Clinical Program

Rotations
The General Practice Resident is rotated through various hospital services to enhance patient management skills. Residents will be in General Dentistry, Anesthesiology, Medicine, Oral Surgery, Periodontics, Endodontics, and Emergency Medicine. Residents are considered to be PGY-1 level. All activities of residents are supervised by the appropriate attendings in the Medical Center.

Anesthesiology
The residents are assigned to the Anesthesiology Section for a period of two weeks during which they attend selected conferences, lectures and ward rounds. The goals of the rotation are to instruct the resident in pre-anesthetic evaluation, pharmacology of anesthetic and sedative agents, techniques of administration, airway management, post-anesthetic care, cardiopulmonary resuscitation and management of anesthetic emergencies. Additionally the resident will gain experience in obtaining and interpreting the patient’s chief complaint, medical, and social history, and review of systems; gain experience in obtaining and interpreting clinical and other diagnostic data from other health care providers; gain experience in using the services of clinical, medical, and pathology laboratories; and gain experience performing a history and physical evaluation and collect other data in order to establish a medical assessment.

The rotation does not qualify the resident to administer general anesthesia.

Medicine
The Medicine rotation is a two-week rotation to the Medicine Service at the Jesse Brown VA Medical Center. The resident will be assigned to a medical team to participate on ward rounds, in putting in orders, in interpretation of various laboratory tests, and in the management of patients. The resident will be expected to take a complete medical history and physical evaluation with appropriate supervision. The goals of the rotation are to gain experience in the physical diagnosis, present cases and review procedures and skills consistent with their training, and to be able to order and interpret laboratory studies.

Oral Surgery
The oral surgery rotation is a 16-week assignment. The resident attends all oral surgery lectures, conferences and ward rounds with the oral surgery residents. The goals of the rotation are to develop skills in simple and complex exodontia, pre-prosthetic surgery, biopsy, operating room procedures, sedative and anesthetic techniques, and the treatment of facial trauma. The rotation provides the resident with exposure to history and physical exam technique.

Emergency Room
The Emergency Room rotation is a two-week assignment during which the resident attends all lectures, conferences and ward rounds. Residents are to participate with supervision in the operation and function of an emergency room. The goals of the rotation are for the residents to anticipate medical emergencies, recognize medical emergencies that may happen during dental procedures; gain experience in the treatment of medical emergencies; gain experience in obtaining and interpreting the patient’s chief complaint, medical, and social history, and review of systems; gain experience in obtaining and interpreting clinical and other diagnostic data from other health care providers; gain experience in using the services of clinical, medical, and pathology laboratories; and gain experience performing a history and physical evaluation and collect other data in order to establish a medical assessment.

General Dentistry
During the twenty-four week general dentistry rotation, residents will gain experience in Fixed Prosthodontics, Removable Prosthodontics, Operative, Dental Emergencies, Endodontics, Periodontics and geriatric dentistry. There will be no Orthodontics or Pedodontics instruction. In addition the resident will evaluate, diagnose and provide comprehensive treatment daily.

Specifically in reference to endodontics and periodontics, “mini-rotations” have been developed. Each of these mini-rotations will include working one-on-one with our specialists. Residents are responsible for the dental clearance consults from the hospital for pre-bisphosphonate, pre-cardiac and orthopedic procedures, head and neck pre-radiation, and pre-transplant with appropriate supervision.

Objectives of this rotation include the improvement of problem solving skills, to increase clinical abilities and knowledge, to enhance confidence, to know when to refer, to advance treatment-planning skills, and to develop speed. Specific objectives in clinical competency have been developed for endodontics and periodontics. For endodontics they are demonstrate proficiency in diagnosis of endodontic disease, demonstrate proficiency in treatment planning of endodontic disease, demonstrate proficiency in nonsurgical endodontic procedures (e.g. pulpectomies, obturation of canals, etc.), demonstrate proficiency in surgical endodontic procedures (e.g. apicectomies, etc.). For periodontics they are demonstrate proficiency in diagnosis of periodontal disease, demonstrate proficiency in treatment planning of periodontal disease, demonstrate proficiency in non-surgical periodontal procedures (e.g. probings, scaling/root planning, etc.), demonstrate proficiency in surgical periodontal procedures (e.g. flap design, crown lengthening, gingivectomies, etc.)

The geriatric dentistry segment of the general dentistry rotation includes ward oral exams of CLC patients. Specific objectives are as follows: a) Residents develop and demonstrate an appreciation for hospitalized and Long term/Extended Care patients who do not have the financial and/or transportation means to access dental care. This includes an understanding of the impact on dental treatment planning and care decisions. b) Resident shall demonstrate an understanding of Joint Commission Regulations concerning dental care in a hospital. d) Residents shall answer ward consultations and new admissions consultations according to hospital regulations and perform follow up complete dental exams including radiographs and treatment when necessary. Patient mobility and transportation must be assessed. Recommendations for radiographic studies, for prescription of drugs, and any other text orders should be included as indicated. e) Residents must identify the patient’s mental status and physical capability to give consent, to transfer and to receive instruction for daily dental care. Residents should understand concepts and regulations concerning restraints, giving consent, caregiver and power of attorney issues, plus a thorough understanding of current concepts in dental management of patient with dementia, depression, schizophrenia, Parkinson’s Disease, bipolar disorders, ALS, multiple sclerosis, and post CVA.

It is understood many of these topics are not fully addressed in the dental school curriculum due to time constraints and setting. The General Dentistry rotation will afford the opportunity for this development.

Residents will develop and administer treatment plans under the supervision of the staff attendings.

Residents are responsible for their own patient scheduling. There is no emphasis on production quotas, however residents are expected to use their time efficiently. On the occasion of a patient cancellation, the resident must notify the Program Director so that an alternate patient or activity can be scheduled as needed.

**Administration of Rotations**

When assigned to off-service rotations, General Practice Residents shall adhere to all policies of the specific service. Residents must keep the Program Director and the Rotation Director advised of any leave (annual, sick or administrative) taken while on rotation.

Rotation Mentors have been advised that program activities, such as seminars and continuing education, may require the resident to leave or to return to the VAMC during a rotation.
**Supervision General Practice Resident**

The Resident receives training in a supervised environment. The Program Director and/or appropriate staff attendings are responsible for this supervision. Through the course of the program the resident assumes an increasing level of responsibility for independent patient care.