



*Faculty and residents manual*

**CASE WESTERN RESERVE UNIVERSITY  
ADVANCE EDUCATION IN GENERAL DENTISTRY RESIDENCY  
PROGRAM  
FACULTY AND RESIDENTS MANUAL**

On behalf of the faculty and staff, I welcome you to the AEGD program at Case Western Reserve University, School of Dental Medicine.

This manual outlines most of the policies, procedures, and educational goals for the program, and should serve you as a guide for the next twelve months. Any changes, or additions will be promptly communicated to you.

My office is always open, and I encourage open communication with all faculty and residents.

I am looking forward to a productive year and wish you all the success during your residency and for the rest of your career.

Best Wishes,

Fady F. Faddoul, DDS, MSD  
Director AEGD Program

## TABLE OF CONTENTS

1.	Faculty and Staff.....	3
2.	Programs' Goals and Objectives .....	5
3.	Educational Objectives.....	6
4.	Goals and Objectives for Assignments to Other Services/Rotations.....	10
5.	Standards of Care.....	11
6.	Resident Schedule and Rotations.....	19
7.	Expectations and Call Schedule.....	20
8.	Record Keeping.....	21
9.	Resident Evaluation.....	23
10.	Faculty Evaluation.....	24
11.	Emergency Policy.....	28
12.	Infection Control Policy.....	29
13.	Vacation Policy.....	30

## I. FACULTY AND STAFF

**Fady F. Faddoul, DDS, MSD,  
Assistant Professor, Department of Comprehensive Care,  
Director, AEGD Program**

Dr. Faddoul graduated from CWRU School of Dental Medicine in 1988, holds a Master's degree in Oral Medicine and a Certificate of AEGD both from CWRU. He also serves as the infection control officer for the School. In addition, he directs, co-directs, and lectures in several pre and post doctoral courses.

**Hussein M. Assaf, DDS, MS,  
Assistant Professor, Department of Comprehensive Care**

Dr. Assaf earned his bachelor of science degree while attending The University of Bordeaux I, France, in 1981, and his Maitrise from the University of Bordeaux II, in 1982. He received his Doctor of Dental Surgery from The Ohio State University, College of Dentistry in 1993. He completed the AEGD residency at Langley Air Force Base in 1994. He joined the CWRU faculty in 1996, where he directs the esthetic dentistry course. He also co-directs and lectures in several pre and post doctoral courses.

**Charles A. Babbush, DDS,  
Clinical Professor of Oral and Maxillofacial Surgery**

Dr. Babbush received his Doctor of Dental Surgery degree from the University of Detroit, School of Dentistry and his Master of Dental Science from Boston University. Dr. Babbush completed his oral surgery residency at Mt. Sinai Hospital in Cleveland. Currently, he is Director of the Dental Implant Center, Cleveland, Ohio and clinical professor of Oral and Maxillofacial Surgery as well as Director of Dental Implant Research at CWRU School of Dental Medicine.

**Evan D. Tetelman, DDS, Assistant Clinical Professor, Comprehensive Care**

Dr. Tetelman received his Doctor of Dental Surgery degree from The Ohio State University in 1979. He completed a post graduate general practice residency at The Long Island College Hospital in Brooklyn New York. He also possesses a Certificate in Oral Pathology from the New York Institute of Oral Pathology Sloan Kettering Hospital, New York, New York. Dr. Tetelman is the co-director of the pre-doctoral implant courses at CWRU. He is presently in a private practice in Cleveland, Ohio.

**Jay C. Resnick, DDS, Assistant Clinical Professor, Comprehensive Care**

Dr. Resnick received his Doctor of Dental Surgery degree from The Ohio State University College of Dentistry in 1972. He completed a general practice residency at the Mount Sinai Hospital of Cleveland in 1973. Dr. Resnick is presently in a private practice in Cleveland, Ohio.

**Jeffrey Allen Young, Clinical Instructor, AEGD Program**

Dr. Young received his Doctor of Dental Surgery degree from the University of Michigan in 1997. He completed a general practice residency at The Mount Sinai Medical Center in Cleveland Ohio in 1998. Dr. Young is presently in a private practice in Cleveland, Ohio.

**Supporting Faculty**

Dr. Sami Chogle, Endodontics  
Dr. Howard Kaplan, Periodontics  
Dr. Marsha Pyle, Geriatrics  
Dr. Michel Venot, Prosthodontics

**Support Staff Members**

Marna Brussee, Hygienist  
Joanne Hurt, Receptionist  
Michelle Perry, Dental Assistant

## II. PROGRAM'S GOALS AND OBJECTIVES

1. To provide the residents with the didactic knowledge and clinical experience to deliver multi disciplinary comprehensive oral health care to a wide range of the population beyond the level of pre-doctoral education. (This includes the management of the medically and/or immuno-compromised patient, the physically handicapped patient, as well as the geriatric and the under served segment of the population.)
2. Enable the residents to identify and treat the most common medical and/or dental emergencies encountered in everyday dental practice.
3. To develop in the residents the values of professional ethics, and acceptance of cultural diversity in the practice of dentistry.
4. To develop the skills of self evaluation and critical thinking.
5. To provide the residents with experience to improve their ability to interact, function and communicate effectively with other health care professionals in the delivery of comprehensive treatment.
6. To encourage the resident to continue the process of life long learning through continuing education, professional meetings, and review of literature.
7. To provide the residents with training in patient, practice and risk management in order to manage a private dental practice.

### **III. EDUCATIONAL OBJECTIVES**

#### **A Patient Assessment and Diagnosis**

**The curriculum in this area is intended to enable the resident to:**

1. Collect the necessary data for diagnosis and treatment planning.
2. Analyze the data to formulate sound diagnosis and treatment planning
3. Assess the patient's medical and dental status
4. Make referrals to medical - dental specialists when needed
5. Formulate a differential and definitive diagnosis
6. Request consultation from dental and medical specialists

#### **B Planning and Providing comprehensive multi Disciplinary Oral Care.**

**The curriculum in this area is intended to enable the resident to:**

1. Systematically evaluate and develop a problem list
2. Formulate a sequenced treatment plan and alternative plans
3. Present the treatment plans to the patient
4. Implement the accepted treatment plan
5. Re-evaluate the treatment plan and implement changes as needed

#### **C Obtaining Informed Consent**

**The curriculum in this area is intended to enable the resident to:**

1. Obtain informed consent
2. Understand the medical-legal implications of informed consent
3. Explain to the patients risks and benefits of proposed treatment

#### **D Sedation, pain and Anxiety Control**

**The curriculum in this area is intended to enable the resident to:**

1. Evaluate the patient for conscious sedation
2. Provide sedation, pain and anxiety control beyond local anesthetic
3. Be familiar with the use of oral sedation and inhalation sedation
4. Be familiar with the pharmacological agents used in conscious sedation

**E Restoration of Teeth**

**The curriculum in this area is intended to enable the resident to:**

1. Recognize all abnormalities of enamel and dentin and restore the teeth to their physiologic form and function using the appropriate restorative materials.
2. Identify the need for periodontal therapy in conjunction with the restoration of defective or carious teeth
3. Understand the effects of various dental materials on pulpal tissue and the need for pulpal protection
4. Understand the principals and indications for restoring endodontically treated teeth
5. Be familiar with the need and use of post and core

**F Replacement of Teeth using Fixed and Removable Appliances**

**the curriculum in this area is intended to enable the resident to:**

1. Understand and apply current concepts in fixed and removable prosthodontics including diagnosis, treatment planning and prognosis
2. Understand and apply current concepts in restoring implants with fixed and removable prosthesis
3. Apply skills in the preparation delivery and adjustment of a fixed and removable prosthesis
4. Effectively communicate with the laboratory on all aspects of fixed and removable prosthesis fabrication
5. Understand and apply the decision making process for consultation and referral of cases to a specialist
6. Apply the techniques for the fabrication of a fixed or removable appliance from preliminary impression to delivery and follow-up
7. Select teeth, types, shades, molds, occlusion
8. Apply the techniques of surveying and partial denture designs
9. Understand the rational for immediate removable appliances

## **G Periodontal Therapy**

**The curriculum in this area is intended to enable the resident to:**

1. Perform a comprehensive periodontal examination to establish a diagnosis and prognosis for treatment
2. Understand the rationale for treatment and/or referral of case
3. Integrate periodontal health in the overall treatment plans and modify those plans according to the periodontal condition of the patient

## **H Pulpal Therapy**

**The curriculum in this area is intended to enable the resident to:**

1. Diagnose pulpal exposure
2. Differentiate between pulpal and periodontal lesions
3. Perform routine endodontic therapy
4. Manage emergencies of pulpal origin

## **I Hard and Soft Tissue Surgery**

**The curriculum in this area is intended to enable the resident to:**

1. Perform routine dentoalveolar surgery from a general practice point of view
2. Understand pain and infection control
3. Perform wound debridement and necessary suturing
4. Perform intra-oral biopsies
5. Understand the risks, complications, prevention, and management associated with the various procedures
6. Understand the principles and techniques for basic flap designs
7. Recognize situations and indications for referral to a specialist
8. Understand the principles of the surgical phase of implant dentistry

## **J Treatment of Dental Emergencies**

**The curriculum in this area is intended to enable the resident to:**

1. Be able to diagnose and treat patients with dental emergencies

## **K Treatment of Medical Emergencies**

**The curriculum in this area is intended to enable the resident to:**

1. Recognize, prevent and manage the most common medical emergencies encountered in the dental practice
2. Be proficient in providing CPR/BCLS

## **L Medical Risk Assessment**

**The curriculum in this area is intended to enable the resident to:**

1. Recognize normal physical findings as well as significant deviations
2. Understand the disease entity and its effects in the dental management of the patient

#### **IV. GOALS AND OBJECTIVES FOR ASSIGNMENTS TO OTHER SERVICES/ROTATIONS**

##### **a. Pediatric Dentistry**

1. To provide residents with both clinical and didactic training in pediatric dentistry beyond that received in the pre-doctoral curriculum.
2. To improve the resident's ability in diagnosis, treatment planning, oral examination, and physical evaluation of the pediatric patient
3. To improve the resident's ability to use non-pharmacologic management techniques to appropriately manage and guide the behavior of the child patient to accept needed treatment and to provide advice or guidance to the parent to enhance the child's acceptance
4. To assist the resident in developing a working knowledge of preventive and corrective dental procedures relating to the growth and development of the stomatognathic system
5. To increase both the confidence and competence of residents in meeting the general oral health needs of the pediatric patient.

##### **B Geriatric Dentistry:**

- A. See the variability of patient disability/ability/cognitive impairment in a diverse patient population.
- B. Apply the principles of rational treatment planning to patients with limited access to dental care
- C. Practice behavioral management techniques for patients who are uncooperative
- D. Learn how to manage institutionalized patients and coordinate care with staff of the long-term care facilities
- E. Know how to manage institutionalized patients and coordinate care with staff of the long-term care facilities
- F. Know how to deal with treatment of patients who cannot give informed consent
- G. Realize how much dental care is needed by older patients; and you will

- know what a significant positive impact that your work can have on the quality fo life of older individuals
- H. Realize how much dental care is needed by older patients; and you will know what a significant positive impact that your work can have on the quality of life of older individuals
- I. Become a patient, empathetic care-giver

## V. STANDARDS OF CARE

### 1. Documentation within Patient Records

Adequate documentation within the patient record ensures that quality of care can be understood and verified by persons reading the record following completion of treatment. Each patient record should include the basis for verifying the following:

#### 1. Medical History:

1. Each record should contain a current medical history signed and dated by the patient.
2. All positive entries on the health history should be commented on by the resident in the remarks section of the medical history form.
3. Medical history should be updated yearly

#### 2. Hypertension Screening:

1. A blood pressure reading will be taken and recorded on the health history form for all patients 18 years of age or older.
2. Patient determined to have abnormal blood pressures during the screening will be referred, when indicated, for further screening and diagnosis. Documentation of this referral will be included in the progress notes.
3. When the consult has been returned, findings will be recorded.

#### c. Medical Referral:

1. All medical referrals will be documented as part of the treatment entry.

2. When consults are returned, results of the referral as well as any recommendations for modification of dental treatment will be documented.
  3. Advice of the consultant should be followed during treatment or reasons for not following the advice delineated in the treatment entry.
- d. Evidence of Definitive Diagnosis and Treatment:
1. Each treatment entry should describe the definitive diagnosis of the patient's chief complaint or the reason for the visit, care provided, and disposition of the patient.
  2. All necessary diagnostic studies should be ordered and/or performed during the treatment appointment whenever considered necessary. Results of the diagnostic studies should be recorded in the treatment entry.
  3. The recorded diagnosis should be consistent with the patient's chief complaint.
  4. Provisions for proper post-operative follow-up should be evident in each treatment entry where indicated.
- e. Comprehensive Treatment:
1. All patients should have a recorded treatment plan prior to initiating treatment. This treatment plan should indicate priorities for treatment needed. For simple cases requiring minimal treatment, this treatment plan might only be an entry in the Remarks Section.  
  
For complicated multidisciplinary cases, a separate treatment plan should be developed and maintained within the record until treatment is complete.
  2. All treatment performed should be in accordance with the prepared treatment plan, or reasons for deviation from or alterations to the treatment plan explained either in the treatment entry or on the treatment plan.
- f. Informed Consent:

1. Informed consent should be obtained and signed from all patients prior to commencing any procedure.
  
- g. Annotation of method of Anesthesia: All anesthesia used during a procedure should be identified in the treatment entry by:
  1. Type of anesthesia and concentration.
  2. Type and concentration of vasoconstrictor, if any.
  3. Amount administered.
  
- h. Prescribed Medication:
  1. All medication should be prescribed according to currently accepted therapy.
  2. The following should be recorded in the progress notes for all medications dispensed and/or prescribed.
    1. Medications to include strength (i.e., Amoxicillin 500mg)
    2. Amounts prescribed and/or dispensed.
    3. Amount for controlled substances should also be written
    4. Directions for use
  
- i. Continuation of Treatment: All patient records should reflect the patient's next appointment. Treatment entry should reflect patient disposition.
  
- j. Operative Dentistry:
  1. The following will be included in the treatment entry for all restorative procedures:
    1. Diagnosis for the need for restorative therapy
    2. Tooth surfaces involved
    3. Description of treatment rendered, including materials used
  2. Proper isolation should be used for placing all restorative materials. If a rubber dam is not used, an explanation is required.
  3. Brand names of cavity liners, bases, and other restorative materials will be included in each treatment entry for restorative procedures.
  4. Preparations designed for resin restorative materials will have enamel margins acid etched. Appropriate dental protection will be

used prior to acid etching when indicated.

5. Cavity varnish or a bonding agent will be placed under amalgams.
6. Restorative treatment for posterior endodontically treated teeth will include completed cuspal protection or an explanation of non-coverage.

k. All cases including prosthodontic treatment should include:

1. A comprehensive examination will be performed prior to formulation of a prosthetic treatment plan.
2. Diagnostic casts will be made prior to mouth preparation for cast metal removable dentures.
3. Before teeth are prepared to receive full coverage crown, they will be evaluated with the aid of pre-preparation radiographs which show the apical area of the tooth.
4. Vital teeth that are prepared to receive cast restorations will be provided with protective interim restorations while the definitive restoration is being fabricated.
5. All post-insertion treatment and post-insertion complications will be documented in the progress notes.

1. Treatment involving periodontic care should include the following:

1. All patients will be evaluated utilizing appropriate and sufficient documentation. Documentation materials can include full mouth radiographs, periodontal charting, plaque, bleeding point and other indices, biopsies, diagnostic study models, and occlusal records.
2. Following the initial evaluation, a periodontal treatment plan will be written to include all periodontal treatment and appropriate interdepartmental referrals.
3. Thorough scaling and root planning will be accomplished when indicated, and local anesthesia will be used as needed. The patient will be given specific plaque control instructions and will be monitored for compliance.
4. A re-evaluation should be accomplished following the initial

preparation stage to determine the need for further treatment and/or referral. A bleeding point record should be part of the assessment procedure.

5. Surgical intervention will be documented as to type, areas involved, anesthesia utilized, drugs or biologic materials used, suture and dressing placement, prognosis (when other than favorable) and disposition of the patient.
6. Post-operative treatments for complications of therapy will be documented.
7. Following completion of periodontal treatment, a recommendation will be made regarding follow-up maintenance requirements.

m. All cases involving endodontic treatment should include:

1. A statement concerning the diagnosis and need for endodontic treatment.
2. Use of a rubber dam for isolation on all endodontic procedures.
3. Documentation of the disposition of the case for final restorative treatment following final obturation should be contained within the dental health record.
4. Pre and postoperative radiographs of the treated tooth should be included in the record and referenced in the progress notes.
5. Recommended follow-up should be described in the dental record for all cases involving trauma.
6. A rubber dam will be utilized on all cases where vital or nonvital bleaching procedures are performed

n. All oral surgery cases should include:

1. Removal of teeth:

1. A preoperative evaluation of the need for extraction should be accomplished to include diagnostic radiographs.
2. Methods, types, and amounts of anesthesia should be listed.

3. The nature of the procedure will be included in the treatment entry (extraction, surgical removal, etc.)
4. Numbers and types of sutures will be indicated.
5. Description of analgesic prescribed to include name, dosage, amount prescribed, and patient instructions for use.
6. Documentation that home care instructions were given to the patient should be included in the progress notes.
7. All recommendations for follow-up care should be documented.

2 For cases involving nitrous oxide conscious sedation the following will apply:

1. A sedation log will be used to record all pre-intra-, and post-sedation data. The Form will become a permanent part of the record and a statement will be made on the form stating:
  1. Pre-and post sedation vital signs, to include blood pressure, pulse rate and respiration rate.
  2. Blood pressure, pulse and respiration rate should be taken as needed during the procedure.
  3. Time sedation began and ended.
  4. Concentration of nitrous oxide and oxygen used during the sedation.
  5. Methods used for monitoring patient, i.e. precordial stethoscope, pulse oximeter, visual observation, etc.
  6. Any untoward reaction to the inhalation agent.
  7. Condition of the patient on discharge
  8. Post operative instructions given to the patient or their escort
  9. In the case of residents, the name of the credentialed staff supervising the procedure.
- b Appropriate assessment of the patient's full recovery from nitrous oxide sedation must be made prior to release.

4 Criteria for biopsy procedure documentation include:

- a A description of the lesion is included as part of the treatment entry.

- b. The procedure performed and type of biopsy taken (aspiration, incisional, excisional, etc.) will be documented.
  - a. Documentation will include the method of specimen fixation for histopathologic examination, and the name of the oral pathology center to which submitted.
  - b. A working or differential diagnosis will be given.
  - c. When the biopsy results are returned from the center, the following will be accomplished and documented in the treatment record.
    - 1. Date biopsy results returned to resident.
    - 2. The center accession number, anatomic site, and diagnosis.
    - 3. Identification of Histopathologic Center rendering report.
    - 4. Date and method of patient notification if indicated.
    - 5. Recommendation for follow-up if required.
- 0. The following standards apply to dental implant cases:
  - 1. Initial evaluation will include appropriate radiographs (with grids if indicated), study models, and review of the current medical history.
  - 2. All cases will be reviewed by the attending faculty prior to treatment to determine suitability as an implant case.
  - 3. Signed informed consent should be obtained prior to treatment.
  - 4. Treatment entry must include the position, size, length and manufacturer of the fixture, as well as the use of bone grafts or alloplastic materials such as Gore-tex. Also, a comment on the prognosis of the fixture, if less than good is recommended.
  - 5. Prosthetic treatment notations should include the type of prosthodontic attachments and restorative materials used.
- p. The following standards will apply to all treatment where antibiotic and analgesic usage is noted:
  - 1. The medications will only be prescribed according to currently accepted therapy.

2. In each case where analgesics and/or antibiotics are prescribed, the following information should be in the treatment entry:
  1. Name and strength of the medication prescribed.
  2. Dosage prescribed
  3. Amount prescribed
  4. Instructions to patients on use
  
- q. Standards for dental radiographs. The following standards are considered mandatory for all dental radiographs ordered, taken or read.
  - A. Radiographs ordered should be minimal in number and should be consistent with patient symptoms and the diagnostic task.
  
  - B. Radiographic findings will be recorded in the progress notes on the dental health record for all radiographs taken.
  
  - C. Lead shielding (aprons) will be used on all patients during radiographic exposure.
  
  - D. A quality control test device will be utilized to determine proper functioning of all exposure and development equipment prior to the first patient seen for each day.
  
  - E. All radiographs will be mounted, dated, and placed within the dental health record. Mounts will be properly identified to ensure proper identification.
  
  - F. A radiology log is maintained in the patient record.

## VI. RESIDENT SCHEDULE AND ROTATIONS

Month	Resident #1		Resident #2		Resident #3
July	*Geriatrics	Clinic	Clinic		Clinic
August	Geriatrics	Clinic	Clinic		Clinic
September	Geriatrics/ Pediatrics	Clinic	Clinic		Clinic
October	Geriatrics/ **Pediatrics	Clinic	Clinic		Clinic
November	Pediatrics	Clinic	Geriatrics	Clinic	Clinic
December	Clinic		Geriatrics/ Pediatrics	Clinic	Clinic
January	Clinic		Pediatrics/ Geriatrics	Clinic	Clinic
February	Clinic		Pediatrics/ Geriatrics	Clinic	Clinic

March	Clinic	Geriatrics	Clinic	Geriatrics/ Pediatrics	Clinic
April	Clinic	Clinic		Geriatrics/ Pediatrics	Clinic
May	Clinic	Clinic		Geriatrics/ Pediatrics	Clinic
June	Clinic	Clinic		Geriatrics	Clinic

**\* Geriatric Rotation is held on Thursdays from 9:00 a.m. to 5:00 p.m.**

**\*\*Pediatric Rotation is held on Tuesdays from 1:00 p.m. to 5:00 p.m.**

## **VII. EXPECTATIONS AND CALL SCHEDULE**

### **Seminars:**

All residents must attend all seminars given by the faculty and guest lecturers. It is the responsibility of the chief resident to ensure that the conference rooms are cleaned before and after every seminar. The residents are also expected to present one of their clinical cases at the Dental Study Club.

### **Table Clinic:**

Each resident will be required to present a table clinic at the Professional's Day held by CWRU School of Dental Medicine during the month of April. The topic of their presentation must be discussed with the faculty prior to submission.

### **On-Call Schedule:**

All residents will rotate weekly to cover AEGD after hours' emergencies.

### **Oral Boards:**

Toward the end of the residency, the residents will be evaluated by the faculty in an oral presentation.

## VIII. RECORD KEEPING

Every patient seen in the AEGD Program must have an AEGD Chart. All charts must be handled with the strictest confidentiality. All patients must receive a copy of the “Patient Bill of Rights” at the initial visit.

It is the resident’s responsibility to ensure that patients’ records are organized, complete and legible. All patient records must include the following:

1. Informed consent
2. Medical history
3. Dental history
4. Caries and periodontal charting
5. Definitive diagnosis and treatment plan
6. Properly labeled radiographs
7. Progress notes or treatment entry

All of the above **must** be signed by the resident and verified by an attending faculty member or program director. Where appropriate, the patient signature must also be included (e.g., health history, consent form, treatment plan).

Please refer to Standards of Care, Section 1, for further details.

Initially, for the first month of the residency, all charts are reviewed daily by the program director and faculty and on a monthly basis thereafter. The form on the following page will be used to review patients’ charts and to direct the resident to correct any noted deficiencies.

## **Confidentiality Policy**

All patient records and patient information **must** be handled and kept with strict confidentiality.

1. Patient charts are not to be removed from the AEGD Clinic
2. All charts must be returned to the front desk at the end of each day for safe keeping.
3. Patient information and treatment are not to be discussed with anyone not involved with the care of the patient.
4. A signed release consent **must** be obtained from the patient in order to release their records or treatment information to a third party.

## **IX. RESIDENT EVALUATION**

Evaluation of residents' progress toward achieving the goals and objectives of the program will be done on a quarterly basis by the program director. Attending faculty are expected to evaluate each resident and submit their evaluation to the program director.

The form on the next page will be used to evaluate the residents. The criteria for evaluation are explained within the form.

Additionally, each rotation director will also evaluate the residents at the end of their rotation and forward it to the AEGD program director using the above information along with his own comments, the program will evaluate each resident on a one-on-one basis.

## **X. FACULTY EVALUATION**

The program's faculty will be evaluated annually by the program director with input from the residents. Residents are expected to evaluate each faculty based on the criteria in the form on the next page.

To maintain confidentiality, the resident will complete the evaluation and submit it to Mr. Philip C. Aftoora, Director of Student Services who will compile the evaluations and forward them to the program director.

These evaluations are very important and we encourage a thorough and honest evaluation.

## FACULTY EVALUATION AEGD PROGRAM

Graduation Year: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Clinical  Didactic

Specialty: \_\_\_\_\_

Subject: \_\_\_\_\_

	Excellent ->			Poor
1. Attendance	4	3	2	1
2. Knowledge of materials	4	3	2	1
3. Ability to teach	4	3	2	1
4. Interaction with residents	4	3	2	1
5. Interaction with patients	4	3	2	1
6. Willingness to help	4	3	2	1
7. Fairness in evaluation	4	3	2	1
8. Providing constructive criticism	4	3	2	1

Comments:

**Note:** Please e-mail this evaluation to Mr. Phillip C. Aftoora at [pca@case.edu](mailto:pca@case.edu) or send U.S. Mail to Mr. Phillip C. Aftoora, Case School of Dental Medicine, 10900 Euclid Avenue, Cleveland, Ohio 44106-4905

## **CRITERIA FOR FACULTY EVALUATION**

The following criteria will be used to evaluate the effectiveness of the AEGD faculty. A scale from 4-1 with 4 being excellent and 1 being poor will be used. Additional comments are welcomed and encouraged.

### **2. Attendance**

1. Punctuality (starting time and finishing time)
2. Availability (presence when scheduled)

### **3. Knowledge of Materials**

1. Can the faculty member provide you with additional information beyond what was given in dental school

### **4. Ability to Teach**

1. Can the faculty member relate the information in a way that you can understand

### **5. Interaction with residents**

1. Does the faculty member treat the residents with a respectful attitude

### **6. Interaction with Patients**

1. Does the faculty member treat the patients with respect

### **7. Willingness to help**

1. Does the faculty member demonstrate procedures
2. Is the faculty member on the clinic floor and actively teaching as apposed to providing verbal assistance from the office or conference room

### **8. Fairness in Evaluation**

1. Do you believe the faculty has worked with you enough to evaluate your work
2. Do you believe the faculty has consistently provided you with a fair

evaluation

9. **Providing Constructive Criticism**

1. Do you believe the faculty provided you with criticism so you may improve your skills or procedures, in a professional manner, rather than being demeaning.

## **XI . EMERGENCY POLICY**

All residents and faculty members must be CPR recognized.

Any faculty or resident who is medically or physically unable to perform CPR, must provide the program director with documentation stating their inability to perform CPR. In such cases, it will be ensured that other personnel are available on the clinic floors who are certified and able to provide assistance.

### Certification/Recognition

1. Resident:

All residents must take the Medical Emergency Course offered in July. The course provides CPR Certification and/or recertification. If a resident holds a current CPR certification valid for the 12 months of the program, and can provide a copy, then they may elect to not participate in the CPR Section of the course ONLY.

2. Faculty:

Faculties may elect to participate in the CPR Section of the course, attend any of the courses offered during the year, or get their own certification course.

### Emergency Kit

An emergency kit is kept next to the radiology room. The kit is regularly updated by the hygienist on staff.

In case of a medical emergency, the following protocol will be followed. A copy of the procedure is posted in every operatory.

## **XII. INFECTION CONTROL POLICY**

All residents must adhere to strict infection control practices as outlined in the Infection Control Manual.

A complete and detailed Infection Control Manual is available online at <http://www.case.edu/dental/site/insidecase/manual.pdf>

All residents are required to provide proof of Hepatitis B vaccination and yearly tuberculin testing is required of all residents. The skin tests are scheduled in the School of Dental Medicine during the Fall semester.

It is the responsibility of the attending faculty to ensure the program's infection control policy is strictly implemented.

All operatories must remain clean and organized. A random inspection will be performed by the Infection Control Officer or his designee periodically throughout the year.

## **XII. VACATION POLICY**

Every resident is permitted two weeks vacation per year. A formal request must be submitted in writing to the program director at least one month in advance for scheduling purposes.

It is the responsibility of residents to arrange their vacation schedule so that not more than one resident is away from the clinic at any time.

Dear Applicant,

Thank you for your request for information on the Advanced Education in General Dentistry Program (AEGD) at Case School of Dental Medicine. It is hoped that the information provided will help you understand the program goals and objectives, requirements, and the application process.

The AEGD program is a one year (12 month) experience, providing comprehensive training beyond that received in the pre-doctoral curriculum. **For this program, only graduates of accredited United States, Canadian, or Puerto Rican dental schools will be considered.** The program emphasizes total patient care, clinical general dentistry, implantology and the treatment of the medically compromised patient. It is recommended that students apply early since only four applicants are accepted into the program each year. The application deadline is November 1 for the program beginning the following July 1st.

Please read the enclosed information carefully. If you have any questions, please feel free to contact the Office of Graduate Studies (216-368-1168 or by email at [dentalgrad@case.edu](mailto:dentalgrad@case.edu)).

Sincerely,

Fady Faddoul, D.D.S., M.S.D.  
AEGD Director

Enclosures

## ADVANCED EDUCATION IN GENERAL DENTISTRY

The Case School of Dental Medicine is a one year experience with a major emphasis in clinical general dentistry designed to provide the resident with training beyond that received in the predoctoral curriculum. This will include experience in implant dentistry, full mouth rehabilitation, and medically compromised patients. There will be formal courses, seminars and literature review, as well as rotation in other disciplines.

<b>When:</b>	One year program - from July 1 to June 30
<b>Stipend:</b>	Paid twice monthly <a href="http://dental.case.edu/grad/programs.html">http://dental.case.edu/grad/programs.html</a> *
<b>Hours:</b>	8:00am - 5:00pm, 5 days per week **Seminars may be held after 5:00 p.m.
<b>Vacation:</b>	Two weeks per program year and holidays
<b>Faculty:</b>	Fady F. Faddoul, D.D.S., Director [full-time] Half-time faculty assigned to the program
<b>Staff:</b>	1 secretary/receptionist 1 hygienist 2 dental assistants
<b>Facility:</b>	Well-equipped dental clinic with each resident assigned his/her own operatory

\* see link for most recent stipend amounts

### Application Requirements:

- D.D.S. or D.M.D. from an accredited North American or Puerto Rican dental school
- Case School of Dental Medicine Graduate "Application for Admission" form OR PASS application
- Official transcripts from **all** colleges, universities and dental schools attended including G.P.A. and class rank (if these transcripts are included with your PASS application, you do not need to send a duplicate set)
- Three letters of recommendation (may be included with PASS, or may use forms enclosed)
- Evidence of satisfactory completion of written National Board Part I and II as soon as available (may be submitted in Dean's Letter via PASS, or have official scores sent to the address below)
  
- Evidence that applicant is eligible for graduation from an accredited dental school.
- Non-refundable application fee of \$125.00

### APPLICATION DEADLINE:    **NOVEMBER 1**

Mail completed application and all materials to: Case School of Dental Medicine  
Office of Graduate Studies  
10900 Euclid Avenue  
Cleveland OH 44106-4905

Questions? Call 216-368-1168 or email [dentalgrad@case.edu](mailto:dentalgrad@case.edu)

Case SCHOOL OF DENTAL MEDICINE

**ADVANCED EDUCATION IN GENERAL DENTISTRY**

**EDUCATIONAL GOALS AND OBJECTIVES**

The AEGD program through its didactic and clinical components will:

1. Provide the residents with the didactic knowledge and clinical experience to deliver multi disciplinary comprehensive oral health care to a wide range of the population beyond the level of predoctoral education. (This includes the management of the medically and/or immunocompromised patient, the physically handicapped patient, as well as the geriatric and the under served segment of the population.)
2. Enable the residents to identify and treat the most common medical and/or dental emergencies encountered in every day dental practice.
3. Develop in the residents the values of professional ethics, and acceptance of cultural diversity in the practice of dentistry.
4. Develop the skills of self evaluation and critical thinking.
5. Provide the residents with experience to improve their ability to interact, function and communicate effectively with other health care professionals in the delivery of comprehensive treatment.
6. Encourage the residents to continue the process of lifelong learning through continuing education, professional meetings, and review of literature.
7. Provide the residents with training in patient, practice and risk management in order to manage a private dental practice.

**CURRICULUM**

A. Didactic

The didactic portion comprises about 25% of the program. Formal lectures and seminars are conducted daily, Monday through Friday, starting at 8:00 a.m. and ending at 5:00 p.m. Residents also attend local continuing education courses. The didactic portion encompasses all areas of general dentistry and other related topics, such as: operative; crown and bridge; removable prosthodontics; periodontics; endodontics; oral and maxillofacial surgery; pediatric dentistry;

implantology; oral medicine, radiology, and diagnosis; oral pathology; pharmacology; geriatrics; emergency medicine; infection control; practice management; and other projects as assigned by the faculty.

## B. Clinical

The clinical portion comprises about 70% of the program. It includes outpatient care, hospital consultation, and rotation to other services (pediatrics, geriatrics, etc.).

Each resident is expected to provide comprehensive dental care to all assigned patients, and provide emergency treatment when needed. The residents will rotate in the Oral and Maxillofacial Surgery Department, provide/perform hospital consultations for in-house patients. The AEGD residents will also perform other clinical duties as assigned by the faculty.

## C. Teaching

5% of the resident's time is devoted to teaching in the pre-doctoral program as assigned by the program director.

## **CERTIFICATE**

Upon recommendation of all didactic and clinical requirements, and upon the recommendation of the faculty of the AEGD Department, the residents will be awarded a certificate of completion.

## **APPLICATION**

The AEGD program participates in the PASS program (PASS brochure enclosed). A Case application and application fee is required and is mailed to:

Case School of Dental Medicine  
Office of Graduate Studies  
10900 Euclid Ave.  
Cleveland, OH 44106-4905

All completed applications will be reviewed by the selection committee and applicants who are granted interviews will be notified. Applications received after the November 15 deadline will be put into a file for the following year

CASE WESTERN RESERVE UNIVERSITY  
SCHOOL OF DENTAL MEDICINE

**Advanced Education and Residency Programs**  
***APPLICATION FOR ADMISSION***

**INSTRUCTIONS FOR COMPLETING APPLICATION:**

Please print or type all information requested. Mark with N/A those questions that are not applicable. Attach additional sheets as necessary. The following must be received on or before the date stipulated by the Department in which you wish to enroll:

- ✓ The completed application
- ✓ Official transcripts of your undergraduate college and professional school records
- ✓ Three recommendations from basic science and clinical dentistry instructors or other individuals competent to evaluate your qualifications and abilities. (Please use the forms enclosed with this application.)
- ✓ A current curriculum vitae
- ✓ Official copy of National Dental Board Examination (NDBE) scores
- ✓ Photo (*optional at this time – if you are invited for an interview you must bring a 2 x 2 photo with you*)
- ✓ Non-refundable application fee
- ✓ **For International Applicants:** an official copy of Graduate Record Exam scores may be submitted in place of NDBE scores (GRE information can be obtained at [www.gre.org](http://www.gre.org)); an official TOEFL score must be also be submitted (information on TOEFL can be obtained at [www.toefl.org](http://www.toefl.org))

If you have questions regarding your application or need specific information you may telephone (216) 368-1168 or email [dentalgrad@cwru.edu](mailto:dentalgrad@cwru.edu).

Mail completed application and application fee, and have recommendations, test scores, and transcripts sent to:

Case School of Dental Medicine  
Office of Graduate Studies  
10900 Euclid Avenue  
Cleveland, OH 44106-4905 USA

CASE WESTERN RESERVE UNIVERSITY  
SCHOOL OF DENTAL MEDICINE

**Advanced Education and Residency Programs**  
***APPLICATION FOR ADMISSION***

Date of Application: \_\_\_\_\_

I am applying for admission to the Department of \_\_\_\_\_ for enrollment in the program beginning in July 20\_\_\_\_ .

Place of birth \_\_\_\_\_ Date of birth\_\_\_\_\_.

Sex \_\_\_M \_\_\_ F

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MATCH number \_\_\_\_\_

Name: \_\_\_\_\_  
*(last or family) (first) (middle)*

Present mailing address *(street and number)* \_\_\_\_\_

*(city)* \_\_\_\_\_ *(state)* \_\_\_\_\_ *(zip or postal code)* \_\_\_\_\_

*(country if not US)* \_\_\_\_\_ This address is valid until \_\_\_\_\_.

Home phone number \_\_\_\_\_ Other phone number(s) \_\_\_\_\_

Email address \_\_\_\_\_

Are you available for a personal interview?    yes    no

Colleges or Universities attended:

<b>Undergraduate</b>	<b>Major Field</b>	<b>Degree</b>	<b>Dates Attended</b>	<b>Grade Point Average (GPA)</b>

Graduate or Professional Schools	Major Field	Degree (received or expected)	Dates Attended	Class Standing (rank and class size)	GPA

Do you feel that your GPA reflects reasonably accurately your true ability and potential?  
 \_\_\_ yes \_\_\_ no If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

National Dental Board Examination Scores (average): Part I \_\_\_\_\_ Part II \_\_\_\_\_

GRE score: \_\_\_\_\_

Are you interested in a possible career in academic dentistry?  
 \_\_\_ yes \_\_\_ no \_\_\_ full-time \_\_\_ part-time \_\_\_ no

Describe the general condition of your health \_\_\_\_\_  
 \_\_\_\_\_

*If you are not a U.S. citizen*

- Country of citizenship \_\_\_\_\_
- Indicate type of visa (*student, visitor, immigrant, other*) \_\_\_\_\_
- Have you taken TOEFL (*Test of English as a Foreign Language*)?  
 \_\_\_ yes \_\_\_ no Score \_\_\_\_\_ Computer –based \_\_\_ Paper-based \_\_\_\_\_
- Please describe your anticipated financial support during your period of graduate study: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On (*date*) \_\_\_\_\_ I requested that transcripts of all my previous work be sent to you.

You might receive my transcripts under the name: \_\_\_\_\_  
*Name in full*

**Ethnicity/Race:**

Spanish.Hispanic/Latino/Latina:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mexican/Mexican American/Chicano/Chicana	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cuban	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Puerto Rican	<input type="checkbox"/> Yes	<input type="checkbox"/> No
South or Central American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Spanish Origin or culture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify _____		
American Indian or Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify the name of your enrolled or principal tribe _____		
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asian Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Filipino	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Japanese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Korean	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Malaysian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pakistani	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vietnamese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify _____		
Black or African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guamanian or Chamorro	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Native Hawaiian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Samoan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify _____		
White	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you been accepted at another institution?  yes  no

On (date)\_\_\_\_\_ I requested these individuals to send letters of recommendation:

---

Name Address

---

Name Address

---

Name Address

I have also applied for admission to the graduate program of the following institutions:

---

---

---

Previous Fellowships or Scholarships you have held

---

<i>School</i>	<i>Year</i>	<i>Amount</i>
---------------	-------------	---------------

---

<i>School</i>	<i>Year</i>	<i>Amount</i>
---------------	-------------	---------------

---

<i>School</i>	<i>Year</i>	<i>Amount</i>
---------------	-------------	---------------

Describe any teaching experience you have had: \_\_\_\_\_

---

---

Describe briefly any research experience you have had: \_\_\_\_\_

---

---

What organizational membership(s) do you hold? \_\_\_\_\_

---

---

Scholastic and professional awards, honors, distinctions, or prizes received: \_\_\_\_\_

---

---

Military service \_\_\_\_\_

Have you served an internship or residency? \_\_\_\_ yes \_\_\_\_ no If yes, indicate the place, time, type, and name of supervisor \_\_\_\_\_

---

---

I am licensed to practice dentistry in the following states \_\_\_\_\_

---

---

Private practice experience (location, type, full or part-time, dates) \_\_\_\_\_



Please provide a copy of your CV including the following information. Or type the requested information on the enclosed form.

## **CURRICULUM VITAE**

Name

Address (Professional)  
City, State Zip (Country)  
Phone Number

Home Address  
City, State Zip (Country)  
Phone Number

### **EDUCATION**

Institution	Degree	Year	Major Subject
-------------	--------	------	---------------

### **EMPLOYMENT AND/OR ACADEMIC APPOINTMENTS**

Employer/Institution	Dates: Start/End
Position/Duties	

### **SCHOLARSHIPS, HONORS, AWARDS**

### **MILITARY SERVICE**

### **STATE DENTAL LICENSURE**

State	Year Licensed	License number
-------	---------------	----------------

### **PROFESSIONAL AND SCIENTIFIC ORGANIZATIONS**

Society	Initial year of membership	Office Held
---------	----------------------------	-------------

### **PROFESSIONAL ACTIVITIES (table clinics, etc)**

Meeting or Event	Year	Topic
------------------	------	-------

### **PROFESSIONAL AND SCIENTIFIC PUBLICATIONS**

Thank you for your interest in our advanced education programs. We offer six advanced education programs. All advanced education programs are accredited by the Commission of Dental Accreditation of the American Dental Association and are board-eligible programs for the respective specialty boards except the Restorative Fellowship and the Orthodontic Fellowship.

The programs in endodontics, orthodontics, and periodontics are master's degree programs (M.S.D.) with a certificate granted upon completion of the degree requirements. Foreign trained applicants are accepted into the programs offered by the departments of endodontics, orthodontics, and periodontics. Additionally, foreign trained dentists are eligible for the master's program in pediatric dentistry.

The residency program in advanced education in general dentistry is a certificate-only program.

The residency program in pediatric dentistry is a certificate program with an option to pursue a master's degree.

The residency program in oral and maxillofacial surgery is a joint program with the School of Medicine leading to the M.D. degree and a certificate in oral and maxillofacial surgery. A certificate-only program in oral surgery may be available at the discretion of the department.

Applicants selected for residency programs in Oral & Maxillofacial Surgery or Pediatric Dentistry MUST be U.S. citizens or permanent residents. Applicants selected for residency programs in Advanced General Dentistry, Oral & Maxillofacial Surgery, or Pediatric Dentistry, must be eligible for licensure or intern certificate issued by the State of Ohio, and must be a graduate of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.

For further information or an application package, please send your complete name and address and program of interest to:

Office of Graduate Studies  
School of Dental Medicine  
Case Western Reserve University  
10900 Euclid Avenue  
Cleveland, OH 44106-4905 USA

Voice: 216-368-1168  
Fax: 216-368-0145  
Email: [dentalgrad@case.edu](mailto:dentalgrad@case.edu)

OFFICE OF GRADUATE STUDIES  
SCHOOL OF DENTAL MEDICINE  
CASE WESTERN RESERVE UNIVERSITY  
10900 EUCLID AVENUE  
CLEVELAND, OHIO 44106-4905

**EVALUATION OF APPLICATION FOR ADMISSION TO ADVANCED EDUCATION AND RESIDENCY PROGRAMS OF CASE WESTERN RESERVE UNIVERSITY SCHOOL OF DENTAL MEDICINE.**

**Applicant:** Please fill in the information below and give to the appropriate person along with a stamped envelope addressed to the address above.

Mr./Ms./Dr. \_\_\_\_\_ is applying for admission to the Department of \_\_\_\_\_  
(Year) \_\_\_\_\_ for the class entering in \_\_\_\_\_ (Specialty)

**Authorization for Waiver:**

I hereby do \_\_\_\_ do not \_\_\_\_ agree to waive my rights of access to this recommendation as provided in the Family Education Rights and Privacy Act of 1974.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Respondent:** Your evaluation is important. Please fill out this evaluation form and return to us as soon as possible. If the applicant has waived their right to access, the contents of this evaluation will not be disclosed to the applicant.

**Knowledge of the Applicant:**

How long have you known the applicant? \_\_\_\_\_ years

How well do you know the applicant? Very well \_\_\_\_ Well \_\_\_\_ Casually \_\_\_\_

What is the nature of your contact? Teacher \_\_\_\_ Research Advisor \_\_\_\_ Faculty Advisor \_\_\_\_ Private Practice \_\_\_\_  
Personal friend \_\_ Other (specify) \_\_\_\_\_

If teacher: \_\_\_\_\_  
Number of classes, subjects taught and rank in your class

**Evaluation of the Applicant:**

Please respond to the following using other students and former graduates as a base of reference. How do you rate the applicant in the following areas? (5 is the highest)

Academic dental knowledge	1	2	3	4	5
Clinical knowledge and skills	1	2	3	4	5
Confidence in knowledge and skill	1	2	3	4	5
Capacity for handling large work load	1	2	3	4	5

(over)

Potential for independent creative study	1	2	3	4	5
Originality and imagination	1	2	3	4	5
Promptness of work	1	2	3	4	5
Integrity, sincerity, and honesty	1	2	3	4	5
Dependability and responsibility	1	2	3	4	5
Persistence, drive and enthusiasm	1	2	3	4	5
Organization and common sense	1	2	3	4	5
Friendliness and personality	1	2	3	4	5
Emotional maturity and stability	1	2	3	4	5
Initiative and leadership	1	2	3	4	5
General health	1	2	3	4	5

Gifted individuals sometimes make mediocre scholastic records. Does your evaluation on this form coincide with the applicant's scholastic record in all subjects? Yes \_\_\_\_\_ No, why?

Would you accept the applicant for a similar program at your school should one exist and you were able to make the selection? Yes \_\_\_\_\_ No, why?

What is your understanding of the applicant's motivation in seeking admission to this program?

Indicate your overall endorsement of the applicant as a candidate for advanced studies

Highly recommend \_\_\_\_ Recommend \_\_\_\_ Recommend with reservations \_\_\_\_ Do not recommend \_\_\_\_\_

Please add any comments in this space provided (attach a separate sheet if you need more space) which will assist in providing a complete picture of the applicant's abilities and potential as a scholar. Please mention any deficiencies the applicant may have, as well as the assets.

Name of Respondent \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_