective and must be considered in light of an actual patient. Factors such as effect size, relative risk, NNT, potential side effects, and cost need to be weighted against patient preference, convenience, and values.

LEADERSHIP and GOVERNANCE

A. Chain of Command

The program's success as well as your own success during your training depends on working together with your faculty and colleagues as a team. It is imperative that all residents work together, helping one another, especially when special circumstances arise. To discuss problems the chain of command begins with the chief resident, the attending faculty, the clinic director, then the program director and department chairman. If the issue is of a personal concern the resident should discuss it with his/her mentor first or the program director.

B. Chief Resident

The faculty will select a chief resident. The chief resident will serve for a period of six months and be evaluated. After evaluation the current chief resident may be asked to serve for another six months or another resident may be selected.

Duties of the chief resident include but are not limited to:

- 1)** Serve as a liaison between the faculty and the residents
- 2)** Assist the faculty during the new residents' orientation.
- 3)** Prepare some of the following rotation schedules:
 - a) Hospital on-call schedules for the entire year including for holidays or meetings
 - b) Case conferences schedule
 - c) Sedation schedule
 - d) Plan literature review and journal clubs
 - e) Help with clinical schedules as needed
 - f) Substitute for the attending faculty when necessary.

C. Faculty Mentors

In order to ensure that the residents are headed in the right direction in terms of meeting their requirements for the successful completion of this program, periodic requirements will be done for all residents. Research requirement will be evaluated by the research mentor. The attached mentor meeting memo form may be used by the faculty to record the progress (**appendix 9**).

Out-Of-State Travel Policies and Procedures for Professional Meetings /Continuing

Education Courses

Residents will be reimbursed for travel to AAPD annual meeting and the AAPD Board Review course. **Each meeting is guided by a budget, which is dependent on funds available.**

1. AAPD- could be on an average from \$500.00 - \$800.00 per person depending on location
2. AAPD Comprehensive Board Review Course – at your own expense

Please use the appropriate form for your expense report to go along with your original receipt copies, **(See the Travel Expense Log- appendix 10)**. Below are the procedures for travel.

1. If a registration fee is required, the Department will pay. Residents are to let the Administrative Assistant know they will be attending a meeting/course so the registration fee can be paid.
2. Airline reservations are to be made by the resident. The reservation should be made as early as possible so that the best price can be obtained. In order to be reimbursed, you must submit the airline reservation confirmation with the itinerary and cost. Also, you will need to submit boarding passes. If you print them from online, print TWO copies so that you have one to submit because, the airline will take the other.
3. Residents will also make the hotel reservation. Residents must share a room with another resident to keep the cost down. If they do not share, they will be reimbursed for one half of their hotel bill.
4. In order to be reimbursed, you will need to submit **ORIGINAL** receipts for taxis, hotel bill, and parking at the airport. Do NOT submit receipts for meals. You will be reimbursed for meals at the University's per diem rate which changes every couple of years.

In-State Meetings

Residents will be attending meetings and/or seminars given by the Maryland Academy of Pediatric Dentistry. The Department will pay for the registration fee if there is one. These meetings are usually mandatory.

Other local meetings/trainings:

- Ava Roberts Meeting
- DC Chapter, AAPD meeting in May
- PALS course

DENTAL OUTREACH GOALS AND GUIDELINES

Introduction: As part of the resident's responsibilities in the Pediatric Dentistry Program, outreach training is considered essential to understanding access to dental care and the needs of the disadvantaged and the special needs patient. This training includes clinical and screening activities. The goals of the outreach clinical rotations are to enhance and strengthen the clinical education and experience of our residents, and to increase their competence and confidence in their clinical and interpersonal skills, while providing a needed service to the community.

Goals:

- (1) To train and educate our residents in the needs of those who have problems accessing dental care.
- (2) To understand the role of the pediatric dentist in community services to those in need.
- (3) To play a role as part of the pediatric dentistry program to help meet the dental needs of vulnerable populations in Maryland.
- (4) Lastly, to enhance operative and behavior management skills.

Responsibilities and Guidelines:

If the clinic or facility is outside of Baltimore, residents will be reimbursed for travel. Residents are required to be on time at the outreach clinics and work according to the clinics hours. Residents should not do any treatment that is outside of their expertise (i.e., endodontics on permanent teeth, a difficult extraction, adult care, etc.) If there are any questions concerning treatment discuss the problem with the attending faculty. Treatment plans vary from practitioner to practitioner; therefore when you disagree with a treatment procedure that you think is not necessary, don't do anything until you have discussed the situation with your attending faculty. You are expected to treat staff and personnel at outreach clinics with respect but you should expect to be treated the same way. By all means, call faculty or program director when an issue arises that you feel needs our interaction. Do not move ahead until you are sure of what you are doing.

Outreach clinics tend to treat more patients than we usually treat here at UMSOD clinics. Remember that patient safety and quality of care are paramount. If you are not following these two guidelines, then you need to stop and express your concerns to the outreach clinic director.

Rotation to Pediatric Mt Washington Hospital

One first year resident will rotate to the Pediatric Mt. Washington Hospital on 2nd and 4th Friday mornings (9:30 am -12:00pm) of the month to screen pediatric patients with feeding disorders and other special needs. You will work in collaboration with a pediatrician and nurse practitioners. Since the clinic is in Baltimore, no travel reimbursement will be given. You will be scheduled to come back to work in clinics in the PM (1-4PM)

Supervisor: Dr. Richard Katz, Chief Medical Officer/ Vice President Medical Affairs

Mt. Washington Pediatric Hospital

Address: Mt. Washington Pediatric Hospital, 1708 West Rogers Avenue, Baltimore, MD 21209

Phone: 410-578-8600

PROFESSIONAL CONDUCT & BEHAVIOR//DISCIPLINARY PROTOCOLS & POLICIES

A. Disciplinary Action

Any resident who cannot work within the policies and guidelines of this program may be dismissed or be suspended for a prescribed period time from this program; or may be placed on sanction or probation.

B. Categories of Reprimand

1. Letters of Reprimand
2. Inquiry Conference
3. Disciplinary Conference
4. Probation, Sanction and Suspension
5. Dismissal

Depending on the severity of the offence, a resident may be dismissed from the program immediately, or disciplined as indicated. But generally, for a **first offence** the resident may receive a letter of reprimand from the program director and/or an inquiry or disciplinary conference with the faculty. The written results (**memorandum**) of either conference type will be placed in the resident's record file.

If a resident commits a **second offence** and receives a **second** letter of reprimand, and /or a **second** inquiry or disciplinary conference he or she may be sanctioned. Sanctions may include performance of an activity determined by the faculty as equal to the offence; for example - cover emergency calls during a holiday or when other residents are attending a meeting or continuing education course; time off days may be withdrawn from their bank of days, and other privileges may also be withdrawn.

All **recommendations** given to the resident in the letter of reprimand or the **memorandum** from the inquiry or disciplinary conference are expected to be addressed and satisfied as requested or another letter and/or conference will be in order. **Not obeying recommendations can be regarded as insubordination.**

A **third offence** and letter of reprimand and/or a **third** inquiry or disciplinary conference will result in the resident's suspension from the program for a period of time, probation or dismissal as determined by the faculty. If placed on probation or suspended the resident may be required to make up the time at the end of the program period at their expense, delaying their graduation from the program for the length of the suspension.

Examples of offences are:

1. Incomplete and non-professional chart documentation.
2. Not dictating general anesthesia cases within **24** hours. Not completing patient records in a timely fashion.
3. Unexcused tardiness to assigned clinic and/or leaving too early without checking with the attending faculty and/or program director. In the spirit of being a team, first and foremost, a resident with "down time" should look at the on call and sedation schedules and offer assistance as needed. In general, clinic is always the priority, followed by administrative things because that can be addressed outside of clinic time
 - a. Work on notes/visit forms in Axium to ensure they are swiped at the end of each day. If they are not swiped then you will be locked out the following morning.
 - b. Make sure your radiographs are interpreted and swiped. We receive reports periodically from Dr. Price and it is important that as a department everyone's radiographs are up to date.
 - c. Read and re-read the guidelines and/or study for case conferences, etc. It is never too early to review for boards.
4. Tampering with patient records in Axium. Using `fake patients' to block schedule or save dates in Axium.
5. Failure to handle emergency calls appropriately, e.g. not coming in evaluate and treat the patient.
6. Disrespectful and non-professional conduct when dealing with faculty, staff, parents, patients and fellow residents.
7. Failure to turn in assigned papers and reports on time.
8. Not following dress code.
9. Not able to reach or maintain the quality of patient care expected by the faculty.
10. Insubordinate or unprofessional behavior in class or clinics including all outreach clinics.
11. Insubordinate behavior by not following or obeying disciplinary recommendations or instructions.

12. Failure to turn in written notice that they are leaving the city without informing the program director or the department chair, and giving the name of the resident covering for them as needed. (Email is acceptable as written notice).

A copy of student UMSOD judicial policy is attached at the end **(Appendix 11)**.

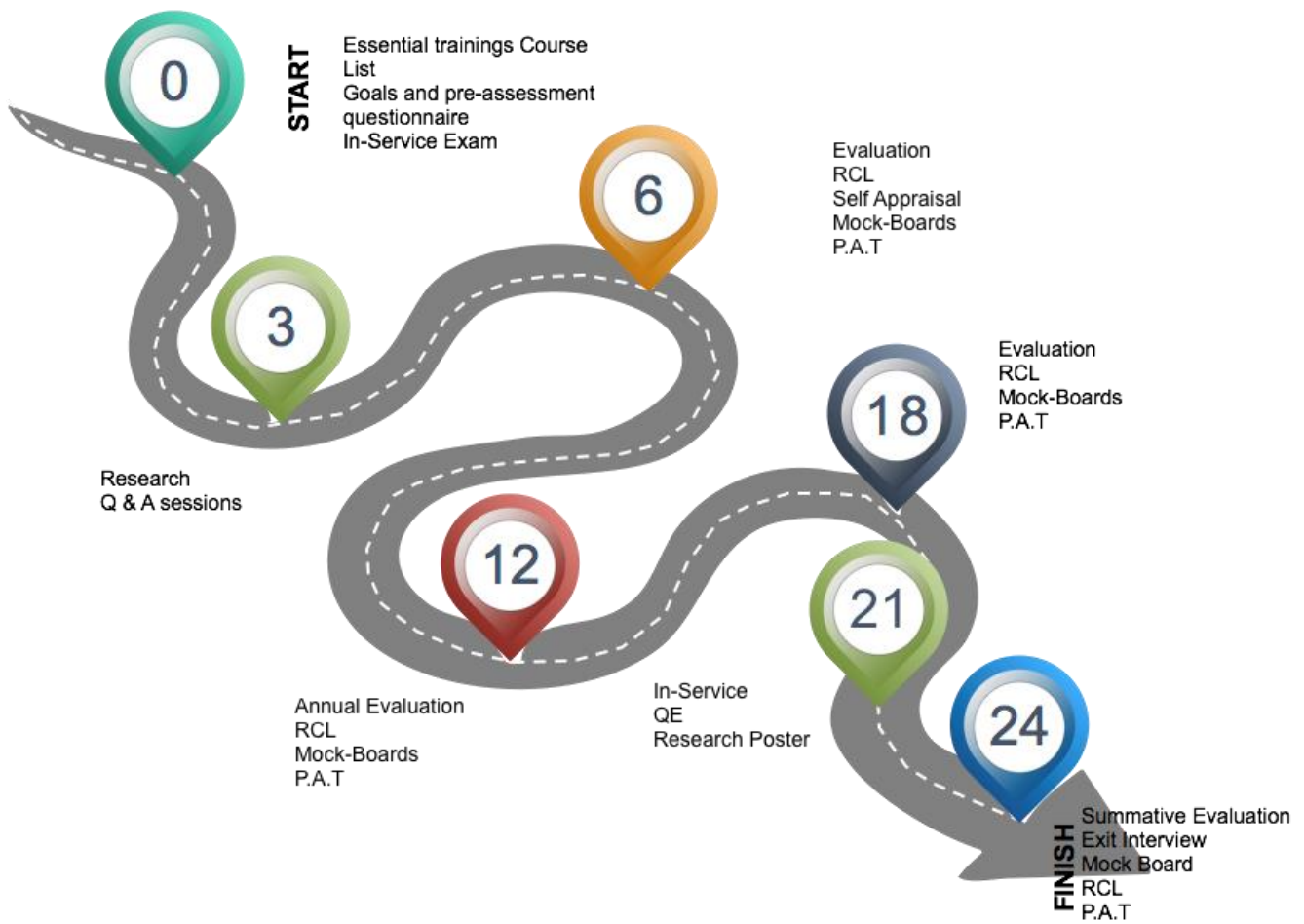
FILING A COMPLAINT:

You are encouraged to resolve disputes in a friendly manner with the concerned/involved person. If you don't feel comfortable doing this alone, you can seek assistance from the program director or a faculty member. In the event, you decide to lodge a formal complaint, please follow the guidelines below:

Internally with the division: If you would like to file a complaint about something or someone, you can file it with the program director and/or division chief. In case the complaint is regarding the program director or division chief, please file it with the department chair.

At the dental school level: See attached student grievance policy (Appendix 12).

With CODA: As a resident you have an option to file a complaint with CODA about the program. An appropriate complaint is one that directly addresses a program's compliance with the Commission's standards, policies and procedures. A "formal" complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. An "anonymous comment/complaint" is defined as an unsigned comment/complaint submitted to the Commission. The Commission will consider only formal, written, signed complaints; unsigned complaints will be considered "anonymous complaints" and addressed as set forth above; oral complaints will not be considered. Please review the link <http://www.ada.org/en/coda/policies-and-guidelines/file-a-complaint/> and the attached document for further details. Also see attached CODA Complaint Policy and Guidelines document. **(Appendix 13 & 14)**

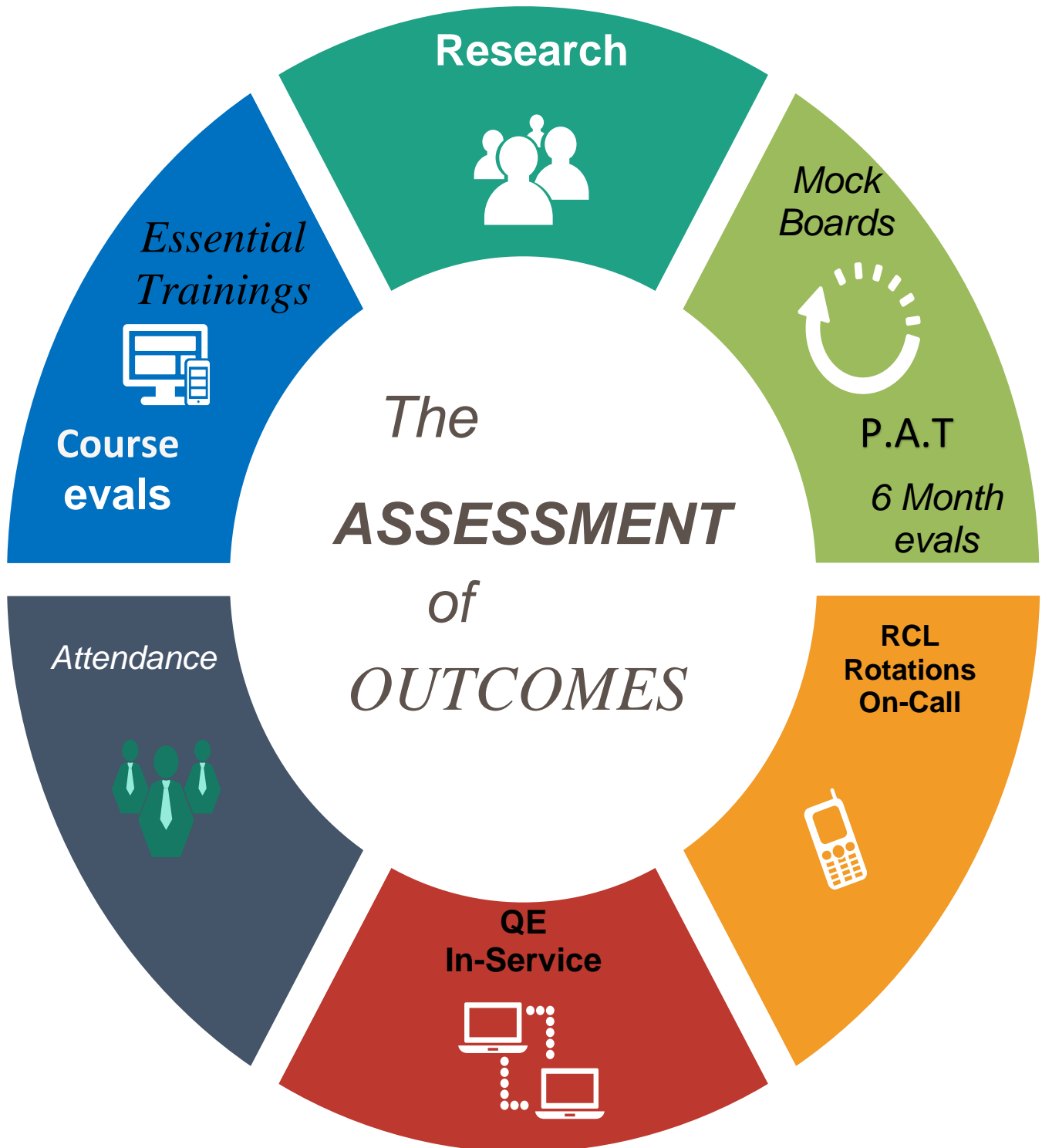


RESIDENCY ROADMAP

Appendix 1a.

Residency Roadmap

Assessment of Residents



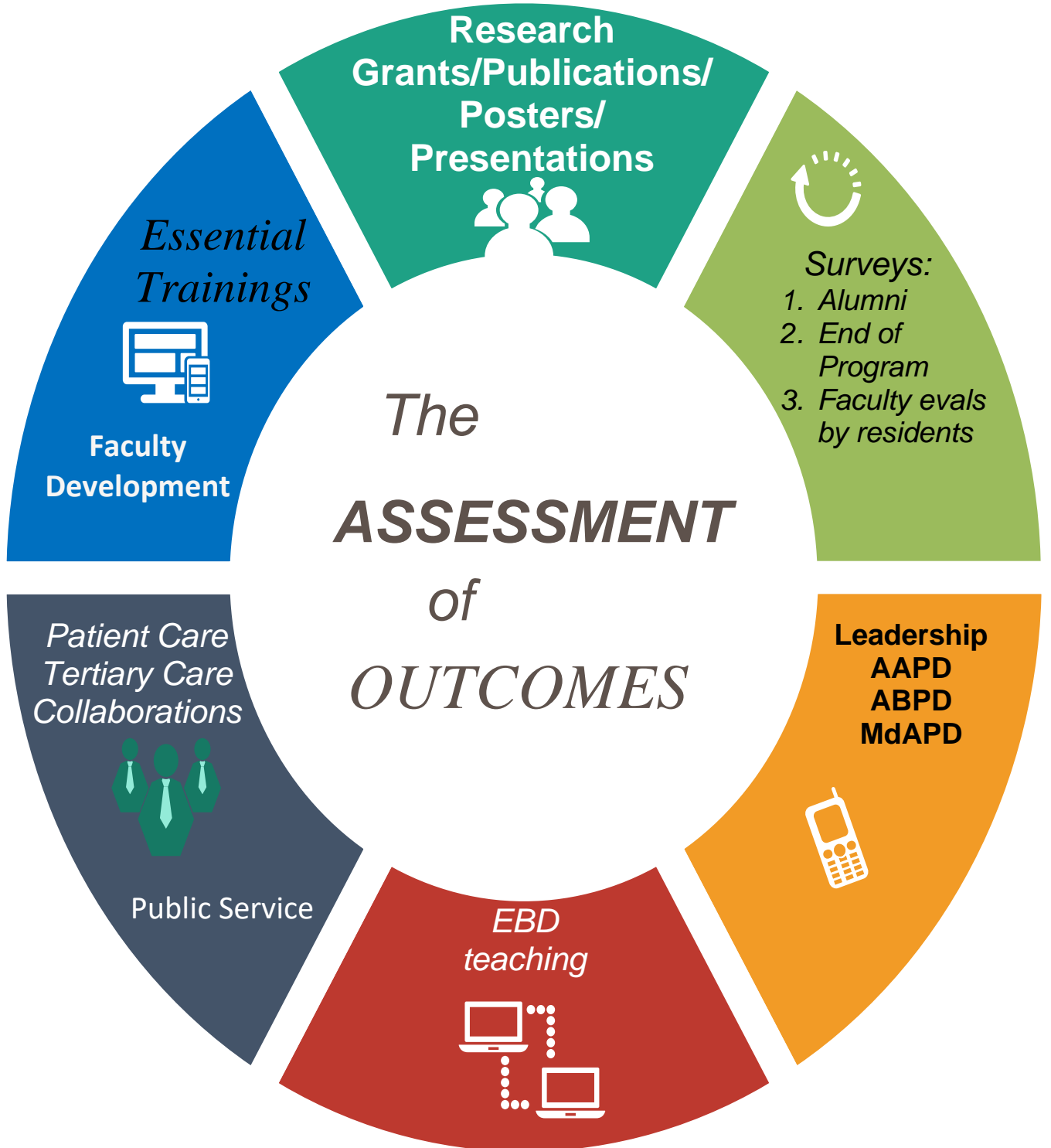
Year 1

Didactic Courses		Essential Trainings			AAPD In-Service Exam	Clinical requirements			Clinical Work	Hospital On-Call	Anesthesia rotation	CE activity	Research	Bi-annual Mock Boards	Faculty based evaluations- 6 monthly	Overall Assessment- 12 months
Course	Type of Evaluation	BL S	BlackBoard Trainings	PALS		Nitrous cases	Sedation assists (25)	OR cases			UMMC	MA PD, Ava Roberts				All Outcomes plus vacation days-SA
Biomedical Sciences	ICE	ICE	ICE	ICE	WE	QR-RCL	QR-RCL	QR-RCL	QR-RCL, QE, PAT	CE	ICE	ICE	ICE	QE, OCE,	QE, CE	Promoted (Meets all requirements)/Promoted with letter of Deficiency/ Retained in Year 1
Behavior Guidance	ICE, CE															
ICE	ICE															
Oral Facial injury and emergency Care	ICE															
Oral Diagnosis, Oral Path & Oral Medicine	ICE															
Prevention & Health Promotion	ICE, PAT															
Comprehensive Dental Care	ICE, PAT															
Pulp Therapy	ICE, PAT															
Pediatric Pharmacology	ICE															
Sedation	ICE, PAT, CE															
General Anesthesia	ICE, PAT, CE															
Interceptive Orthodontics	ICE, PAT, CE															
Scientific Writing	ICE															
Journal Club	ICE															
Literature review	ICE															
Case Conference	ICE															

Year 2													
Didactic Courses		Clinical requirements			Clinical Work	Peds Med /CLP rotation	CE activity	Research/ AAPD Posters	AAPD In-Service Exam	ABPD QE	Bi-annual Mock Boards	Faculty based evaluations- 6 monthly	Exit Interview- 23 months
Course	Type of Evaluation	Nitrous cases	Sedation cases (25)	OR cases		UMMC, Mt. Washington, Hopkins	AAPD Annual Session					All Outcomes plus vacation days	All Outcomes plus vacation days-SA
Management of Contemporary Dental Practice	ICE	QR-RCL	QR-RCL	QR-RCL	QR-RCL, QE, PAT	ICE	ICE	QE, QR, ICE	WE	WE	QE, OCE,	QE, CE	Overall assessment/ feedback/Axiom notes/ Unapproved images/RCL/ Manuscript
Special Health Care Needs	ICE, CE												
Hospital Dentistry	ICE, CE												
Interceptive Orthodontics	ICE, CE, PAT												
Journal Club	ICE												
Literature review	ICE												
Case Conference	ICE												
Advocacy	ICE, AAPD & State Advocacy Day												

QE: Qualitative Evaluations; Quantitative Requirements: QR, In-Course evaluations: ICE; Clinical Evaluation: CE; Resident Clinical Log: RCL ; Written Exam: WE; Daily Supervision: DS; Progressive Assessment Tool: PAT, Oral Clinical Exam: OCE; Summative Assessment: SA

Program Assessment



Appendix 1b.
UMSOD SANU Daily Grading System

S= Superior represents performance that is clearly above the standard and beyond what is expected. By definition, it is exception and stands out as distinctly different from the average. The S grade should be reserved for those circumstances in which the students' performance merits it, and reflects superior delivery of patient care with no or minimum faculty assistance.

A= Acceptable represents standard performance, the level of performance that is expected of a student at a particular point in their professional development. This level of performance is expected to change as the student acquires more knowledge and experience. As the standard, the A grade reflects acceptable delivery of patient care with appropriate faculty direction and/or assistance.

N= Needs improvement should be awarded when some aspect of the performance is lacking or minimally meets standards. In many cases the general level of performance is acceptable, but is lacking in one or more aspects. The N grade is most appropriate for students in their initial efforts performing a procedure, or when a student requires faculty intervention to complete the procedure.

U= Unacceptable represents performance that is adequate and clearly below standard state above and below what is expected of a student at any level. The U grade also represents delivery of patient care that does not follow clinic protocol and/or potentially jeopardizes patient safety.

Appendix 1c.
Evaluations

**PEDIATRIC DENTISTRY, UMSOD
RESIDENT SEMI-ANNUAL COMPREHENSIVE REVIEW
BY PROGRAM DIRECTOR**

Resident Name: _____

Date: _____

Program Director Name: _____

1. Evaluations:

a. Review of Evaluations Submitted by Faculty (see appendix 6):

	Superior	Acceptable	Needs	Unacceptable

b. Performance in Mock Boards: _____

	Superior	Acceptable	Needs	Unacceptable

c. Performance in didactic courses: _____

	Superior				Acceptable				Needs				Unacceptable			
Case-																
Journal Club																
Literature																

d. In-Service Examination score:

PG Level	Your Score	National Mean

2. Attendance:

	Superior	Acceptable	Needs	Unacceptable

3. Clinical Skills: Review of Clinical Log

a. Are entries up-to-date and approved: ___ Yes ___ No

Notes/Images	Proficiency	Superior	Acceptable	Needs	Unacceptable
	Clinics				

	Nitrous Oxide				
	Sedation				
	OR				
	Clinic On-Call				
	Hospital On-				
	Anesthesia				
	John-Hopkins				

b.P.A.T: _ Number of attempts_____

Diagnosis				
Prevention				
Restorative				
Pulp				
Exodontia				
Space management				
Sedation				
OR				
Nitrous Oxide				

4. Research

Superior	Acceptable	Needs Improvement	Unacceptable

5. Overall Assessment:

	Superior				Acceptable				Needs				Unacceptable			

6. Individualized Learning Plan:

Based on the above evaluations, feedback from others, and residents self-assessment, list three learning objectives that resident will focus on during the next six months.

- 1.
- 2.
- 3.

Comments:

Resident Signature

Date

Program Director(or designee) Signature

Date

**PEDIATRIC DENTISTRY, UMSOD
RESIDENT ANNUAL COMPREHENSIVE REVIEW BY PROGRAM DIRECTOR**

Name: _____ PG Yea _____

Department: _____ Division: _____

Current Year Training Dates: From _____ To _____

Based on the consensus of the program director and faculty who have evaluated this resident/fellow in meeting the goals and objectives set for the training program follows:

		At/ Above Expected Level	Below Expected Level*
Patient Care	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.		
Dental/Medical Knowledge	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.		
Practice-Based Learning and Improvement	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.		
Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and health professionals.		
Professionalism	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.		
Systems-Based Practice	Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system to provide optimal health care.		

* Below expected performance (required comments)
--

Summary of Program Faculty Assessments

Recommendations:

- _____ Appointment to next year of training with no reservations.
- _____ Appointment to next year of training with accompanying Letter of Deficiency
- _____ Appointment to next year of training not recommended. (see comments)
- _____ Extend year: repeat year (see comments)
- _____ Check here if additional information attached.

Resident/Fellow signature
Date

Date

Program Director signature

Appendix 2

Progressive Assessment Tool (PAT) for proficiency in clinical skills

IMPORTANT:

- PAT is a learning tool designed to encourage discussion and communication between faculty and residents.
- Objectives:
 - Increased self-learning and self-assessment
 - The rubric to serve as a resource for examples of critical errors and superior performance
 - Improved faculty interaction, standardization/calibration, and quality feedback
 - Improved organizations skills and improved presentation skills
- Residents are use PAT for each domain repetitively and on a regular basis.
- You may inform the attending that you want to take PAT or the faculty might decide to give you a feedback using PAT format.
- After you have taken PAT, documentation **MUST** be submitted for **all attempts** to the Program Director as soon as possible.

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Progressive Assessment Tool for Proficiency in Clinical Skills

Name of the resident:

Year 1/Year 2

Date:

Patient age:

DIAGNOSIS & TREATMENT PLANNING

Learning Objective: To ensure that the resident can independently demonstrate proficiency in patient examination, diagnosis, and treatment planning for a pediatric patient (Based on AAPD Guidelines).

Assessment		Self-Assessment
Criteria	Descriptors	
Subject Knowledge	Chief complaint	Faculty Comments
	Informed consent	
	Medical, dental, social, family history & medications	
	Intra & extra oral exam	
	Diagnosis and radiographs	
	Treatment planning	
Organization	Preparation	
	Clinical setup	
	Professionalism	
	Relevant history taking	
Presentation Skills	Communication with parents/ patient/ faculty (post-procedure)	

Name of the faculty member: _____

Signature of the faculty member: _____

DIAGNOSIS & TREATMENT PLANNING- EVALUATION CRITERIA

Examples of Superior level of performance

- Asks for and records patient's chief complaint and reasons for the visit.
- Seeks informed consent and explains the benefits and risks of treatment offered, suggests alternatives in the language patient/parents understands (use interpreter when needed).
- Records all relevant history including thorough medical history – if they have an issue or take a medication, follow-up questions are asked ex: asthma, hospitalizations, when they last used rescue inhaler.
- Utilizes appropriate diagnostic aids. Conducts thorough extra-oral and intra-oral examination- general and specific to area of chief complaint.
- Determines need for radiograph based on ADA/AAPD guidelines. Ascertains the type of radiographs and age appropriate technique. Recognizes ALARA principle and radiation safety.
- Age-appropriate treatment planning based on AAPD guidelines.
- Uses language that parents and children can understand (e.g. gums not gingiva). Utilizes skills like motivational interviewing where appropriate.

Examples of critical errors

- Not able to identify and address the patient's prime reason for seeking care.
- Not having consent signed by patient's parent.
- Not informing parents of all options and possible complications of treatment.
- Consent of minor not given by legal guardian.
- Allowing minor to consent by themselves.
- Failure to obtain full medical, dental, social, family history.
- Failure to recognize mediation issues or need for consult before treatment.
- Misses relevant clinical extra-oral, intra-oral (soft tissues and hard tissue) findings.
- Not able to determine when and which radiographs are needed.
- Takes radiographs before evaluating the patient.
- Treatment planning does not follow AAPD guidelines.
- Communication with patient is not age appropriate.
- Not active listening or ignoring the patient or parent.
- Use high-level dental terms.
- Asks excessive yes/no questions.
- Doesn't check for patient's or parent's understanding.
- Treats parents rudely or disrespectfully.

Progressive Assessment Tool for Proficiency in Clinical Skills

Name of the resident:

Year 1/Year 2

Date:

Patient age:

PREVENTION

Learning Objective: To ensure that the resident can independently demonstrate proficiency in assessing risk factors and is able to plan appropriate preventive strategies for a pediatric patient (Based on AAPD Guidelines).

Assessment		Self-Assessment
Criteria	Descriptors	
Subject Knowledge	Biological factors	Faculty Comments
	Protective factors	
	Clinical factors	
	Age appropriate anticipatory guidance	
	Age appropriate prevention strategies	
Organization	Preparation Clinical setup Professionalism Relevant history taking	
Presentation Skills	Communication with parents/ patient/ faculty (post-procedure)	

Name of the faculty member: _____

Signature of the faculty member: _____

PREVENTION- EVALUATION CRITERIA

Examples of Superior level of performance

- Records thorough medical history – if they have an issue or take a medication, follow-up questions are asked ex: asthma, hospitalizations, when they last used rescue inhaler.
- Uses language that parents and children can understand (e.g. gums not gingiva). Utilizes skills like motivational interviewing where appropriate.
- Makes it clear who is responsible for oral home care (e.g. parent, parent assists or child independently carries out home care).
- Diet and habits discussed. Focuses on high frequency consumption of liquids or solids containing sugar. (e.g. breast feeding on demand and during the night; where does the infant sleep? What is child's favorite drink? Drinking sports drinks?)
- Fluoride exposure discussed (e.g. dietary, toothpastes). Provides age specific recommendations.
- For Infants – discussing transmission of strep mutans and lactobacillus, both vertical and horizontal transmission.
- Uses AAPD caries risk assessment tool to determine risk. Caries process is explained to the parent in terms they understand.
- If High Caries risk, determines adjunct treatment (e.g. more frequent recalls, more frequent fluoride varnish, Silver Diamine Fluoride, xylitol, etc.).
- Age appropriate oral home care. Demonstrates brushing (child, parent, parent assisted). Assesses flossing (Does the parent know how to floss the child? Child flosses independently from ages > 11-12 yrs).
- Explains the Dental Home and having an accident or emergency plan.

Examples of critical error

- Does not record adequate medical history.
- Communication with patient is not age appropriate.
- Risk assessment is not age appropriate.
- Anticipatory guidance is not age appropriate.
- Preventive strategies are not age appropriate/not based on risk assessment.
- Fails to record and educate parents about caries risk.
- Fails to educate parents about anticipatory guidance.
- Fails to educate parents about preventive strategies.
- Doesn't introduce the concept of dental home.

Progressive Assessment Tool for Proficiency in Clinical Skills

Name of the resident:

Year 1/Year 2

Date:

Patient age:

NITROUS OXIDE ANXIOLYSIS

Learning Objective: To ensure that resident can independently demonstrate proficiency in the administration of nitrous oxide, is familiar with the equipment, aware of safety features, and monitoring requirements for anxiety (Based on AAPD Guidelines).

Assessment		Self-Assessment
Criteria	Descriptors	
Subject Knowledge	Pre-operative instructions	Faculty Comments
	Indications/ Contraindications	
	Equipment/ Technique	
	Monitoring and safety	
	Post-operative instructions	
Organization	Preparation Clinical setup Professionalism Relevant history taking	
Presentation Skills	Communication with parents/ patient/ faculty (post-procedure)	

Name of the faculty member: _____

Signature of the faculty member: _____

NITROUS OXIDE ANXIOLYSIS- EVALUATION CRITERIA

Examples of Superior level of performance

- Effectively communicates with parents regarding nitrous oxide (need, indications, contraindications, what it does, advantages of using it, possible side effects, and necessary precautions). Obtains informed consent.
- Understands flow per liter corresponding to the size of the patient's lung capacity. Observes the reservoir bag during procedure to make sure the flow is correct.
- Understands the technique and can justify the chosen technique (e.g. Titrates starting at 100% Oxygen and increasing in intervals of 10% or starts higher).
- Uses nitrous effectively. Selects the level of nitrous oxide based on difficulty of procedure. Modifies levels within a procedure as per need (e.g. at time of rendering local anesthesia or keeps it the same the entire time). Understands why.
- Carefully monitors the patient during the procedure. Talks to the patient, looks at the reservoir bag, evaluates responsiveness, color, respiratory rate and rhythm, and has the assistant aid in this.
- Understands interaction with other medications (e.g. the patient takes OTC medications such as allergy medication, does this cause any interaction?)
- Understands causes of common adverse events such as nausea and vomiting (higher doses, constantly adjusting and changing the percentages, longer duration of nitrous administration).
- Administers 100% Oxygen after the appointment. Understands the need to prevent diffusion hypoxia and how to avoid it.
- Recognizes the maximum level of nitrous oxide the machine allows.
- Has thorough understanding of types of emergencies associated with use of nitrous oxide, necessary equipment and how to avoid emergencies.

Examples of critical error

- Failure to review medical history.
- Failure to take dental history prior nitrous oxide use.
- Failure to ask last food/liquid intake.
- Failure to explain procedure and sensations.
- Failure to establish adequate monitoring and a mechanism for patient to signal discomfort (e.g. nausea).
- Failure to record administration sequence (e.g. percentage, duration, flow rates, etc.)
- Failure to record patient response.
- Delivering more than 50% N₂O.
- Delivering N₂O with no scavenging system.
- Failure to record patient status upon dismissal.

Progressive Assessment Tool for Proficiency in Clinical Skills

Name of the resident:

Year 1/Year 2

Date:

Patient age:

PEDIATRIC EXODONTIA

Learning Objective: To ensure that resident can independently demonstrate proficiency in pediatric exodontia (Based on AAPD Guidelines).

Assessment		Self-Assessment
Criteria	Descriptors	
Subject Knowledge	Indications	
	Local anesthesia-dosage and administration	
	Signs of effective anesthesia	
	Technique with age appropriate behavior guidance	
	Post-extractions instructions	
Organization	Preparation Clinical setup Professionalism Relevant history taking	Faculty Comments
Presentation skills	Communication with parents/ patient/ faculty (post-procedure)	

Name of the faculty member: _____

Signature of the faculty member: _____

PEDIATRIC EXODONTIA- EVALUATION CRITERIA

Examples of Superior level of performance

- Recognizes the indications and possible contraindications of extracting a tooth. Obtains informed consent.
- Achieves profound anesthesia and checks for signs and symptoms of effective anesthesia. Decides of type of local anesthesia being used (Lidocaine, Septocaine, Mepivacaine). Understand why.
- Understands need to aspirate when giving local anesthesia, what can happen with an intravascular injection, and timing/ presentation of most adverse reactions to local anesthesia (during the injection and within 5-10 minutes after injection).
- Calculates maximum amount of local anesthesia that can be administered. Understands reasons that may prevent tooth from getting numb and how to avoid that problem.
- Recognizes advantages of using epinephrine with local anesthetic when extracting teeth.
- Recognizes causes, signs, symptoms of local anesthesia toxicity and ways to manage it.
- Uses correct extraction technique: Appropriate forcep selection, luxation with an elevator prior to forcep being applied.
- Protects throat/airway while completing an extraction (placing gauze distal to the tooth being extracted).
- Patient management: Age appropriate behavior guidance. Explains to both the parent and the child the difference between pain and pressure.
- Manages appropriately if the tooth fractures or with root tip. Understands what can cause harm to the permanent tooth bud and what should be done.

Examples of critical error

- Failure to review medical history and to identify medical conditions that require adjustment of the clinical setting or medical condition (e.g. failure to identify a patient with heart disease indicated for prophylactic antibiotics or a patient with bleeding disorders).
- Failure to take dental history for history of prior extraction.
- Failure to evaluate radiographs to reaffirm diagnosis and need for extraction.
- Failure to explain sequence (i.e. local anesthesia, extraction, recovery).
- Failure to explain expected sensations, including extended soft tissue numbness.
- Failure to test for and achieve profound anesthesia (no active infection).
- Failure to administer proper dosage of local anesthesia.
- Failure to extract safely (e.g. lack of airway protection).
- Failure to assess need for bleeding control.
- Absence or failure to deliver post-extraction instructions to the parent(s).

Progressive Assessment Tool for Proficiency in Clinical Skills

Name of the resident:

Year 1/Year 2

Date:

Patient age:

SPACE MANAGEMENT

Learning Objective: To ensure that resident can independently demonstrate proficiency in planning space management (Based on AAPD Guidelines).

Assessment		Self-Assessment
Criteria	Descriptors	
Subject Knowledge	Case Selection	
	Appropriate space management plan	
	Technique	
	Follow-up instructions and home care	
Organization	Preparation Clinical setup Professionalism Relevant history taking	Faculty Comments
Presentation skills	Communication with parents/ patient/ faculty (post-procedure)	

Name of the faculty member: _____

Signature of the faculty member: _____

SPACE MANAGEMENT- EVALUATION CRITERIA

Examples of Superior level of performance

- Case selection is appropriate.
- Understands indications for space management.
- Formulates an acceptable space management plan. Understands which type of space maintainer is being used, why, and expected results.
- Evaluates the amount of bone covering the permanent tooth prior to the planning of the placement of the space maintainer (e.g. loss of bone from infection and subsequent early eruption of permanent tooth may not indicate a space maintainer).
- Uses proper technique: separation of teeth prior to band fitting, band fitting technique, final adaptation to bands, impression material and technique, lab treatment form, chairside fabrication, adequate seating and cementation of spacer.
- Discusses a maintenance plan and home care specific to space maintainer used. Provides guidance on problems with the space maintainer. Gives instructions and utilizes motivational interviewing to emphasize on oral hygiene maintenance.
- Formulates a follow-up plan to evaluate space maintainer periodically for any loose bands, broken wires, and to carefully evaluate teeth for any decalcifications.
- Documents the follow-up and reliability of the patient.
- Explains when the space maintainer needs to be removed.

Examples of critical error

- Failure to review medical history (e.g. possible nickel allergy).
- Failure to review dental history for prior space maintainer.
- Failure to select adequate space maintainer.
- Failure to explain procedure to parent and patient.
- Failure to make sure appliance is passive.
- Failure to give appliance observation appointment.
- Failure to explain home care (e.g. avoid sticky foods and/or hard objects).

Progressive Assessment Tool for Proficiency in Clinical Skills

Name of the resident:

Year 1/Year 2

Date:

Patient age:

RESTORATIVE

Learning Objective: To ensure the resident can independently demonstrate proficiency in pulp diagnosis and restorative technique using appropriate behavior guidance technique (Based on AAPD Guidelines).

Assessment		Self-Assessment
Criteria	Descriptors	
Subject Knowledge	Identification of caries	
	Pulp diagnosis	
	Restorative Plan	
	Age appropriate behavior guidance	
	Effective anesthesia	
	Isolation technique	
	Places satisfactory restoration	
	Post-operative instructions	
Organization	Preparation Clinical setup Professionalism Relevant history taking	Faculty Comments
Presentation skills	Communication with parents/ patient/ faculty (post-procedure)	

Name of the faculty member: _____

Signature of the faculty member: _____

RESTORATIVE- EVALUATION CRITERIA

Examples of Superior level of performance

- Takes diagnostic radiographs especially for interproximal restorations. If deep caries, the furcation must be able to be seen. Justifies treatment plan and choice of restoration.
- Evaluates clinical signs and symptoms of the tooth in question (e.g. spontaneous pain). Re-evaluates at the time of the restorative visit, especially if significant time period since the treatment plan was formulated.
- Utilizes proper isolation technique. Selects appropriately between available options (Isolite, Rubber dam or cotton roll isolation).
- Selects the proper restoration material for restoration. Makes a choice between available materials such as Composite, Stainless Steel Crown, Glass Ionomers based on factors like longevity of restoration, caries risk assessment, behavior, isolation, extent of decay etc.
- Evaluates pulp status and need for any pulpal treatment, including indirect pulp therapy.
- If needed, evaluates the need to defer/ delay treatment and uses caries control or interim therapeutic restorations.
- Obtains adequate anesthesia using infiltration/block as needed while keeping maximum dosage in mind. Performs age-appropriate behavior guidance technique.
- The tooth preparation (design and outline form) is appropriate per the choice of restorative material with satisfactory caries removal.
- Effectively places a satisfactory restoration and utilizes matrix bands/cellulose strip/wedges as required for the material.
- Evaluates occlusion after placement of the restoration. Reviews patient/parent satisfaction. Renders relevant post-operative instructions.

Examples of critical error

- Not having radiographic examination when indicated (e.g. no radiographs for teeth with tight proximal contacts).
- Does not use behavioral and/or caries risk assessment to create the restorative plan.
- Inadequate isolation with resin fillings.
- Not obtaining adequate local anesthesia.
- Not considering tooth age for excessive root resorption.
- Failure to identify a non-restorable tooth.
- Ignores pulp status.
- Failure to use appropriate patient management techniques when indicated
- Failure to place an adequate restoration
- Failure to give appropriate post-operative care.

Progressive Assessment Tool for Proficiency in Clinical Skills

Name of the resident:

Year 1/Year 2

Date:

Patient age:

PULP THERAPIES

Learning Objective: To ensure the resident can independently demonstrate proficiency in pulp diagnosis, selection of appropriate/indicated pulp therapy and technique using appropriate behavior guidance techniques (Based on AAPD Guidelines).

Assessment		Self-Assessment
Criteria	Descriptors	
Subject Knowledge	Pulp Diagnosis	
	Pulp therapy Plan	
	Age appropriate behavior guidance	
	Effective anesthesia	
	Isolation technique	
	Performs satisfactory pulp therapy	
	Places satisfactory post-pulp therapy restoration	
	Post-operative instructions	
Organization	Preparation Clinical setup Professionalism Relevant history taking	Faculty Comments
Presentation skills	Communication with parents/ patient/ faculty (post-procedure)	

Name of the faculty member: _____

Signature of the faculty member: _____

PULP THERAPIES- EVALUATION CRITERIA

Examples of Superior level of performance

- Takes diagnostic radiographs especially for interproximal restorations. If deep caries, the furcation must be able to be seen. Justifies treatment plan and choice of pulp therapy indicated.
- Evaluates clinical signs and symptoms of the tooth in question (e.g. spontaneous pain). Makes appropriate pulp diagnosis.
- If needed, evaluates the need to defer/ delay treatment and uses caries control or interim therapeutic restorations.
- Evaluates the choice between pulp therapy and extraction and space maintenance.
- Based on pulp status, determines need for appropriate pulpal treatment (vital/non-vital).
- Among vital-pulp therapies (Indirect pulp cap, Direct pulp cap, and Pulpotomy), selects appropriate therapy based on relevant clinical and radiographic findings.
- Utilizes proper isolation technique (rubber dam).
- Follows appropriate technique specific pulp therapy selected. Selects recommended pulp therapy medicament.
- Selects the proper post-pulp therapy restoration material for restoration. Makes a choice between available materials such as Composite, Stainless Steel Crown based on factors like longevity of restoration, behavior, isolation, extent of decay etc.
- Evaluates occlusion after placement of the restoration. Reviews patient/parent satisfaction. Renders relevant post-operative instructions.

Examples of critical error

- Not having radiographic examination when indicated.
- Fails to record relevant pain history.
- Wrong diagnosis of pulp.
- Failure to identify a non-restorable tooth, root resorption, time to exfoliation while treatment planning.
- Does not consider factors such as depth of caries, pain history, relevant clinical and radiographic findings, tooth age (excessive root resorption) while determining need for pulp therapy.
- Inadequate or no isolation.
- Wrong technique or choice of material.
- Failure to place an adequate restoration.
- Failure to give appropriate post-operative care.

Progressive Assessment Tool for Proficiency in Clinical Skills

Name of the resident:

Year 1/Year 2

Date

Patient age:

Patient age:

OPERATING ROOM

Learning Objective: To ensure the resident can independently demonstrate proficiency in managing operating room cases (Based on AAPD Guidelines).

Assessment		Self-Assessment
Criteria	Descriptors	
Subject Knowledge	Case selection	
	Pre-operative assessments and necessary referrals/ consults	
	Day of treatment-preoperative assessment	
	Understanding of anesthesia protocols- drugs/ monitoring	
	Treatment planning	
	Understanding of adverse events and ability to recognize them	
	Discharge criteria	
	Post-operative instructions	
Organization	Preparation Clinical setup Professionalism Relevant history taking	Faculty Comments
Presentation skills	Communication with parents/ patient/ faculty (post-procedure)	

Name of the faculty member: _____

Signature of the faculty member: _____

OPERATING ROOM- EVALUATION CRITERIA

Examples of Superior level of performance

- Justifies proper case selection (the operating room versus conscious sedation).
- Reviews the patient's medical history and obtains any consultations needed BEFORE the date of surgery. Informs anesthesia department about the case highlighting the medical history and pending consults.
- Day of treatment: preoperatively evaluates the patients, explains the process to parents and gets consent after confirming guardianship.
- Formulates a treatment plan and informs the parent of the plan. Informs the parent on the approximate time it will take to complete the surgery. Answers any questions from parents and assures them as needed. Instructs them to not to leave hospital during the surgery and confirms a good contact number if needed.
- Performs satisfactory dental work while being vigilant and aware of anesthesia process and monitoring protocols.
- Prepares the parent to care for the child after the operating room case (e.g. analgesic medications).
- Completes the electronic patient records appropriately (operative notes, discharge orders).
- Explains discharge instructions and post-operative instructions to parents. Explains the need for a follow-up appointment in 2 weeks time.
- Uses motivational interviewing to help parent implement additional home care and prevention since the patient is high risk. Frequent visits may be necessary for both prevention and de-sensitizing the child in the dental environment.
- Re-confirms parent contact information to make the evening phone call following the case.

Examples of critical error

- Failure to instruct parent that the child must be NPO per ASA guidelines.
- Failure to provide adequate pre-operative medical considerations.
- Failure to enter necessary notes and orders.
- Failure to explain procedures to parents (e.g. effect of pre-medication, anticipated time of procedure, when parents see child post-operatively, etc.).
- Failure to sequence treatment so that there is minimal time under general anesthesia.
- Failure to document treatment per hospital protocol.
- Failure to arrange for post-operative follow-up visit.

Progressive Assessment Tool for Proficiency in Clinical Skills

Name of the resident:

Year 1/Year 2

Date:

Patient age:

SEDATION

Learning Objective: To ensure the resident can independently demonstrate proficiency in managing oral sedation cases (Based on AAPD Guidelines).

Assessment		Self-Assessment
Criteria	Descriptors	
Subject Knowledge	Case selection	Faculty Comments
	Pre-operative assessments- initial visit and day of treatment	
	Monitoring requirements per sedation level	
	Drugs- sedative agents, local anesthetics, reversal agents	
	Treatment plan for the sedation visit	
	Discharge criteria and post-operative instructions	
	Early recognition of adverse events	
	Emergency management protocol	
Organization	Preparation Clinical setup Professionalism Relevant history taking	
Presentation skills	Communication with parents/ patient/ faculty (post-procedure)	

Name of the faculty member: _____

Signature of the faculty member: _____

SEDATION- EVALUATION CRITERIA

Examples of Superior level of performance

- Reviews medical history and obtains any consultations prior to the child presenting for sedation.
- Ask following questions for case selection: Does this child's treatment warrant sedation? Can dental delay or interim therapeutic restorations be performed until the child is able to be treated under nitrous oxide?
- Performs pre-operative evaluation. Evaluates child for NPO status, sickness, chest sounds, and pain.
- Confirms all the proper forms completed prior to beginning the case.

- If radiographs are not available or NOT diagnostic, takes during the sedation visit.

- Confirms that the parent understands what is being done and what will happen. Discusses how the child will be AFTER the appointment and what the parent needs to do for the child (e.g. soft foods, pain analgesics).
- Understands what drug(s) to use for this sedation and why. Gets dosage calculation and dispensing approved by faculty. Estimates how much time is needed for this case. Knows reversal agents and the maximum amount of local anesthesia that can be used. Verifies amount of reversal agent available and calculates dosage prior to the administration of the sedation.
- Understands the importance of time line documentation.
- Confirms that all the monitoring and emergency equipment is working properly PRIOR to the child being given the oral sedative.
- Knows the discharge criteria needing to be met so that the patient can be dismissed following sedation.

Examples of critical error

- Failure to instruct parent that the child must be NPO per ASA guidelines.

- Failure to provide adequate pre-operative medical considerations.

- Failure to enter necessary notes and orders.
- Failure to explain procedures to parents (e.g. effect of pre-medication, anticipated time of procedure, when parents see child post-operatively, etc.).
- Failure to sequence treatment so that there is minimal time under oral sedation.
- Failure to document treatment per AAPD guidelines.

- Failure to calculate accurate dosage for sedation drugs, local anesthetic and reversal agents.

- Failure to arrange for post-operative follow-up visit.

Appendix 3
Summary Evaluation (Graduating residents)

SUMMARY EVALUATION (Graduating residents)
RESIDENT/FELLOW PERFORMANCE

Name: _____

Department: _____ Division: _____

Inclusive dates of Training: From _____ To _____

Based on the consensus of the program director and faculty who have evaluated this resident/fellow in meeting the goals and objectives set for the training program follows:

		At/Above Expected Level	Below Expected Level*
Patient Care	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.		
Dental/Medical Knowledge	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.		
Practice-Based Learning and Improvement	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.		
Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and health professionals.		
Professionalism	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.		
Systems-Based Practice	Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system to provide optimal health care.		

* Below expected performance (required comments)

Summary of Program Faculty Assessments/Verifications

- _____ Resident/fellow has demonstrated sufficient competence to enter practice without direct supervision.
- _____ Resident/fellow has NOT successfully completed training program
- _____ Additional information attached

Resident/Fellow signature

Date

Program Director signature

Date

Appendix 4
Leave Request Form

REQUEST FOR LEAVE

NAME: _____

TODAY'S DATE: _____

DATES BEING REQUESTED: _____

REASON: Vacation Emergency Excused Leave Sickness

APPROVED BY: _____

DATE: _____

REQUEST FOR LEAVE

NAME: _____

TODAY'S DATE: _____

DATES BEING REQUESTED: _____

REASON: Vacation Emergency Excused Leave Sickness

APPROVED BY: _____

DATE: _____

Appendix 5
BMS-MS Guide & Other Relevant Documents

BMS-MS GUIDE

**MASTER OF SCIENCE IN BIOMEDICAL SCIENCES -
SCHOOL OF DENTISTRY**
A Graduate Program Offered by the
UM School of Dentistry
and
The Graduate School – University of Maryland Baltimore

The Master of Science in Biomedical Sciences – Dental School is offered in conjunction with the Graduate School. It is an interdepartmental program.

Program Overview

The Master of Science in Biomedical Sciences – Dental School (BMS-MS) is designed to complement training undertaken by students in the Dental School's certificate programs, i.e., dental postgraduate trainees. The BMS-MS prepares dentists for careers in dental education and research. Trainees receive graduate training in the basic sciences, oral biology, and dentistry. Although lecture courses comprise most of the curriculum, many basic science courses include a laboratory component. A significant portion of the program focuses on the design and completion of a master's thesis research project, a requirement of the program. Students may select research advisers from several disciplines and topics from many basic science and clinical research areas. Specialty certificate programs that offer the master's degree in oral biology include:

- ☒ Endodontics
- ☒ Prosthodontics
- ☒ Orthodontics
- ☒ Pediatric Dentistry
- ☒ Periodontics
- ☒ Advanced General Dentistry

Application and Admission

Information about BMS-MS is presented at the July Orientation for new post-graduate dental students. To be eligible for the BMS-MS, applicants must have a professional degree in dentistry and acceptance into one of the specialty certificate programs listed above. In addition, they must meet the Graduate School's minimum requirements for admission.

If interested, complete the Graduate School's application for admission (hardcopy available at <http://graduate.umaryland.edu/admissions/admissions.html>) and turn it in to Ms. Nicki Mitchell, Program Coordinator by August 1st. Your letters of recommendation, transcripts and other necessary documents (eg. TOEFL scores) from your applications to the Certificate programs will be copied and submitted with the Graduate School application. The usual application fee has been waived for residents.

Non-US residents MUST also include the results of the Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) exams. The Graduate School requires scores of 80 (550 paper-based test) or 7, respectively.

Course Requirements

The BMS-MS degree requires a minimum of 30 graduate credits, 6 of which must be Master's Thesis Research (DBMS 799). This credit hour requirement is in addition to certificate program requirements. Trainees must take 4 credits of core curriculum, consisting of: Scientific Writing and Ethics (DBMS 605, 1 credit) and Biostatistics (BMS 638 or equivalent; 3 credits). Although not a core course trainees are strongly encouraged to take Introduction to Biomedical Research (DBMS 608, 1 credit). Additionally, trainees will take courses approved by the Postgraduate Program Director to complete the necessary number of credits. With exceptions described below, all credits must include courses numbered 600 or higher.

Three 500-level certificate courses have been approved to be applied to BMS-MS study: ORTH 568A (4 credits) Orthodontics Data Base (for Pediatric Dentistry and Orthodontics residents) PEDS 598A (2 credits) Development of the Dentition (for Pediatric Dentistry and Orthodontic residents)

PROS 598C (2 credits) Advanced Dental Materials (currently not available)

All students must maintain a 3.0 (B) or better academic average.

Thus, students who complete any of the courses below with a 'B' or better may apply credits earned in these courses toward their master's degree as well as their certificate requirements: Graduate courses may be selected from the course offerings published by the Graduate School each term. The final program requirement is completion and defense of a master's degree thesis based on a research project.

Research Requirement

Research topics include Neuroscience, Infectious Disease and Immune Function, Molecular and Cell Biology, and selected discipline specific clinical topics. A list of potential research mentors may be found at <http://www.dental.umaryland.edu/research/research-programs/>

Specific guidelines to the approach of the research program are as follows:

1. With the advice of their Postgraduate Program Director, trainee, no later than in the spring semester of the first year, will select an area of research and a research mentor. An appropriate thesis advisory committee consists of at least three members and no more than five members. A member of the trainee's Postgraduate Specialty Program and a member of a basic science department must be on the committee. The committee chair, normally the principal research advisor, must be a member of the Graduate School faculty. A list of graduate faculty members can be found in a Graduate School Catalog or on-line at <http://graduate.umaryland.edu>.

In the event that a candidate's research advisor is not a member of the graduate faculty, the candidate's program director is responsible for appointing a graduate faculty member from within the program to serve as the chair. Inclusion of members from other Departments or Schools who are experts in the field of the research project is encouraged.

2. A curriculum vitae must accompany the nominations of any members who are not members of the graduate faculty of the University Of Maryland Graduate School.

3. That same semester, (no later than the end of the first year) after the committee is formulated, the student will prepare a short preliminary research proposal describing the research idea. The sections to be included in the short proposal are:

☐ Title

☐ Background

☐ Hypotheses

☐ Methods, including study material or population, sample size, variables, and statistical approach

☐ Potential strengths and limitations of the study

☐ Tentative time schedule

4. The committee chair will call the committee for a meeting to discuss the student's preliminary research proposal. The student and committee will approve the preliminary research proposal, or the committee may decide to defer approval pending modifications. Another meeting may be necessary or the committee may give the committee chair prerogative to approve the proposal.

5. After all necessary approvals are obtained, the student will begin writing the full proposal describing in detail the background and methods. The full proposal expands on areas previously included in the short proposal and includes a budget. This proposal, with minor modifications, will become the first sections of the thesis. The student at this time may also conduct pilot investigations to establish feasibility of approach. After the proposal is ready (no later than the end of the first year) the committee chair will call a committee meeting for the protocol presentation. The student should distribute hard copies of the protocol at least two weeks in advance of the presentation. The committee will either approve the proposal or suggest modifications. The approval is a "contract" between the committee and the candidate defining the scope of work and the research expectations of the project.

6. The student will work closely with the committee chair and will have support of the committee during the research process. The chair will call progress meetings with the committee quarterly or as needed. When the research and writing process are near completion, the committee chair will call a meeting to review the thesis scope of work and results. If the committee approves the work and deems it of sufficient quantity and quality for the Masters degree, the student will be instructed to finish the thesis, including using the prescribed format by the Graduate School, and submit the form "Nomination of Members for the Final Master's Examination Committee" to the Graduate School.

7. The committee chair will set the date for the Masters thesis defense. The student will distribute hard copies of the Masters thesis to the committee at least 3 weeks before the defense date. The formal defense will be immediately preceded by a public presentation of the student's research that is open to the public and appropriately advertised. This presentation will be followed by questions from the committee and the audience attending. After allowing a reasonable time for questions, the chair excuses the audience and convenes the formal examination process which consists of three components:

☐ An initial private discussion is held among only the members of the committee to determine whether the document is presentable as a Master's thesis and hence is defensible. If a majority of the committee agrees that the thesis is not defensible, the examination is canceled. If the thesis is defensible, the student is invited into the room and the Master's examination proceeds.

☐ Since the open presentation serves as the Master's examination, committee members will enter directly into asking questions of the candidate. No time limit is set for this period, but generally the examinations are completed within two hours.

☐ At the end of the examination, the candidate withdraws and the committee deliberates in private on the acceptability of the thesis and performance of the candidate. The chair asks each member for opinions and following these deliberations, the members vote on whether the candidate has passed or failed. The members sign the Report of the Examination Committee form.

8. The signed Report of the Examination Committee form is returned by the Graduate School representative to the Graduate School office no later than one working day following the examination. The candidate's program director also must be provided with a copy of the report. The student will submit the corrected thesis to the thesis committee for final approval and committee members' signatures.

Students must submit the “*Nomination of Members for Final Master’s Examination Committee*” to the Graduate School at least 2 months before your thesis defense. Two committee members in addition to your research advisor must designate “thesis readers” (noted on the form by asterisks following their names). The anticipated thesis defense date must also be entered.

If you propose a committee member that is not a member of the graduate faculty, you must include a statement of professional affiliation and curriculum vitae for that individual with your “*Nomination of Members...*” form. The “*Nomination of Members...*” and other Graduate School forms can be obtained on-line at http://www.graduate.umaryland.edu/forms_publications/ or from the Graduate Studies Blackboard site under Thesis button.

Please note that your research committee must meet to evaluate your progress at least **2 months** prior to your thesis defense. Thus, you are *strongly* encouraged to complete the selection of your research committee and to have it approved by the Graduate School *early* in your research agenda.

Enrollment and Registration Information

If you are admitted and subsequently enroll in the BMS-MS program, please bear in mind these additional information points and guidelines:

- ☒ The campus code for this program is DBMS-MS
- ☒ You may register for *no more* than 3 credit hours of DBMS799 (Master’s Thesis Research) in any given semester
- ☒ Course drop and add procedures are made through the Dental School Dean’s Office (Academic Support Services) and require the signature of the Graduate Program Director, Dr. Pei Feng.
- ☒ Course offerings for current terms may be viewed on-line at http://graduate.umaryland.edu/academics/course_schedule.html

Advisement

Dr. Feng is available to answer any general program or policy related questions.

Questions concerning the research portion of your program or course electives should be directed to your research advisor. If you have any questions or concerns such as course selection, additional research time or scheduling issues regarding the certificate program, you should see your clinical program director.

Required Forms and Deadlines of the Graduate School

Application for Diploma - Complete this form to the Graduate School **no later than the first week of the term in which you expect to graduate**. The deadline for each semester is published at the Graduate School website under calendars. The application form is available online or may be obtained from Graduate Enrollment Affairs.

Fulfillment of Course Requirements - Complete and return this form to the Graduate School **no later than the first week of the term in which you expect to graduate**. The Graduate Studies Program Director must sign this form, and you will be asked to provide a copy for the Dean's office. This form is available online or from the Graduate Programs Blackboard site.

Nomination of Members for Final Masters Examining Committee - This form is **due no later than two months prior to your thesis defense**. You must have the Graduate Studies program director sign this form, and you will be asked to provide a copy for the Dean's office. This form is available online or from the Graduate Programs Blackboard site.

Certification of Completion of Master Thesis - The research advisor and "readers" sign this form. The date of your thesis defense is also noted on this form. This form is **due no later than two weeks prior to your thesis defense**. You must have the Graduate Studies program director sign this form, and you will be asked to provide a copy for the Dean's office. This form is available online or from the Graduate Program Blackboard site.

Your ***thesis defense*** must take place **no later than two weeks before the end of the term in which you will graduate**. Also, the Graduate School must give final approval of your thesis at least **one week before the end of the term**.

Contacts

Dr. Patricia Meehan, Associate Dean for Academic and Student Affairs
Dental School – Dean’s Office Suite, 650 W. Baltimore Street, 6th Floor

Dr. Pei Feng, Director, Graduate Research Education and Training
Dental School – 650 W. Baltimore Street, Room 6422 (410-706-7340)

Keith Brooks, Assistant Dean, Graduate School

Graduate School – 620 W. Lexington Street, 5th Floor (410-706-7131)

Dr. Erin Golembewski – Associate Dean, Graduate School

620 W. Lexington Street, 5th Flr. (410-706-8323)

Christina Horchar, Director, Academic Support Services

Dean’s Office Suite 6th Floor, Dental School (410-706-7483)

Nicki Mitchell, Program Coordinator, Graduate Research Education Training Support Services

Dental School – 6th Floor S., (410-706-6915)

Theresa Murray, Program Management Specialist, Graduate School

620 W. Lexington Street, 5th Flr. (410-706-4626)

University of Maryland Baltimore Graduate School
Nomination of Members for Final Master’s Examination Committee

1. File this form with the Graduate School at least two months before your final examination.
2. The committee must have between three and five members, of whom at least three must be members of Graduate Faculty.
3. Designate the chair and two other members as "readers". Two weeks before the final examination, the readers must certify that the masters thesis is complete and ready to be defended by filing the *Certification of Completion of the Master’s Thesis Form* with the Graduate School.
4. For proposed examiners who are not members of the **Graduate Faculty, provide a curriculum vitae.
5. Submit this form to Dr. Golembewski, Associate Dean, Graduate School, 620 W. Lexington St., fifth floor

Student Last Name:	Student First Name:	Student ID Number:
E-mail address:	Graduate Program:	Proposed Date of Examination: (month) (day) (year)

Thesis Committee			
Committee Chair (1):	Reader <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Department:	**Graduate Faculty Status: <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (2):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	**Graduate Faculty Status: <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (3):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	**Graduate Faculty Status: <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (4):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	**Graduate Faculty Status: <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)
Committee Member (5):	Reader <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	**Graduate Faculty Status: <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Associate <input type="checkbox"/> None (CV attached)

Approval Signatures		
Committee Chair:	Signature:	Date:
Graduate Program Director:	Signature:	Date:
Graduate School Associate Dean: Dr. Erin Golembewski	Submit application to Graduate School Dean’s Office for signature:	Date:

Dean’s Representative
Graduate School assigned Dean’s Representative:

University of Maryland Graduate School, Baltimore

Fulfillment of Course Requirements for Master's Degree

University of Maryland
Baltimore

Name: (last, first)

Student ID Number::@

This student expects to receive a master's degree in the _____ program
in (month, year)

Check one: (thesis option) (nonthesis option)

Name of adviser:

1. On the attached sheet (page 2) list all of the courses required to complete your degree requirements. Include research and independent study courses. If you choose to attach a printout of your "Cumulative Course Record" from the SURFS system instead of completing page 2, your adviser must clearly indicate which courses apply to your degree and which, if any, do not. If all of the courses on your record count toward your degree, your adviser should write "All for Degree" on the SURFS printout and initial it. Courses that do not count toward your degree will show as "Non-Applicable" on your permanent record.

2. List all courses in which student is currently enrolled:

COURSE CODE & TITLE	SEMESTER OR SESSION & YEAR	CREDIT & GRADE
---------------------	----------------------------	----------------

3. List transfer credits from other institutions accepted for the master's degree:

COURSE CODE & TITLE	SEMESTER OR SESSION & YEAR	CREDIT & GRADE
---------------------	----------------------------	----------------

4. Signatures:

Adviser:

(date)

Graduate Program Director:

(date)

Course Requirements-Page 2

COURSE CODE & TITLE	SEMESTER OR SESSION & YEAR	CREDIT & GRADE
---------------------	----------------------------	----------------

Student's Name:

Student ID Number: @

Adviser's Signature:

Date:

Updated: February 8, 2008

Approval Sheet

Title:

Name of Candidate:

Dissertation and Abstract Approved: * _____
(*signature of supervising professor)

Date Approved: _____

University of Maryland Graduate School, Baltimore

Certification of Completion of the Master's Thesis*

University of Maryland
Baltimore

Date:

To: Associate Dean of the Graduate School

From: (thesis committee chair) (program)

The undersigned members of the student's thesis committee hereby certify that the thesis written by:

Student's Name: (last) (first)

Student ID Number: @

entitled:

is ready for defense.

Signatures:

Thesis Committee Chair: (date)

Thesis Reader 1: (date)

Thesis Reader 2: (date)

Graduate Program Director: (date)

Date of Final Examination*: (month) (day) (year)

**The examination committee must have sufficient time to review the thesis and return the form to the Graduate School at least two weeks (10 working days) before the examination.*

Updated: May 25, 2006

Appendix 6
Resident Evaluation Form

POSTGRADUATE PEDIATRIC DENTISTRY
RESIDENT CLINICAL EVALUATION

Name:

Time Period:

On the Basis of the Residency Training, How Would You Rank

CATEGORY	Poor	Average	Above Average	Exceptional
1. ABILITY TO FOLLOW DIRECTIONS: Takes directions readily and without argument.				
2. ACCURACY OF WORK: Expresses himself/herself accurately; work is usually free from errors.				
3. DEPENDABILITY: Fulfills obligations; completely reliable.				
4. INDUSTRY: Makes judicious use of time; habitually completes work; well motivated.				
5. COOPERATION: Possesses ability to work harmoniously with others; willing to do his/her part in any cooperative understanding.				
6. PROFESSIONAL BEARING: Exhibits professional attitude in relations with patients and house staff; presents professional appearance; is tactful and courteous.				
7. COORELATION OF BASIC SCIENCE WITH CLINICAL SITUATIONS.				
8. ABILITY TO CARRY OUT GOOD CLINICAL PRACTICE: Exercises sound clinical judgment.				
9. ACCEPTANCE OF RESPONSIBILITY FOR PATIENTS' WELFARE.				
10. EXPANSION OF KNOWLEDGE DURING INTERNSHIP/ RESIDENCY.				

WRITTEN: (1) Knowledge of Procedures:

(2) Manual Skills:

(3) Patient Management

ADDITIONAL OBSERVATIONS/COMMENTS

Faculty Evaluator

Date

Appendix 7
Faculty Evaluation Form

DEPARTMENT OF PEDIATRIC DENTISTRY

UNIVERSITY OF MARYLAND

FACULTY EVALUATION BY RESIDENTS

Name of Faculty: _____

Date: _____

	<i>Satisfactory</i>	Needs Improvement	Remarks
Integrity			
Motivation			
Punctuality and attendance			
Willingness to "go beyond"			
Preparation			
Attitude			
Interaction with residents			
Adequacy of knowledge base			
Organizational skills			
Uses time effectively			
Sets appropriate priorities			
Ability to convey knowledge			
Teaching skills			
Availability during clinic hours			
Availability after clinic hours			

Additional
comments: _____

Please return to Carol. This evaluation is necessary for accreditation.

Appendix 8
Staff Evaluation Form

DEPARTMENT OF PEDIATRIC DENTISTRY

UNIVERSITY OF MARYLAND

STAFF EVALUATION BY RESIDENTS

STAFF NAME: _____

Please give feedback by using the 1-4 system

- 1: did not achieve expectations
- 2: partially achieved expectations
- 3: fully achieved expectations
- 4: exceeded expectations

Is courteous to you	_____
Is helpful to you	_____
Is courteous to your patients	_____
Responds promptly to inquiries and requests from residents	_____
Uses good problem –solving skills	_____
Works in an organized fashion	_____
Promotes teamwork with positive interactions	_____
Knowledgeable about clinical procedures	_____
Communicates effectively with residents and patients	_____
Available when needed	_____
Additional Comments:	

THANK YOU!

Appendix 9
Mentor Meeting Memo

Appendix 10
Travel Expenses Log

Travel Expenses Log

Name: _____

Date Submitted: _____

Automobile Mileage

DATE	FROM	TO	MILES	PURPOSE

Other Expenses

DATE	EXPENSES	PURPOSE

Appendix 11
Judicial Policy

**UNIVERSITY OF MARYLAND DENTAL SCHOOL
STUDENT JUDICIAL POLICY**

EFFECTIVE AUGUST 1, 2008

REVISED AND AMENDED SEPTEMBER 16, 2014

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APPENDIX 2. – CONDUCT DURING EXAMINATIONS

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STUDENT JUDICIAL POLICY

I. Overview

This Policy applies to students in the Dental School DDS program, Bachelor of Dental Hygiene program, and students in Advanced Dental Education certificate programs: Advanced Education in General Dentistry (AEGD), Endodontics, Orthodontics, Pediatric Dentistry, Periodontics, and Prosthodontics. Students enrolled only in M.S. or Ph.D. programs are subject to the policies of the Graduate School. Students enrolled simultaneously in a graduate program and one of the programs listed above are subject to this Policy in addition to policies of the Graduate School. Oral & Maxillofacial Surgery residents are not included but rather are subject to policies of the University of Maryland Medical System.

II. Student Violations of the Professional Code of Conduct

A. The following behaviors, while not all inclusive, are student violations of the Professional Code of Conduct. Furthermore, a student's deliberate attempt to violate the Code of Conduct, even if unsuccessful, may be deemed a violation, as may be a student's allegation of misconduct if reported in bad faith.

B. Unprofessional Conduct. Including, but not limited to, all forms of conduct that fail to meet the standards of the dental profession as found in the ADA Code of Ethics, use of abusive language or behavior, sexual harassment, disruption of class or any other school activity, violations of patient confidentiality provisions of HIPAA, unethical treatment of patients, failure to report observed violations of the Code of Conduct, and/or violation of other University or Dental School policies.

C. Academic Misconduct. All forms of student academic misconduct including, but not limited to, plagiarism, cheating on examinations, violation of examination procedures, and submitting work for evaluation that is not one's own effort.

D. Dishonesty. Including knowingly furnishing false information through forgery, alteration, or misuse of documents or records with intent to deceive; presenting written or oral statements known to be false; loaning, transferring, altering or otherwise misusing University identification materials; signing the Judicial Policy Statement when violations were either committed or observed and unreported, as specified.

E. Theft or Destruction of Property. Including unauthorized appropriation, possession or receiving of property that does not belong to the individual, such as instruments and books, or destruction of property not belonging to the individual.

F. Forcible entry into University facilities.

G. Being present in the Dental School building without permission when the building is closed.

H. Intentional infliction or threat of bodily harm.

I. Possession of illegal drugs; being under the influence of alcohol or illegal drugs.

J. Carrying of firearms or ammunition on campus.

K. Aiding or Abetting. Including conspiring with, or knowingly aiding or abetting, another person to engage in any unacceptable activity.

L. Providing patient treatment without faculty supervision

M. Violation of any codes, rules, and regulations of the University or the Dental School, including clinical policies and protocols in the Student Clinic Manual.

N. Event-related misconduct on campus or off-campus, which is misconduct related to any University sponsored event that results in harm to persons or property or otherwise poses a threat to the stability of the campus or campus community.

O. Actions taken in a deliberate attempt to engage in an unacceptable activity.

III. Serious Offenses and Infractions

A. Serious Offenses

1. Serious offenses must always proceed directly to a Pre-Hearing conference and a formal Hearing.
2. Serious offenses include: theft, destruction of property, forcible entry into University facilities, intentional infliction or threat of bodily harm, possession of illegal drugs or weapons, event-related misconduct, aiding and abetting a serious offense.

B. Infractions

1. Infractions may proceed directly to a Pre-Hearing conference and a formal Hearing. However, the Faculty Co-Chair may recommend that a student accused of an infraction be offered the option of resolution through a Conference for Resolution or through Mediation when it appears the complainant and the accused can reach a satisfactory resolution of the dispute.
2. Infractions include: unprofessional conduct, academic misconduct, dishonesty, being present in a University building off-hours, patient treatment without supervision, violation of codes, rules or regulations, aiding or abetting an infraction.

IV. Student Judicial Board

A. Function. The Judicial Board (“the Board”) is a function of the Professional Conduct Committee, a standing committee of the Faculty Council. The Board is responsible for conducting investigations and hearings to resolve allegations of violations by students of the Professional Code of Conduct. The Judicial Board shall consist of seven (7) students and six (6) faculty members. Members shall be appointed by the Dean with the approval of the Faculty Assembly but should not include the faculty advisor to the Student Dental Association nor faculty members on the Student Affairs Committee. Three faculty members should represent the clinical sciences and three faculty members should represent the basic sciences. The student members shall consist of one (1) second year Advanced Dental Education student, the four (4) Dental Class Vice Presidents, the Senior Class Dental Hygiene Secretary, and the Vice President of the Student Dental Association. The student Co-Chairs will be elected by the members of the board. The Faculty Co-Chair will be appointed by the Dean.

B. Judicial Panel. A Judicial Panel is an ad hoc Panel of the Judicial Board. The Judicial Panel is the official body to conduct a Hearing, reach findings, and make recommendations to the Dean with respect to sanctions for proven student violations of the Professional Code of Conduct. A Judicial Panel (also referred to herein as a “Full Panel”) for a Hearing shall consist of three (3) students (one of whom will be the Student Co-Chair, if feasible) and two (2) faculty members. The Faculty Co-Chair of the Judicial Board (or designee) will be an additional, non-voting member of each Panel. Members of a Panel will be appointed by the Judicial Board Co-Chairs. One faculty member should represent the clinical sciences and one faculty member should represent the basic sciences. At least one student member should represent the program of the complainant, when feasible. A Panel may have additional non-voting members for complex cases, as deemed appropriate by the Judicial Board Co-Chairs.

C. Faculty Co-Chair. The Faculty Co-Chair of the Judicial Board is responsible for maintaining the integrity of the Judicial Board process and ensuring the proper application of Judicial Board policies and procedures. The Faculty Co-Chair does not sit as a voting member on any Panel. The office of the Faculty Co-Chair maintains Judicial Board records and obtains administrative support for the Judicial Board as needed. When necessary, a Faculty Co-Chair designee can be selected to perform responsibilities of the Faculty Co-Chair. The designee will be selected by the Dean from the faculty members of the Judicial Board.

D. Quorum. A Full Panel quorum to deliberate shall consist of least two (2) voting students and one (1) voting faculty member. A Panel member may not vote in deliberations if that person was not present for the entire Hearing.

E. Conflict of Interest. A faculty or student member who is directly involved in a particular case being heard or whose relationship with a party presents a conflict of interest which is likely to interfere with fair and impartial consideration of the matter will be excused at the discretion of the Faculty Co-Chair and replaced by an alternate selected by the Co-Chair.

V. Procedures for Making a Complaint

A. These procedures are intended to give reasonable assurance of fairness and due process and keep intact the responsibilities and prerogatives of the Dean of the Dental School (hereafter known as “the Dean”) and the faculty. It is expected that Judicial Board matters will be conducted with a high degree of discretion and confidentiality and that every effort will be made to limit knowledge of pending proceedings to those who are directly involved in them.

B. Students and faculty must report a reasonable suspicion of a violation of the Code of Conduct in writing to the Judicial Board Faculty Co-Chair. Confidentiality will be observed to the extent possible, however, due process usually requires that the original complainant be identified to the accused.

C. This procedure for making a complaint does not prohibit an observer from confronting a student at the time alleged misconduct is observed and before a written complaint is prepared, to further ascertain if the complainant’s suspicion of misconduct is reasonable. In some cases, it is possible the accused student will provide a convincing reason why his or her behavior has been misconstrued by the observer, or a convincing reason why the behavior is not a violation of the Code of Conduct. In such a case, a formal complaint may not be justified. However, if the accused student’s response is not sufficient to resolve the complainant’s reasonable suspicion of misconduct, a formal written complaint should be submitted. Because of the importance of impartial review of allegations and the need for consistent application of the Code of Conduct, when in doubt, an observer should err in favor of reporting the allegation.

D. When the commission of an alleged infraction is first observed, the student's activity need not be interfered with in a manner that presumes that the student is responsible for misconduct. However, common sense action should be taken if the safety of the student or others is in jeopardy, there is risk of upset to the good order or proper operations of academic, administrative, clinical or other school activity, if there is a risk to University property, or a further or continuing violation is reasonably likely.

E. If a student or faculty member is unclear about whether or how to proceed with a complaint, he or she should contact the Judicial Board Faculty Co-Chair.

F. Complaints must be reported in written form to the Faculty Co-Chair of the Judicial Board within five (5) school days of their discovery, if feasible. However, reasonable delays in reporting complaints do not invalidate the process and should not be the sole rationale for failing to report a complaint. A written complaint should include a plain language, first-hand description of what the complainant knows, including date, time, and place and a description of any exchange with the accused student, including any confrontation with the student before the formal complaint was submitted. Persons other than the complainant who may have additional relevant information should be named and their roles in the matter explained. Any supporting evidence should be identified and explained in the complaint and copies of the evidence attached to the complaint. The complaint should be signed and dated. It may be marked “Confidential.”

G. The Faculty Co-Chair of the Judicial Board will inform the Dean in general terms, without identifying the accused, if feasible, that a case has been referred to the Board.

H. A pending action of the Board shall not prevent the student continuing in the academic program unless extraordinary circumstances exist. A student may be temporarily suspended from the School or from engaging in various school activities to protect his physical or emotional safety and well-being, or to protect the safety of

others, if there is risk of upset to the good order or proper operations of academic, administrative, clinical or other school activity, if there is a risk to University property, or a further or continuing violation is reasonably likely. The authority to enforce these provisions shall be vested in the Dean.

I. The Dean shall be advised immediately if an alleged violation could be a violation of federal, state, or local laws. The Dean shall determine if the proper authorities need to be notified of the allegation.

VI. Pre-Hearing Procedure

A. Preliminary Review

1. Upon the receipt of a written complaint, the Faculty Co-chair will conduct a preliminary review of the complaint, within five (5) school days, if feasible, of receiving the complaint.
2. The purpose of the preliminary review is to determine if the matter comes under the jurisdiction of the Judicial Board and to assess if there is sufficient evidence or need to proceed.
3. The Faculty Co-Chair shall not attempt to reach conclusions about responsibility for alleged violations, make findings of fact, encourage a confession, or negotiate early resolution of the matter.
4. Appropriate actions of the Faculty Co-Chair during the preliminary review may include a conversation with the complainant to address essential information that is missing from the complaint, identifying persons who should be called to provide testimony, identifying records that should be obtained for evidence, and identifying issues that may need to be explored to better understand the nature of the complaint.

B. Dismissal

1. The Faculty Co-Chair may recommend that the matter be dismissed only for insufficient evidence or lack of jurisdiction. Evidence is insufficient when all of the evidence considered together is clearly inadequate to support a conclusion of wrongdoing, even when interpreted in a manner most likely to support the accuser's allegation.
2. When recommending dismissal, The Faculty Co-Chair will present the matter to a Small Panel selected by the Co-Chair from the Judicial Board of 1 faculty and 2 students (one of whom will be the student Co-Chair, if feasible) who will review the complaint and the evidence, hear the Faculty Co-Chair's reasons for recommending dismissal and then the Small Panel will vote to approve or disapprove the decision to dismiss. A 2/3 vote is required to dismiss, otherwise the matter will proceed.
3. If dismissed, the Small Panel must also vote to determine if the complaint was brought in bad-faith and if so, the rationale for that conclusion.
4. If the complaint is dismissed, the Faculty Co-Chair must summarize the reasons for dismissal and provide the explanation in writing to the complainant. Because of the importance of the right to have a complaint heard, the summary should provide an appropriate level of detail to demonstrate that the matter was given due consideration.

C. Further Action

If the matter is not dismissed for lack of jurisdiction or lack of evidence in accordance with Section **V.B.** the Faculty Co-Chair will take further action.

1. Serious offenses. Serious Offenses must always proceed directly to a Pre-Hearing conference and a formal Hearing.
2. Infractions. Infractions may proceed directly to a Pre-Hearing conference and a formal Hearing. However, the Faculty Co-Chair may recommend that a student accused of an infraction be offered the option of resolution through a Conference for Resolution or Mediation when it appears the complainant and the accused can reach a resolution satisfactory to the complainant, accused and the Faculty Co-Chair.
3. Conference for Resolution or Mediation. If the Faculty Co-Chair believes that the matter should be handled through a Conference for Resolution or Mediation, the Faculty Co-Chair will present the recommendation to a Small Panel selected by the Co-Chair from the Judicial Board of 1 faculty and 2 students (one of whom will be the student Co-Chair, if feasible) who will review the complaint, hear the Faculty Co-Chair's reasons for the recommendation, and then the Small Panel will vote to approve or disapprove the recommendation. A 2/3 vote is required to approve the recommendation, otherwise matter will proceed to a Pre-Hearing conference and a formal Hearing.

D. Student Notification

Once a decision is made on the best option for proceeding, the Faculty Co-Chair will notify the accused student in writing, within five (5) school days if feasible, of the complaint. The notice will briefly summarize the allegation(s), will include a copy of the complaint, the relevant evidence submitted with the complaint, other relevant evidence obtained during the Preliminary Review, a copy of this Policy, and a list of the members of the Panel that will further consider the matter. If a Conference for Resolution or Mediation is proposed, the student shall be given three (3) school days to accept. If the student does not accept or does not respond by the deadline, the matter will proceed to a Pre-hearing Conference and a full Hearing.

VII. Conference for Resolution

A Conference for Resolution may provide a concise means of reaching consensus and resolving simple complaints in one session. A Conference for Resolution is recommended only for simple complaints such as minor discourtesies and misunderstandings. A simple complaint involves a matter where the complainant and the accused can reach a consensus that is satisfactory to the complainant, accused and the Co-Chairs, in one session. If there are matters that cannot be satisfactorily resolved in one session, the matter then proceeds to a formal Hearing.

A. The Faculty and Student co-Chairs will meet with the complainant and the accused, together or separately, at the discretion of the Co-Chairs. The Co-Chairs should not attempt to encourage an admission of wrongdoing or confession.

B. A complete review of the evidence will generally not be conducted but allusions to evidence are permitted if they are needed to facilitate discussion.

C. If the accused student accepts full responsibility for misconduct, the Faculty Co-Chair shall advise the accused student of the sanction, if any, that will be recommended to the Dean and of the fact that the Dean may choose not to accept the recommendation, which may result in a sanction when none has been recommended, or a different sanction which may be more serious. The accused student may request a full Hearing either before or after being notified of the recommended sanction and the Faculty Co-Chair shall terminate the Conference for Resolution and grant the request for a Hearing. If the accused student accepts full responsibility and the proposed sanction, the Faculty Co-Chair will prepare a summary of findings and recommendation in consultation with the student Co-Chair. If the accused student does not fully agree with the conclusions of the Co-Chairs or does not accept the recommended sanctions, the Co-Chairs should conclude the Conference for Resolution and the matter proceeds to a Hearing.

D. If the Co-Chairs, the complainant and the accused agree with the conclusions and proposed sanctions, the complainant and accused will sign the summary prepared by the Faculty Co-Chair. The summary will describe the resolution, include a recommendation for sanction, if appropriate when the student has accepted responsibility for misconduct, or include a statement that the student is not responsible for misconduct. A copy of this document will be provided to the complainant and the accused and to the Dean who will take action, if required, in accordance with Section XII. However, if the student is not responsible for misconduct, no notice will be provided to the Dean.

E. If both Co-chairs are convinced on the basis of the Conference for Resolution that the evidence is insufficient to support a conclusion of wrongdoing, even when interpreted in a manner most likely to support the accuser's allegation, the Co-Chairs may recommend dismissal of the matter following the procedures under Section V.B.

F. If, at any time during the Conference for Resolution, the Faculty Co-Chair determines that a formal Hearing will enhance fact-finding or due process or that a consensus cannot timely be reached, the Faculty Co-Chair may terminate the Conference for Resolution and the matter will proceed to a full Hearing.

VIII Mediation

The Faculty Co-Chair may recommend that a complainant and the student accused of an infraction be offered the option of resolution through Mediation. Mediation may be appropriate when it appears the complainant and the accused can reach agreement about the facts of the situation and about responsibility for the alleged violations in one session.

When Mediation is approved by all parties, the matter will be referred to The Center for Dispute Resolution at the University of Maryland's School of Law ("C-DRUM"). C-DRUM policies and procedures will govern the Mediation.

Any participant, including the mediator, may choose to end the mediation at any time.

The role of the mediator is to encourage discussion and help the parties explore possible resolutions. The mediator will not provide legal advice, take sides, or resolve the dispute. The mediator is not responsible for protecting the legal rights of the participants. Mediation does not relieve the participants of their responsibility to comply with University and School policies and codes.

In the event the Mediation does not successfully resolve the situation within a timeframe deemed appropriate by the Faculty Co-Chair of the Judicial Board, the mediation may be terminated and the matter will proceed to a Pre-Hearing conference and a formal Hearing.

IX Hearing

A. Conference. A conference will be held in advance of the Hearing to address procedural and other issues. The Pre-Hearing Conference is a brief meeting between the complainant, accused student, the Student Co-Chair and the Faculty Co-Chair of the Judicial Board. The Co-Chairs may decide to meet with the complainant and accused together or may have a separate meeting with the complainant and the accused. Discussion will generally be limited to: 1) confirmation that the accused has a full and current copy of the complaint, the attachments, all relevant evidence, and this policy, 2) review of key points about the next step in the process (e.g., timeline for accused to identify witnesses and submit evidence, conduct of the Hearing, etc.), 3) discussion to enable the Co-Chairs to identify persons who the Judicial Board may wish to call to a Hearing to provide testimony, 4) discussion to enable the Co-Chairs to identify records and other evidence that should be obtained, 5) discussion to enable the Co-Chairs to identify issues that may need to be explored by the Judicial Board to better understand the nature of the complaint, and 6) discussion to identify any questions or new issues raised by the complainant or the accused. The accused student may not be compelled to attend or participate in the Pre-Hearing Conference.

B. Schedule. Depending upon the academic calendar, as well as the particular class year in which the student is enrolled, the Judicial Panel shall meet within fifteen (15) school days following the receipt of the complaint to hold a Hearing, when feasible.

C. Notice. The accused student shall receive a minimum of four (4) school days notice of the Hearing date. The written notice will reiterate the allegations to be considered, give the time, place, and date of the Hearing and the names of the Panel members. At the same time, the student will be given a copy of all documentary evidence in the possession of the Panel that may be considered by it, if such evidence has not previously been provided to the student.

D. Objections. If the accused student objects to any member of the Panel because the member has a conflict of interest which is likely to interfere with fair and impartial consideration of the matter, the student will make such objections in writing to the Faculty Co-Chair within two (2) days of receiving the hearing notice. Objections will be considered by the Faculty Co-Chair, whose decision in the matter of the objection will be communicated in writing to the accused student. The decision of the Faculty Co-Chair in the matter of the objection will be final.

E. Written Response. The student will be advised he or she may submit a written response to the allegation in addition to, or instead of appearing at the Hearing. This written response must be received by the Faculty Co-Chair at least two (2) full school days prior to the Hearing.

F. Witnesses. Any witnesses to be called by the student must be made known to the Faculty Co-Chair no less than two (2) full school days in advance of the Hearing. Similarly, the Faculty Co-Chair will notify the student in writing

of any witnesses the Panel intends to call at the Hearing no less than three (3) full days in advance of the Hearing. The Faculty Co-Chair and the Panel Chair may limit or refuse to consider irrelevant and repetitive evidence, including irrelevant or repetitive witness testimony.

G. Right to Be Present. While the student has the right to be present at the Hearing, he or she may elect not to appear and the Hearing will be held in his/her absence. Also the student has the right to remain silent.

H. Closed to the Public. The Hearing will be closed to the public. All proceedings and decisions will be considered confidential.

I. Student Advisor. The student may be advised by a non-legal advisor of his or her choice. In instances where criminal charges may be pending or under investigation, the student may have an attorney present. The student's non-legal or attorney advisor may only act in an advisory capacity to the student and may not address the Board or examine or cross-examine witnesses. The Judicial Panel may, at its option, have University Counsel or an Assistant Attorney General present or available to provide procedural guidance.

J. Student Participation. The student shall be permitted to be present during the presentation of all testimony and evidence. The student will be permitted to speak and to question any witnesses during the Hearing.

K. Evidence. Evidence may be in any form, including oral or written, but must be limited to issues raised in the written allegation. The Faculty Co-Chair will exclude any irrelevant or unduly repetitive evidence.

L. Discrimination or Sexual Harassment. If the alleged infraction involves allegations of discrimination or sexual harassment, the panel may hear testimony or receive documents from the University of Maryland, Baltimore, Office of Human Resource Services.

M. Procedural Sequence. The Faculty Co-Chair, in consultation with the Student Co-Chair shall determine a procedural sequence appropriate to each case. The Faculty Co-Chair, in consultation with the Student Co-Chair, conducts the Hearing.

N. Summons. The Panel may summon any witnesses it deems necessary or relevant to the case but the Panel is not empowered to compel the attendance of any person who is not a current, student, faculty or staff member of the School.

O. Opening and Closing Statements. The student will be permitted to provide the Panel with supporting oral and/or written information, and to make opening and closing statements.

P. Recording. The Panel Hearing, exclusive of deliberations, shall be recorded and made available to the student upon request, within a reasonable period of time, at the student's expense. Accidental erasures or poor quality of the recording or failure of recording equipment will not invalidate Panel determinations.

X. Deliberations

A. Deliberations are confidential, attended only by the Panel, and are not recorded. Neither the complainant nor the accused student has the right to be present during deliberations of the Panel.

B. All Panel decisions will be based on the evidence presented before the Panel.

C. A 4/5 majority of the Judicial Panel present at the Hearing must find that the accused student is responsible for the alleged violation. If the deliberating Panel is less than 5 members, the finding of responsibility must be unanimous. The standard of proof is based upon a preponderance of the evidence, i.e., whether it is more probable than not that the accused student committed the alleged infraction.

D. Within one school day after the conclusion of deliberations, the Faculty Co-Chair will be advised of the outcome by the Panel and the accused student and the complainant will be informed by the Co-Chair of the Panel's general conclusion. This information may be conveyed orally but it must be followed by written notice as described below.

E. Within five (5) school days after deliberations are concluded, when feasible, the Judicial Panel, with support from the Faculty Co-Chair, shall send a detailed report to the Dean. The Dean may not substitute his or her judgment as to the findings and may not change the findings of the Panel, but the Dean is not bound by the recommendations as to sanction(s). The report will summarize the allegations, list the members of the Panel, describe the date of the Pre-Hearing Conference and the Hearing, list the witnesses, list the documentary evidence

considered, mention if the accused student spoke and if the student had an advisor, report the disputed facts, report the findings of fact including a discussion of evidence that was persuasive, report the decisions(s)

as to misconduct or absence of misconduct for each allegation, and provide an explanation of the reasoning behind the decisions. If the Panel has found that the student committed one or more acts of misconduct, the report must recommend a sanction or state why no sanction is appropriate. If there are mitigating circumstances, these should be discussed.

If no misconduct is found for one or more of the allegations, based on the standard of a preponderance of the evidence, the report will include this information.

A dissenting opinion may be submitted by any Panel member, in which case the dissent will be attached as an exhibit to the report.

F. Within five (5) school days after deliberations are concluded, when feasible, the Judicial Panel, with support from the Faculty Co-Chair, shall send notice to the accused student. The notice shall include a summary of the evidence considered (documentary and witnesses), the majority opinion as to findings of fact including a discussion of evidence that was persuasive and that was not persuasive, a decision as to misconduct or no misconduct for each allegation, and an explanation of the reasoning behind the decisions, and, if having found that the student committed one or more acts of misconduct, the sanction recommended by the Panel to the Dean if a sanction is deemed appropriate. If no misconduct is found based on the standard of a preponderance of the evidence, the notice will include this information.

G. The Judicial Panel's finding is final, subject to the student's right of appeal. However, the Judicial Panel's recommendation for sanction, if any, is subject to the Dean's Review (Section **XII.** below.)

XI. Guidelines for Sanctions

A. The Panel may choose one or more of the penalties described in this section. In exceptional cases it may elect to modify or individualize a sanction, if such modification seems clearly indicated by the particulars of a case. The Panel may formulate and propose other penalties or rehabilitative or remedial measures at its discretion.

B. Sanctions should reflect the nature of the misconduct, and may include recommendations for one or more of the following: Counseling (e.g., stress management, sensitivity training, decision-making training), repeat of examination, temporary letter of reprimand, permanent letter of reprimand, repetition of course, repetition of year, extension of year, suspension, disciplinary probation, dismissal with possibility of re-admission, final dismissal (expulsion), additional assignments or coursework (e.g., ethics training), restriction of privileges, monitoring, formal apology, financial restitution, community service.

C. A student found to have committed any second violation of this policy or to have failed to conform to sanctions imposed by prior Judicial Panel proceedings may be immediately expelled from the Dental School. Each case should be considered individually, and sanctions for specific infractions should be based upon the circumstances involved. Students dismissed for violations of the Professional Code of Conduct are ineligible for readmission unless substantial evidence of rehabilitation is provided. Substantial evidence is within the School's sole discretion.

D. A student found guilty of Event-related Misconduct shall be subject to presumptive dismissal. Presumptive dismissal may be either suspension for a fixed period of time or expulsion. A finding of "event related misconduct" shall be noted on the student's transcript. To avoid dismissal, a student must demonstrate specific mitigating or extenuating circumstances that persuade the final decision-maker that a lesser penalty is appropriate. If dismissal is not the recommended penalty, the mitigating or extenuating circumstances must be enumerated in the written recommendation to the Dean and in the Dean's sanction decision.

XII. Dean's Review and Decision

A. In the Dean's review phase, the Dean will review the Judicial Panel's report and may also review the student's complete academic and disciplinary record.

B. The Dean may not substitute his or her judgment for that of the Panel as to the findings or change the findings, but the Dean is not bound by the recommendations as to sanction(s).

C. After the time has passed for the student to provide notice of intent to submit appeal, and after any timely appeal of the Judicial Panel's report is considered, the Dean will notify the accused student, the

Judicial Board Co-Chairs and the Judicial Panel members in writing and without undue delay of the final sanction(s), if any.

D. If the Dean alters the Panel's recommended sanction(s), he/she shall include a brief explanation of the rationale for the change.

XIII. Appeals

A. Students found responsible for misconduct shall have the right to appeal to the Dean for modification of the sanction, or, for a new Hearing. An appeal for a new hearing may only be made on the basis of: (1) failure of the accused to receive due process and/or (2) newly available evidence.

B. The student must provide a brief notice of intent to submit appeal, in writing, and the notice must be received by the Dean's office no later than three (3) school days after the student has received written notification of the Judicial Panel's findings, decision and recommendations for sanctions. A full written appeal shall be submitted ten (10) calendar days after the student has received notification of the Judicial Panel's findings, decision and recommendation for sanctions. The basis for appeal should be stated and all facts, new evidence and other information to be considered should be included.

C. The Dean will not enforce a decision on final sanction while a student's appeal is pending. However, the Dean may take temporary action, such as temporary dismissal or temporary suspension from school activities pending the results of the appeal.

D. In making the determination as to whether to modify the Panel's recommendation for sanction or order a new Hearing, the Dean may seek advice from any individuals of his/her choosing and shall provide a copy of the student's appeal to the Judicial Panel whose members shall be given an opportunity to comment.

E. New Hearing Based on Failure of Due Process

1. If the Dean determines that there was, in fact, significant failure of due process, the Dean shall order a new Hearing and stipulate whether the same Panel members or a different group shall preside.

2. If a different group is stipulated, the Dean shall direct the Faculty Co-Chair of the Judicial Board to appoint an ad hoc panel which will then conduct a Hearing according to the rules set out in this Policy.

3. The Faculty Co-Chair or designee will preside.

F. New Hearing Based on New Evidence

1. If the Dean determines that newly available evidence could, in principle, lead to a different finding or different sanctions, the Dean shall order a new Hearing.

2. Unless the Dean decides otherwise, the same Panel that reached the earlier conclusion shall preside at the new Hearing. The composition of the group can be varied if unavailability of particular members would compromise an early resolution of the case.

3. The Faculty Co-Chair or designee will preside.

F. The Dean may grant reasonable extensions of the time limits specified at the Dean's discretion.

XIV. Final Action

After all appeals have been reviewed and acted upon by the Dean (or, if an Appeal is not requested, not received within the time period specified or is denied), the Dean will issue and implement the Dean's final decision as to sanction. The infraction will become a part of the student's permanent record. The student's official transcript will indicate "A judicial board decision is on record for this student". The Dean will direct the Registrar to enter appropriate notations in the student's educational record.

XV. Additional Procedure

A. The Faculty Co-Chair of the Board may grant reasonable extensions of the time limits specified for this procedure. Time limits are established in order to ensure orderly operations of the student judicial process. Good faith departures will not invalidate Judicial Board determinations.

B. The Faculty Co-Chair of the Judicial Board will make regular reports of the Judicial Panel's activities to the full Judicial Board, the Faculty Council, Faculty Assembly and the student body, but no student names or classes will be disclosed. This summary is for the sole purpose of reporting Judicial Panel activity.

XVI. Implementation of the Student Judicial Policy

A. For the purpose of implementing the Professional Code of Conduct and the Student Judicial Policy, a copy of this policy will be sent to each student along with the letter of admission to the Dental School. Students will be advised that enrollment in Dental School is contingent upon the understanding and acceptance of the tenets contained in this Student Judicial Policy and Professional Code of Conduct. All incoming dental and dental hygiene students and students in Advanced Dental Education programs included in this policy will be examined on this policy as part of their orientation activities and will sign the Judicial Policy statement (Appendix 1). It will be the responsibility of the Judicial Board Co-Chairs to design, proctor, and evaluate the results of this examination as well as to remediate any deficiencies. Until the examination is successfully completed, a student will not be allowed to attend class or clinic. At the beginning of each academic year, each dental and dental hygiene class and Advanced Dental Education students covered by this policy will be addressed by the Co-Chairs of the Judicial Board in order to reinforce adherence to the Professional Code of Conduct and Student Judicial Policy.

B. Department chairs or directors of instructional divisions will review the Judicial Policy with the members of their department at the beginning of each academic year. Upon request the Faculty Co-Chair will be available to assist in this regard.

C. All examinations should include examination instructions (Appendix 2) and the Code of Conduct Statement (Appendix 3).

Approved for further review by Dental School Faculty Assembly: March 10, 2008

Approved by University Counsel: June 27, 2008

Approved by Office of the Attorney General: June 27, 2008

Approved by Dental School Faculty Assembly: July 25, 2008

Revised and Approved by School of Dentistry Faculty Assembly: September 18, 2014

Appendix 1. Code of Conduct to be signed by all incoming students.

Professional Code of Conduct

The Dental School's Professional Code of Conduct is based on the highest standards of integrity and self-discipline, rather than on imposed regulations. I have read the code and understand it. I will not violate any policies of this Code. I accept my duty to report any violations of the Code to the Judicial Board of the Dental School.

_____ Signed Date

_____ Print Name

Appendix 2. Examination instructions that can be attached to examinations.

In keeping with the dental profession's responsibility for self-regulation and self-discipline, the following guidelines should be followed during all examinations.

Conduct During Examinations

- ☒ For all exams, students must bring their UMB One Card (student ID) and have their ID visibly displayed.
- ☒ Students will enter the examination room and be seated by filling the rows from the front of the room to the back.
- ☒ Students may not leave the examination room once it begins without permission of the course director or the proctor unless they have completed the exam.
- ☒ No food or beverages are allowed in the examination room.
- ☒ Students must refrain from talking once the examination begins.
- ☒ Activity in examination rooms will be recorded via video cameras.
- ☒ No electronic or hand-held devices are permitted. Examples include: smartphones and other mobile phones (even if they are turned off), tablets, cameras, USB devices, PDAs, CDs, personal music players, etc.
- ☒ All book bags, hats (except religious), electronic devices, books, pens, and papers should be placed in students' personal lockers prior to entering the examination room. If these personal items are brought into the examination room, they will be required to be placed in the front of the room.

Appendix 3. Code of Conduct to be put on examination forms and students will (electronically) sign after each examination.

Professional Code of Conduct

The Dental School's Professional Code of Conduct is based on the highest standards of integrity and self-discipline, rather than on imposed regulations. I have read the code and understand it. I have not violated any policies of this Code and I have not observed violations by others. I accept my duty to report any violations of the Code to the Judicial Board of the Dental School.

_____ Signed Date

_____ Print Name

Appendix 12
Grievance Policy

reviewed and revised 11/13/2015

STUDENT GRIEVANCE POLICY

A common element in any academic environment is people and their relationships to one another. This responsibility is exceedingly evident in a health professional school. Occasionally questions may arise between individuals or groups which, left unanswered, can lead to a distraction from the mission of the institution.

It is the purpose of the Student Grievance Policy to provide a fair and flexible mechanism for consideration of charges of arbitrary or capricious treatment in academic and non-academic matters (excluding disciplinary--See Student Judicial Policy -- and advancement) between student vs. student, student vs. faculty and faculty vs. student situations.

The provision of an informal phase of the Student Grievance Policy exists to identify and resolve problems, if possible, before the initiation of formal proceedings.

I. INFORMAL PROCEDURE: Pre-hearing Procedure

A. The first step consists of direct communication between the parties involved in consultation with the Assistant Dean for Student Affairs. The grievance must be in writing, and the individual against whom the grievance is being brought must be made aware of the exact nature of the grievance.

B. Failure to reach a mutually acceptable resolution will necessitate following the chain of supervision, e.g., department chair, who would be capable of resolving the concern by virtue of his or her authority to take appropriate action.

C. The individual(s) against whom the grievance is being brought must be invited to participate fully in all stages of the Informal Procedure.

D. In order to assure that this phase of the procedure is truly informal, attorneys may not be used during the Informal Procedure.

II. FORMAL PROCEDURE

A. To facilitate the management of student related grievances, the Student Affairs Committee of the Dental School shall be identified as the Grievance Panel. The Student Affairs Committee will serve as a representative (student/faculty) forum for purposes of hearing grievances. As chair of the Student Affairs Committee, the Assistant Dean for Student Affairs will appoint a faculty member of the Committee to serve as Chair of the Grievance Panel. The Assistant Dean for Student Affairs will not serve as a member of the Grievance Panel.

B. Additional criteria and guidelines for a Grievance Panel considering a grade appeal are set forth in the Policy for Grade Appeals.

C. The Grievance Panel may be modified by the Dean, upon the request of the Chairman of the Student Affairs Committee, if deemed appropriate in instances

when one or more of the members should be excused because of a conflict of interest, or when the addition of a faculty member at a higher rank is necessary to attain "peer representation" for the individual against whom the grievance is directed.

D. If the question has not been satisfactorily concluded at the level of the department chair, a written grievance may be forwarded by the grievant to the Chair of the Student Grievance Panel.

E. The written grievance must include at least the following:

a. A description of what the alleged conflict is; who and what policy or situation is involved; when and, if appropriate, where the conflict is alleged to have occurred.

b. What steps have been taken, if any, to resolve the conflict.

c. What the student feels are the serious implications of the issue to individuals and/or the School if left unresolved.

d. The signature of the grievant.

F. Upon receipt of any statement of grievance, the Chair of the Grievance Panel shall ensure that all steps of the Informal Procedure have been followed. If the Informal Procedure has not been followed, the grievant will be directed to the appropriate step in that procedure.

G. If the Informal Procedure has been appropriately followed, the Chair shall convene the Panel for a prehearing conference no later than five (5) working days after receipt of the written grievance to determine if the grievance is of such a

nature to warrant the continuation of the grievance process. For the Student Grievance Policy to be effectively implemented, it is vital that only "valid" grievances be considered. Minor complaints, unsubstantiated charges, irrational charges and student concerns that are best considered by other mechanisms should not be allowed to encumber the Grievance Process.

H. If the Panel, by means of its prehearing conference, determines that the grievance is of such a nature that it should not be considered further, the grievant shall be so notified in writing within two (2) working days. If the grievance is determined to be of such a nature to warrant the continuation of the Procedure, the grievant shall be notified, within two (2) working days, concerning the date and time of the grievance hearing which should be scheduled within ten (10) working days of the prehearing conference.

I. Hearing Procedures

a. Proceedings of the hearing are to be confidential and are not to be discussed outside the hearing. Proceedings of the hearing are to be tape recorded for use of the Student Grievance Panel only.

b. If the grievance is being brought against an individual or individuals, the individual(s) against whom the grievance is being brought must be informed in writing of the hearing date and time no less than ten (10) working days prior to the hearing. The individual will be informed of the nature of the grievance and will receive a copy of the student's written grievance request attached to the

hearing notice and a copy of the Student Grievance Policy. This individual will also be invited to be present at the hearing and/or to prepare a written response to the grievance for presentation at the hearing.

c. Representatives or counsel to either party will not be permitted to participate in the hearing procedure. Each party is responsible for the presentation of his or her own position.

d. Hearings will be held in closed session.

e. Witnesses can be called by either party or by the Panel to testify during the hearing but shall be present only while testifying. If witnesses are to be present at the hearing, their names must be presented to the Chair of the panel and the other party at least five (5) days prior to the hearing.

f. Both parties shall have the right to:

i. Be present during all testimony.

ii. Present evidence including witnesses (the grievant shall present first).

iii. Question all witnesses presented at the hearing by the other party.

J. Rules of Evidence: Evidence may be verbal or written, but must be limited to issues raised in the written complaint. Hearsay evidence is admissible only if corroborated. The chair will exclude any irrelevant or unduly repetitive evidence.

K. The decision of the Panel will be based upon a 2/3 vote of those members present. A quorum consists of 50% or more students and 50% or more faculty.

L. The Panel shall submit its decision to the Dean in writing without undue delay, along with all documents and records considered in the matter. A dissenting opinion may be submitted and filed by any Panel member(s) if desired.

M. The Chair of the Grievance Panel will meet with the grievant and defendant (separately or together) and inform them of the Panel's decision as promptly as possible. The decision of the Panel should be considered final, subject to the right of the parties to the grievance to appeal to the Dean of the Dental School.

N. Agenda for the Grievance Hearing:

- a. Review of Rules of Procedure.
- b. Student grievant will present a statement of grievance, additional remarks and desired outcome.
- c. Individual against whom the grievance was brought will present response to grievance, additional remarks and desired outcome.
- d. Presentation of witness(es) for student, and their cross-examination.
- e. Presentation of witness(es) for individual against whom the grievance was brought, and their cross-examination.
- f. Committee seeks clarification and more facts if necessary at any phase of the proceedings.
- g. Closing statements from both parties, beginning with grievant.
- h. Deliberations and vote by Committee in executive session.

O. Extension of time: Upon establishment of cause by either party to the grievance, the Chair of the Panel may grant reasonable extensions of times limits specified in this procedure.

III. APPEALS

- A. The Grievant or Defendant shall have the right to appeal the Grievance Panel's decision to the Dean. This appeal must be in written form and filed within three (3) days.
- B. The decision of the Grievance Panel will not become final while an appeal is pending.
- C. In an appeal, the Dean will review the Grievance Panel's decision to determine whether the evidence supports the decision. The Dean shall have the discretion to:
 - a. uphold the Grievance Panel's decision;
 - b. reverse the decision;
 - c. refer the case back to the Panel for reconsideration; or
 - d. uphold the decision of the Panel with whatever modification he or she may deem fair.
- D. The Dean will notify the parties to the grievance and the Panel, in writing and without undue delay, of the findings of fact and decision of all appeals.

Appendix 13
CODA Complaint Policy

V. COMPLAINTS

A. DEFINITION

A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-accredited educational program, a program which has an application for initial accreditation pending, or the Commission may not be in substantial compliance with Commission standards or required accreditation procedures.

B. PROGRAM REQUIREMENTS AND PROCEDURES

NOTICE OF OPPORTUNITY TO FILE COMPLAINTS: In accord with the U.S. Department of Education's Criteria and Procedures for Recognition of Accrediting Agencies, the Commission requires accredited programs to notify students of an opportunity to file complaints with the Commission.

Each program accredited by the Commission on Dental Accreditation must develop and implement a procedure to inform students of the mailing address and telephone number of the Commission on Dental Accreditation. The notice, to be distributed at regular intervals, but at least annually, must include but is not necessarily limited to the following language:

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the 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 appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program.

REQUIRED RECORD OF COMPLAINTS: The program must maintain a record of student complaints received since the Commission's last comprehensive review of the program.

At the time of a program's regularly scheduled on-site evaluation, visiting committees evaluate the program's compliance with the Commission's policy on the Required Record of Complaints. The team reviews the areas identified in the program's record of complaints during the site visit and includes findings in the draft site visit report and note at the final conference.

Reaffirmed: 8/10, 7/09, 7/08, 7/07, 7/04, 7/01, 7/96; Revised: 2/13, 8/02, 1/9; CODA: 01/94:6 4

C. COMMISSION LOG OF COMPLAINTS

A log is maintained of all complaints received by the Commission. A central log related to each complaint is maintained in an electronic data base. Detailed notes of each complaint and its disposition are also maintained in individual program files.

Revised: 8/10, 7/06, 7/02, 7/00, 7/96; CODA: 01/95:5

D. POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS AGAINST EDUCATIONAL PROGRAMS

The following policy and procedures have been developed to handle the investigation of complaints about an accredited program, or a program which has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies.

A “formal” complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint including specific documentation or examples. Complainants who submit complaints verbally will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the EOPP manual guidelines.

An “anonymous comment/complaint” is defined as an unsigned comment/complaint submitted to the Commission. Anonymous comments/complaints may be received at any time and will be added to the respective program’s file for evaluation during the program’s next scheduled accreditation site visit. At the time of the site visit, the program and site visit team will be informed of the anonymous comment/complaint. The program will have an opportunity to respond to the anonymous comment/complaint; the response will be considered during the site visit evaluation. Anonymous comments/complaints will be assessed to determine trends in compliance with Commission standards, policies, and procedures. The assessment of findings related to the anonymous comments/complaint will be documented in the site visit report.

1. Investigative Procedures for Formal Complaints: The Commission will consider only formal, written, signed complaints; unsigned complaints will be considered “anonymous complaints” and addressed as set forth above; oral complaints will not be considered. Students, faculty, constituent dental societies, state boards of dentistry, patients, and other interested parties may submit an appropriate, signed, formal complaint to the Commission on Dental Accreditation regarding any Commission accredited dental, allied dental or advanced dental education program, or a program that has an application for initial accreditation pending. An appropriate complaint is one that directly addresses a program’s compliance with the Commission’s standards, policies and procedures. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. In accord with its responsibilities to determine compliance with accreditation standards, policies, and procedures, the Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This investigative approach to complaints does not require that the complainant be identified to the program.

The Commission, upon request, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant.

Only written, signed complaints will be considered by the Commission; unsigned complaints will be considered “anonymous complaints” and addressed as set forth above; oral complaints will not be considered. The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints:

When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a copy of the Commission's Evaluation and Operational Policies and Procedures Manual which includes the policies and procedures for filing a complaint and the appropriate accreditation standards document.

The initial screening is usually completed within thirty (30) days and is intended to ascertain that the potential complaint relates to a required accreditation policy or procedure (i.e. one contained in the Commission's Evaluation and Operational Policies and Procedure Manual) or to one or more accreditation standard(s) or portion of a standard which have been or can be specifically identified by the complainant.

Written correspondence clearly outlines the options available to the individual. It is noted that the burden rests on the complainant to keep his/her identity confidential. If the complainant does not wish to reveal his/her identity to the accredited program, he/she must develop the complaint in such a manner as to prevent the identity from being evident. The complaint must be based on the accreditation standards or required accreditation procedures. Submission of documentation which supports the noncompliance is strongly encouraged.

When a complainant submits a written, signed statement describing the program's noncompliance with specifically identified policy(ies), procedure(s) or standard(s), along with the appropriate documentation, the following procedure is followed:

1. The materials submitted are entered in the Commission's database and the program's file and reviewed by Commission staff.
2. Legal counsel, the Chairperson of the appropriate Review Committee, and the applicable Review Committee members may be consulted to assist in determining whether there is sufficient information to proceed.
3. If the complaint provides sufficient evidence of probable cause of noncompliance with the standards or required accreditation procedures, the complainant is so advised and the complaint is investigated using the procedures in the following section, formal complaints.
4. If the complaint does not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s), the complainant is so advised. The complainant may elect:
 - a. to revise and submit sufficient information to pursue a formal complaint; or
 - b. not to pursue the complaint. In that event, the decision will be so noted and no further action will be taken.

Initial investigation of a complaint may reveal that the Commission is already aware of the program's noncompliance and is monitoring the program's progress to demonstrate compliance. In this case, the complainant is notified that the Commission is currently addressing the noncompliance issues noted in the complaint. The complainant is informed of the program's accreditation status and how long the program has been given to demonstrate compliance with the accreditation standards.

Revised: 1/14, 11/11; Reaffirmed: 8/10

2. Formal Complaints: Formal complaints (as defined above) are investigated as follows:

1. The complainant is informed in writing of the anticipated review schedule.
2. The Commission informs the chief administrative officer (CAO) of the institution sponsoring the accredited program that the Commission has received information indicating that the program's compliance with specific required accreditation policy(ies), procedure(s) or designated standard(s) has been questioned.
3. Program officials are asked to report on the program's compliance with the required policy(ies), procedure(s) or standard(s) in question by a specific date, usually within thirty (30) days.

- a. For standard(s)-related complaints, the Commission uses the questions contained in the appropriate sections of the self-study to provide guidance on the compliance issues to be addressed in the report and on any documentation required to demonstrate compliance.
 - b. For policy(ies) or procedure(s)-related complaints, the Commission provides the program with the appropriate policy or procedural statement from the Commission’s Evaluation and Operational Policies and Procedures Manual. Additional guidance on how to best demonstrate compliance will be provided to the program. The Chairperson of the appropriate Review Committee and/or legal counsel may assist in developing this guidance.
4. Receipt of the program’s written compliance report, including documentation, is acknowledged.
5. The appropriate Review Committee and the Commission will investigate the issue(s) raised in the complaint and review the program’s written compliance report at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate Review Committee(s) will review the compliance report in a telephone conference call(s). The action recommended by the Review Committee(s) will be forwarded to the Commission for mail ballot approval in this later case.
6. The Commission may act on the compliance question(s) raised by the complaint by:
- a. determining that the program continues to comply with the policy(ies), procedure(s) or standard(s) in question and that no further action is required.
 - b. determining that the program may not continue to comply with the policy(ies), procedure(s) or standard(s) in question and going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
 - i. If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
 - ii. If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission’s usual procedures for such site visits.
 - c. determining that a program does not comply with the policy(ies), procedure(s) or standards(s) in question and:
 - i. changing a fully-operational program’s accreditation status to “approval with reporting requirements”
 - ii. going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
- ☐ If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
 - ☐ If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission’s usual procedures for such site visits.
7. Within two weeks of its action on the results of its investigation, the Commission will also:
- a. notify the program of the results of the investigation.

- b. notify the complainant of the results of the investigation.
- c. record the action.

8. The compliance of programs applying for initial accreditation is assessed through a combination of written reports and on-site reviews.

- a. When the Commission receives a complaint regarding a program which has an application for initial accreditation pending, the Commission will satisfy itself about all issues of compliance addressed in the complaint as part of its process of reviewing the applicant program for initial accreditation.
- b. Complainants will be informed that the Commission does provide developing programs with a reasonable amount of time to come into full compliance with standards that are based on a certain amount of operational experience.

Reaffirmed: 8/10; Revised: 7/07, 7/06, 8/02, 7/00, 7/96; Adopted: 1/95

E. POLICY AND PROCEDURES ON COMPLAINTS DIRECTED AT THE COMMISSION ON DENTAL ACCREDITATION

Interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation regarding Commission policy(ies), procedure(s) or the implementation thereof. The Commission will determine whether the information submitted constitutes an appropriate complaint and will follow up according to the established procedures.

Procedures:

1. Within two (2) weeks of receipt, the Commission will acknowledge the received information and provide the complainant with the policy(ies) and procedure(s).
2. The Commission will collect additional information internally, if necessary, and then conduct an initial screening to determine whether the complaint is appropriate. The initial screening is completed within thirty (30) days.
3. The Commission will inform the complainant of the results of the initial screening.
4. If the complaint is determined to be appropriate, the Commission and appropriate committees) will consider the complaint at its next regularly scheduled meeting. The complaint will be considered in closed session if the discussion will involve specific programs or institutions; otherwise, consideration of the complaint will occur in open session. In the event that waiting until the next meeting would preclude a timely review, the appropriate committee(s) will review the complaint in a telephone conference call(s). The action recommended by the committees will be forwarded to the Commission for mail ballot approval in this later case.
5. The Commission will consider changes in its policies and procedures, if indicated.
6. The Commission will inform the complainant of the results of consideration of the complaint within two (2) weeks following the meeting or mail balloting of the Commission.

Reaffirmed: 8/10, 7/09, 7/04; Revised: 1/98; Adopted: 7/96

Appendix 14
CODA Complaint Guidelines

Commission on Dental Accreditation

Guidelines for Filing a Formal Complaint Against an Educational Program

The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. The Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role.

Once you have carefully read the attached policies, please fully complete this form.

In your responses to the items below, do not disclose any sensitive personally identifiable information ("PII") or identifiable patient information ("PHI"). See below for more information about PII and PHI.*

Dental Discipline of the Program:

Name of School/Institution and Address of Program:

Please list the Accreditation Standards with which you believe the program is non-compliant.

1. Provide specific references to the standards and include sub-sections if applicable. You can find the Standards on the CODA website. If you do not have access to the internet to view the relevant standards, please call 312-440-4653 and the Commission will mail a copy.

2. Following each standard listed, describe how/why the program is not in compliance.

3. Attach documentation which reflects the alleged noncompliance (The complaint must provide sufficient evidence of probable cause of noncompliance with the standards).

Please list any Commission on Dental Accreditation policies and/or procedures with which you believe the program is non-compliant.

1. Provide specific references to policies and/or procedures and include sub-sections if applicable. You can find the Evaluation and Operational Policies and Procedures (EOPP) on CODA's website. If you do not have access to the internet to view the relevant standards or EOPP, please call 312-440-4653 and the Commission will mail you a copy.

2. Following each policy/procedure listed, describe how/why the program is not in compliance.

3. Attach documentation which reflects the alleged noncompliance of the program. (The complaint must provide sufficient evidence of probable cause of noncompliance with required accreditation policies and procedures).

It is noted that the burden rests on the complainants to keep their identities confidential.

Complainants who do not wish to reveal their identities to the accredited program must develop their complaints in such a manner as to prevent the identity from being evident. The Commission, upon request, will take reasonable precautions to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant. Please check here if applicable:

I would like the Commission to take reasonable precautions to prevent my identity from being revealed to the program. I understand that the Commission cannot guarantee the confidentiality of the complainant.

Signed (your name):

Date:

Your Name (printed):

Address:

City, State, Zip:

Email:

Phone Number:

Please note, only written, signed complaints will be considered by the Commission. The Commission cannot act upon or acknowledge complaints which are unsigned. E-signatures are acceptable.

****About PII and PHI:***

The complaint must NOT contain any sensitive personally identifiable information ("Sensitive Information" or "PII") as outlined in "Privacy and Data Security Requirements" (see below). Similarly, such documentation must not contain any identifiable patient information ("PHI"); therefore, no "patient identifiers" may be included (see below).

Before sending documents, the complainant must fully and appropriately redact all PII and all patient identifiers such that the PII and patient identifiers cannot be read or otherwise reconstructed.

Covering information with ink is not an appropriate means of redaction.

PII: What is sensitive personal information?

In general, sensitive personal information is information about an individual that can be used to commit identity theft and other kinds of harm. CODA prohibits all programs/institutions and complainants from disclosing PII in electronic or hard copy documents. Some examples of categories of sensitive personal information are:

- Social security numbers
- Credit or debit card number or other information (e.g., expiration date, security code)
- Drivers' license number
- Account number with a pin or security code that permits access
- Health insurance information
- Mother's maiden name
- Tax ID number
- Date of birth (If a program or complainant has sent information that only includes birthdate, redact the information and save the copy in File Web. No further action required.)
- Any data protected by applicable law (e.g. HIPAA, state data security law)

HIPAA: De-identifying PHI

a. Do not include any patient information (even de-identified PHI) in a site visit report or any other CODA document.

b. Do not use redaction (e.g., black marker) to de-identify PHI without the prior approval of the Security Official.

c. How to de-identify PHI:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/combined/hipaa-simplification-201303.pdf>. The HIPAA Privacy Rule provisions on de-identification, including the 18 identifiers, can be found on pages 96-97. To de-identify protected health information, the following identifiers of the individual or of relatives, household members, and employers must be removed:

1. Names, including initials
2. Address (including city, zip code, county, precinct)
3. Dates, including treatment date, admission date, age, date of birth, or date of death [a range of dates (e.g., May 1-31, 2015) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
4. Telephone numbers
5. Fax numbers
6. E-mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:

- that is derived from information about the individual
- that is capable of being translated so as to identify the individual, or
- if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, if the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

Appendix 16

Emergency Response Protocol/Review

Medical Emergency Management Protocol

Adverse event classification and management

Infection control standards

Injury reporting and management

Ingestion protocol



Medical Emergency Response Protocol

For Immediate Life-threatening Emergencies or Behavioral Incidents:

1. *During Normal Business Hours* (Mon-Fri 8:00AM – 5:00 PM; Tue, Wed and Thurs (C-3 Clinic) 5:00PM – 7:00 PM):
 - (1) Use a clinic phone to call Campus Police by dialing 711 (DO NOT dial 9 first). Campus Police will call for an ambulance if needed, and/or send officers to assist.
 - (2) Always follow a call to campus police with a page of the School of Dentistry Emergency response page (see Protocol for Dental School Emergency Response Team Paging / Response described below)
2. *When there is no nurse coverage in the evening or no nurse available during the daytime, attending faculty will manage the incident:*
 - A. Use clinic phones to call 711 (campus police will call for an ambulance or come to assist as needed).
 - B. Report the incident to a Dental School nurse verbally or by email at the earliest opportunity.

Protocol for Dental School Emergency Response Team (ERT) Paging / Response:

1. Press the button labeled “Emergency” on a clinic wall phone pre-programmed to page the ERT
 - A. From a non-clinic phone within the building, page using the number 9-410-389-1324
2. After triple beep tone, enter the nearest room/quad # where the emergency is occurring (ground or lower level, and large areas without a clear room number like reception rooms, follow pink emergency response signs near area phones).
3. Emergency responders will report to the area received on the pager and provide treatment if available. If no response within 5 minutes page again to rule out pager malfunction, and always refer to attending faculty for guidance. It may be that all emergency responders are otherwise engaged.

Before Responders Arrive:

1. If bodily fluids present and/or victim is coughing, don the appropriate PPE where available
2. The first responder will act as “captain” and direct interventions until a more qualified or experienced individual arrives to take over that role.
 - A. Position victim so as to protect from further injury on the floor or in a dental chair.
 - B. If campus police have been called to send an ambulance, designate a person to alert the guard in the atrium lobby, and to assist the EMTs to the location of the emergency.
 - C. Bring, or have someone bring the Emergency Cart/Oxygen tank into the room/quad (located outside clinic prep area or in some side hallways off main corridors).
 - (1) Start oxygen with a nasal cannula for oxygen support at 2-4 L/min, or with a non-rebreather mask, or if the patient is distressed due to shortness of breath, at 10-15L/min (make sure bag attached to the non-rebreather mask inflates).
 - (2) Provide treatment if trained; Do not wait for emergency responders, if basic life support is needed (See basic CPR instructions from the AHA in the front of white emergency binders on top of red Emergency Cart if necessary).

Using the Emergency Response Team for Non-Life-Threatening Emergencies:

- Page the Dental School Emergency Response Team only, not campus police

For A Glucometer Test or Blood Pressure Verification on an Asymptomatic Patient:

- Members of the Emergency response team can be paged *individually* at pager numbers listed below. Nurses are to be paged *before* the Doctor.

Members of the Emergency Response Team include, but are not limited to the following individuals who will be alerted when the emergency pager number 9-410-389-1324 is activated:

	<i>Personal Pager #</i>	<i>Phone #</i>	<i>Room</i>
1. RN II (Oral Surgery Nurse)	(9-410-389-1334)	6-4026	1326
2. RN II (Infection Control Nurse)	(9-410-389-1298)	6-6344	4317
3. LPN (Dental School Nurse)	(9-410-389-1331)	6-7496	2318
4. Dr. Idzik-Starr	(9-410-389-1332)	6-4010	OMS
5. Dr. Leventer	(9-410-389-0729)	6-2470	3217

Revised 3/10/2017



UMB School of Dentistry, Emergency Response Review

Do You Know How To...?

- Contact the Dental School Emergency Response Team for Emergency Support
- Call for an ambulance and/or contact the Campus Police

Do You Know Where To Find...?

- An AED
- An Emergency Cart
- A Wheelchair



Now is an excellent time to review SOD emergency procedures!

Contacting the School of Dentistry, Emergency Response Team (SOD, ER Team)



When a patient, visitor, or staff member is in physical distress:
Getting help is the #1 priority! Page the SOD, ER Team



- 1) Locate and **press** the button marked 'Emergency' on a clinic wall phone and emergency pager number will be auto dialed
 - or dial 410-389-1324 (dial 9 first if using SOD phone)
- 2) After 3 beeping tones are heard; **enter your room or quad number, or area code followed by the # sign** (*front desks, ground and lower level, atrium area/guards desk--the code for your area is located on your pink emergency information sign near your phone*), if you don't have a pink sign, notify a dental school nurse
 - ⚠ *Enter room location carefully! If the SOD, ER Team can't find you, they can't help.*



- 3) **Hang up, and return to assist with the emergency:**
 - make sure ill or injured person is positioned to prevent further injury; lower head/raise feet if person is feeling faint or has fainted, unless doing so will cause further injury
 - be on the lookout for the ER Team, to assist in guiding them to the emergency situation
 - send someone to get the nearest Emergency Cart/Oxygen tank for oxygen support, and/or be prepared to get the AED and begin basic CPR as needed; remember C-A-B
- 4) **Repeat the page if no one arrives, and defer to attending faculty for guidance:**
 - If no response after second page, an SOD nurse is most likely unavailable
 - Report details to an SOD nurse as soon as possible



When a patient, visitor, or staff member is unconscious:

- 1st, **Call 911 from an SOD phone** **NEW**
 - Send someone to the 1st floor lobby to alert the officer, and escort emergency personnel (EMS) when they arrive
- 2nd, Page the School of Dentistry, ER Team

We no longer dial 711
➤ Calls to 911 from an SOD phone are routed through Campus Police **NEW**



When a patient or visitor is behaving aggressively:

- **Call 911 from an SOD phone, then page the SOD, ER team**
- ⚠ **Do not try to intervene on your own!**



Where is the AED?

AED's are located on the:

- Lower Level
 - There are no AED's on the Lower Level/CMS; if needed, retrieve the AED from the 1st floor Oral Surgery Department hallway, marked location
- Ground floor
 - Next to the School Store
- 1st floor
 - On a post inside the atrium across from the Guard's desk and entrance to the Café area
 - Urgent Care Patient Clinic
- 2nd, 3rd, and 4th floor:
 - In the hallway off main corridors near prep dispense
- 5th floor and above:
 - There are no AED's above the 4th floor, if needed, retrieve the AED from the 4th floor marked location in the hallway near the SC&G clinic (Baltimore St. side of the building)



Look for, and follow wall mounted AED signs



Where are the Emergency Carts?

Dispersed throughout every clinical and non-clinical area located:

- Adjacent to the AEDs on the lower level, through 4th floor (exception (AED in 1st floor lobby)
- Also, in various hallways off the main corridor on:
 - 1st thru 4th floors

Where can I find a Wheelchair?

- 1st floor in:
 - Special Patient Clinic front desk
 - Oral Surgery front desk
- 2nd floor:
 - In the GP waiting area behind the reception desk
 - In GP nurse's office adjacent to the GP waiting area, room 2318
- 3rd floor:
 - In the GP waiting area behind the reception desk
- 4th floor:
 - In the nurse's office, room 4317



Don't take a wheelchair without letting someone know, and then be sure to return it to where it came from!



Fire Alarms:

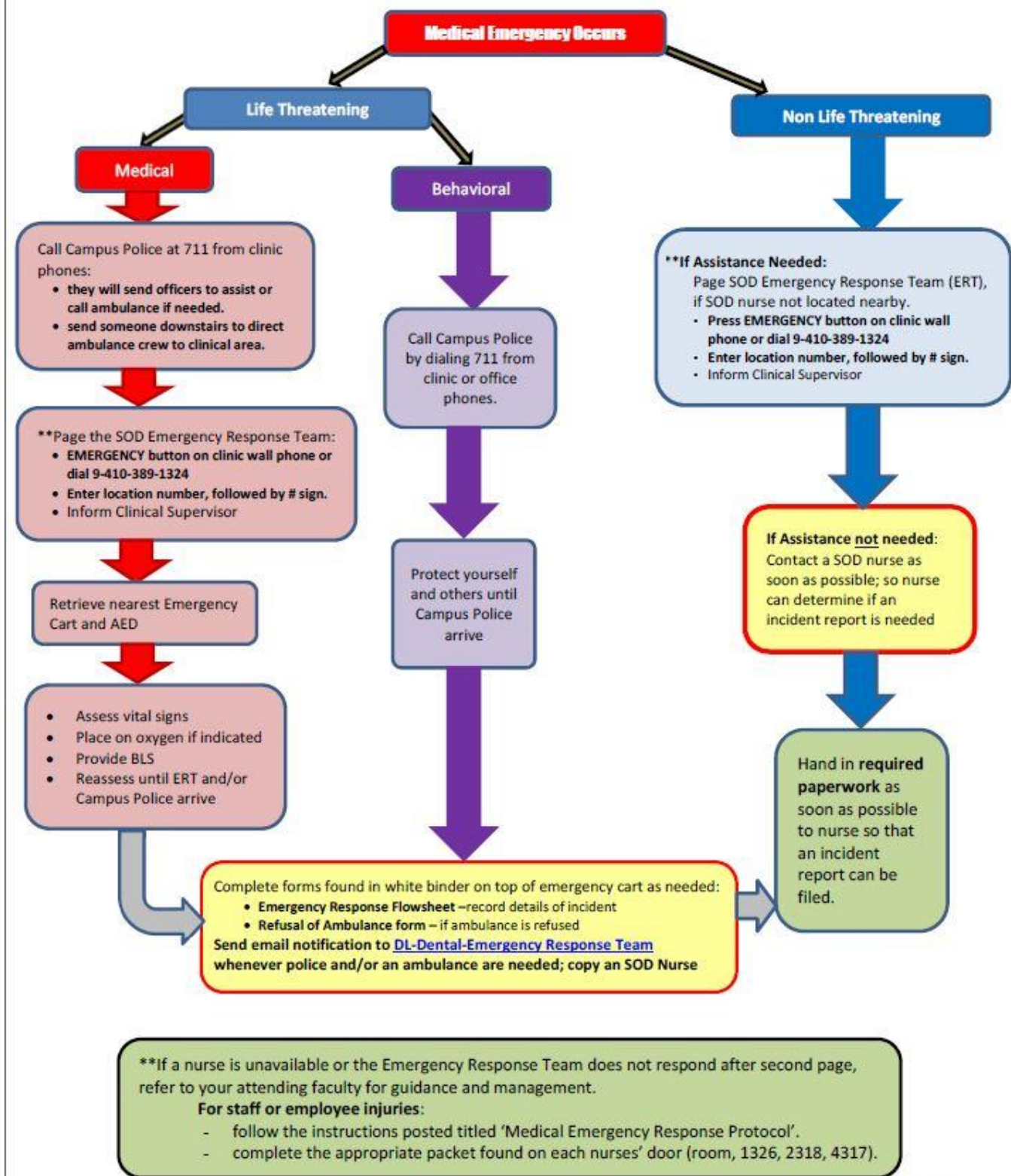
It is difficult for me, or my patient to exit the building? What do I do?

- Have your patient remain in the treatment chair/area, and alert the Fire Warden regarding the situation, **or**
- Proceed inside the glass enclosed area by the staff elevators (Area of Rescue Assistance)



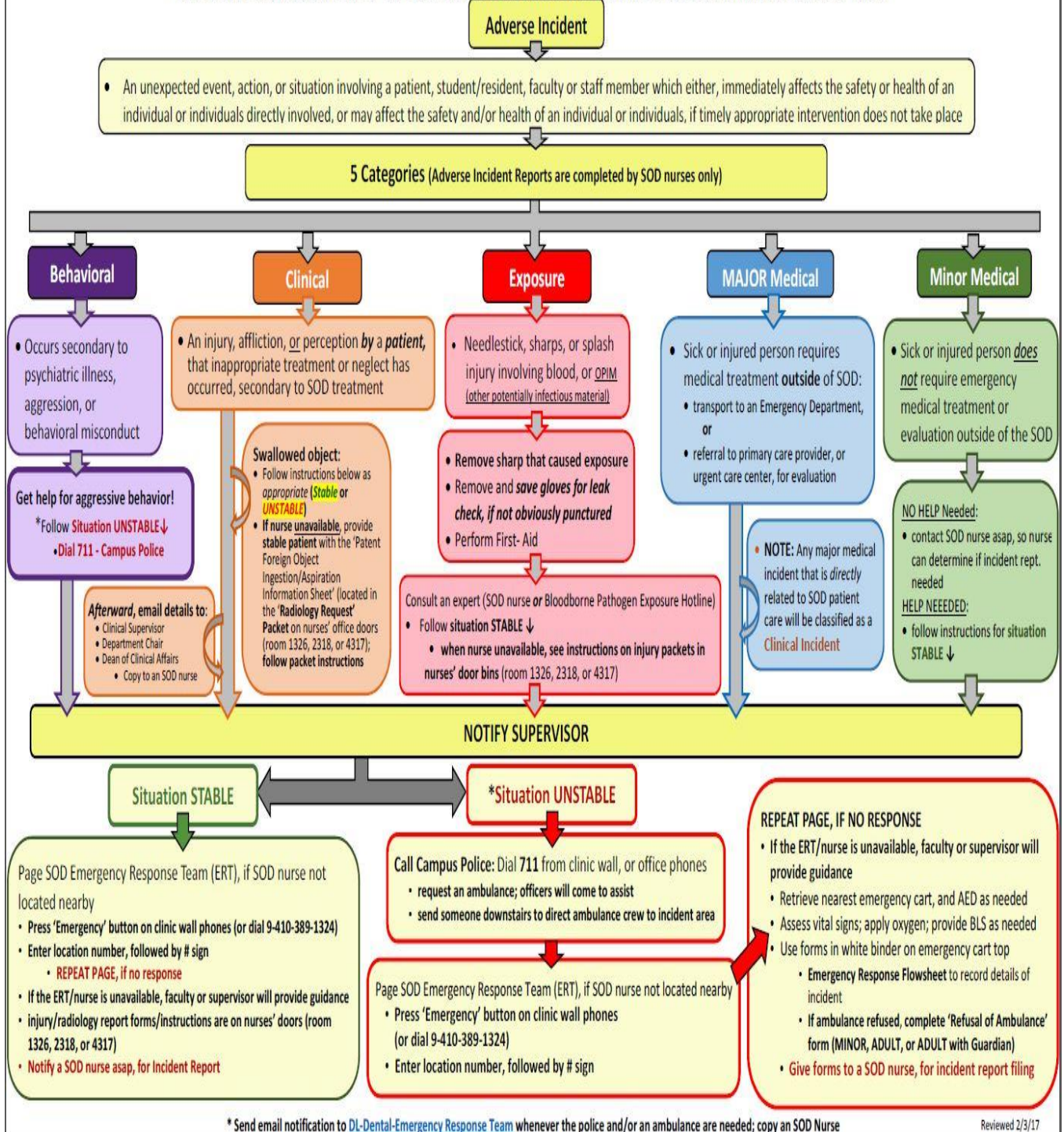
Do not put yourself, your patient, or others at risk by trying to exit via a stairway.

University of Maryland School of Dentistry
Medical Emergency Management Protocol Flow Chart



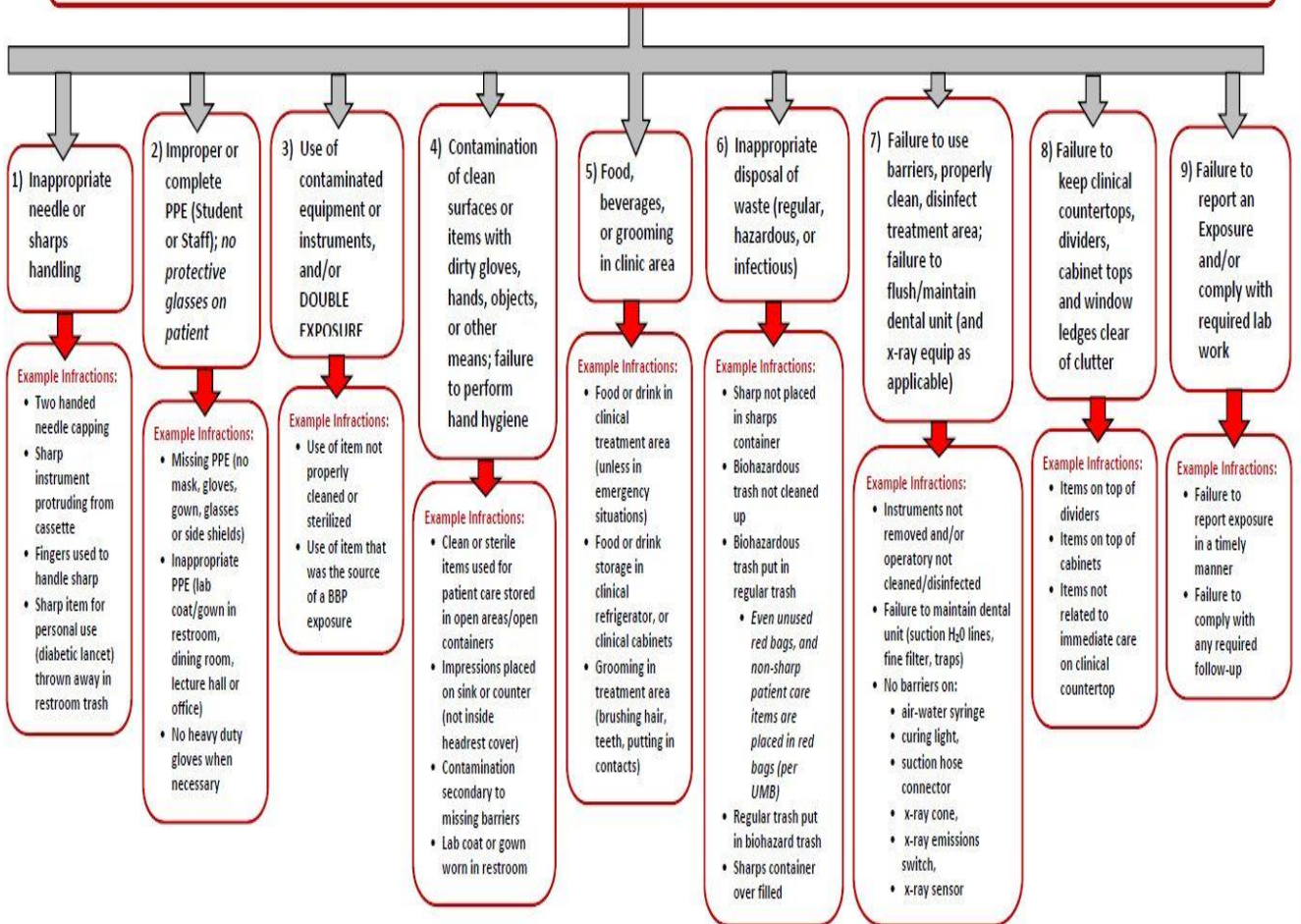
Reviewed 2/3/17

University of Maryland School of Dentistry Adverse Incident, Classification and Management, Flow Chart



University of Maryland School of Dentistry, **Infection Control Standards** (Areas of Non-Compliance and Consequences of Non-Compliance)

All SOD infection control regulations/standards of care, in concordance with State (MOSH, and Federal (OSHA/CDC), and University (UMB) Regulations are...
 • **THE RESPONSIBILITY OF ALL STAFF, STUDENTS AND FACULTY TO KNOW, AND TO FOLLOW**

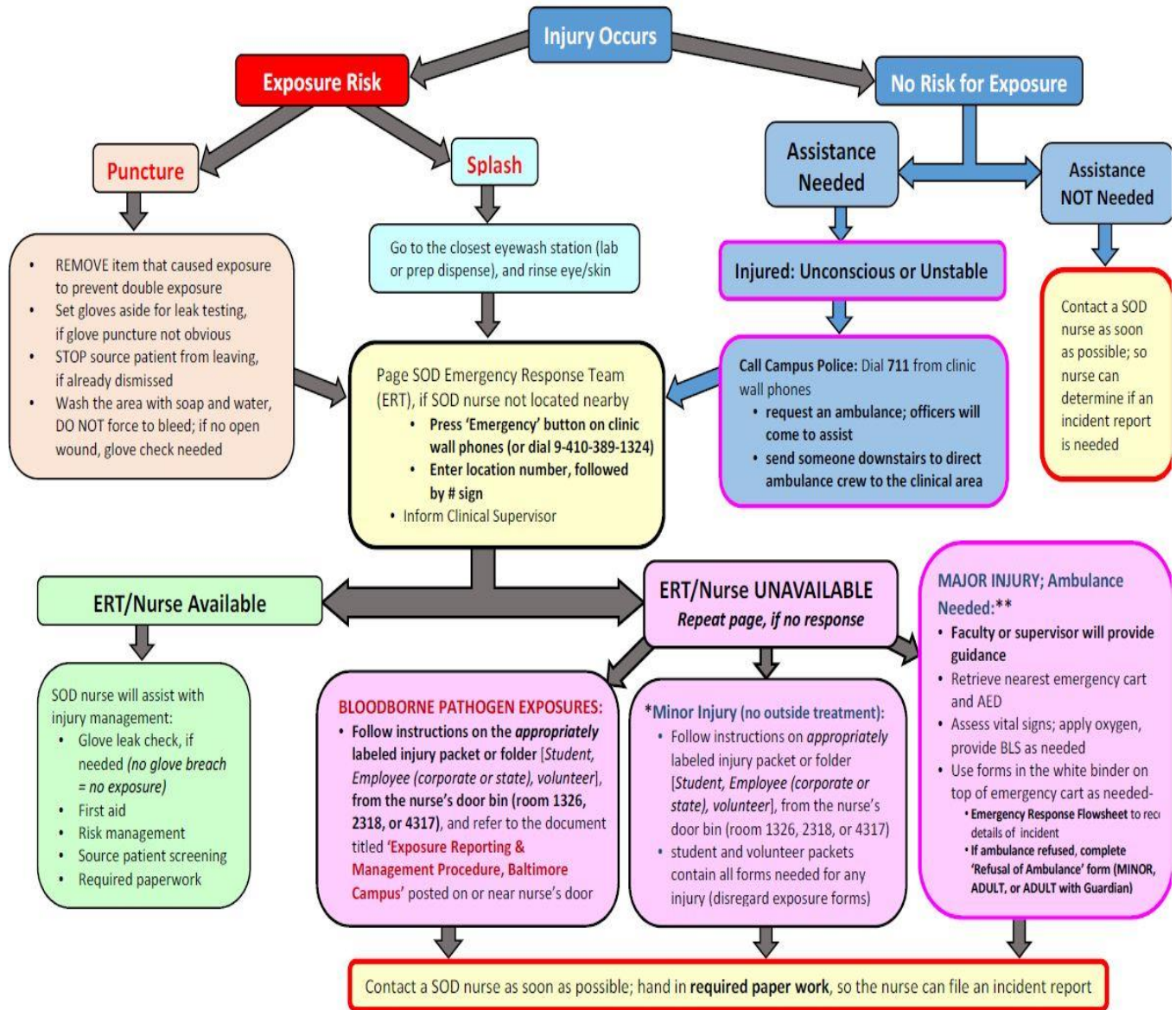


❖ **Consequences of Non-Compliance with the SOD clinical Standards above**

- **1st infraction:** review of procedures by staff noting the infraction, potential for reduction on student evaluation/grade for professionalism
- **2nd infraction:** notification of clinical supervisor, if not already aware; remedial training and meeting with Dr. DePaola, if severity of the infraction warrants
- **3 or more infractions:** *May result in loss of clinic privileges*

Reviewed 3/10/17

University of Maryland School of Dentistry
Injury/Exposure Reporting and Management Procedure, Flow Chart

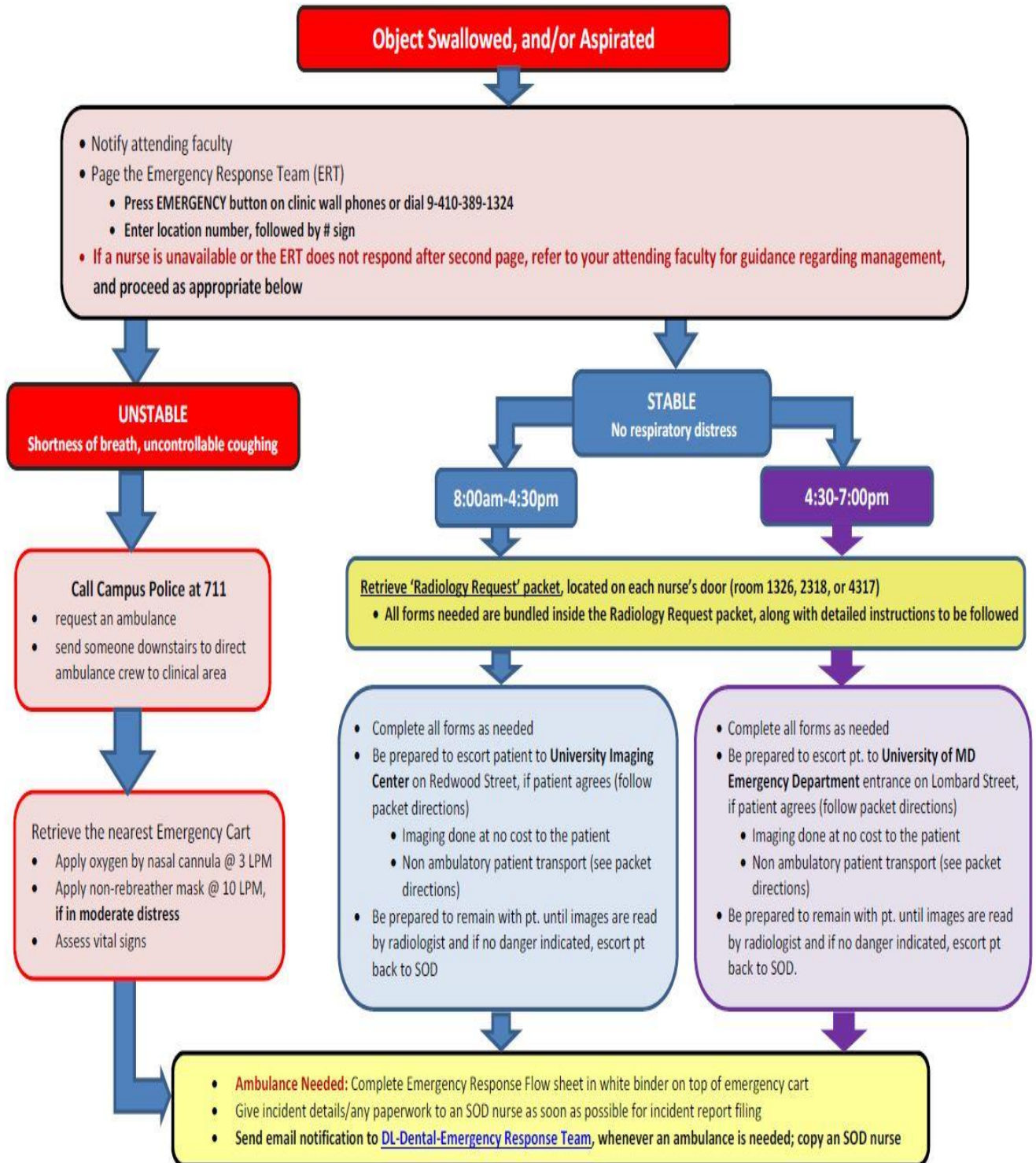


*Any non-exposure injury that requires evaluation outside the SOD, is classified as a Major Medical Emergency, even if an ambulance is not needed

** Send email notification to [DL-Dental-Emergency Response Team](#) whenever police and/or an ambulance are needed; copy an SOD nurse

Reviewed 2/3/17

University of Maryland School of Dentistry
Ingestion Protocol Flowsheet



reviewed 2/3/17

Appendix 16

Email-Etiquette

Email Etiquette

By Laurelyn Irving

Many conflicts arise out of the use of email. There are a number of reasons why this happens. Without the clues one gains from seeing facial expressions, body language or hearing voice inflection, it can be very easy to misinterpret the sender's intent.

As a result, the following list was compiled from various sources on the internet addressing the proper use of email. There are exceptions to these recommendations, but in general, they are good guidelines for avoiding misunderstandings or inappropriate use of email.

Should a misunderstanding occur, pick up the telephone and call the person or visit them in their office. Continuing the discussion in email is likely to continue the miscommunication.

1. Keep emails brief
2. Avoid emotional topics in email
3. Write accurate subject lines
4. Check email threads thoroughly before forwarding them to someone. There may be something in a previous message you or the other person may not want shared.
5. Ask permission before forwarding someone else's email unless it is a mass forward.
6. When in doubt, send plain text email, not rich HTML
7. Be judicious about using "Reply to All". It annoys those who do not need to know.
8. Do not use email for time sensitive notifications. The person may not check their email in time.
9. If you do not want answers like thanks, OK, etc., put No Reply Necessary at the top of your message.
10. All caps means you are shouting
11. Do not put confidential information in email. You lose control of it once it is on the internet.
12. Respond to professional emails within 24 hours if possible.
13. Do not unsubscribe spam. It will only generate more spam.
14. Do not say anything in email you might regret. Think before you hit send.
15. Do not send jokes, especially off color, racist, sexist, etc., ones to professional colleagues. People may be offended or may forward them to someone who may be offended.
16. Work computers are to be used for work emails, not personal ones.
17. Email can provide a 'paper trail' if you need to document discussions. Be aware that others may be using email to document your discussions as well.