

**LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
SCHOOL OF DENTISTRY**
**Department of Comprehensive Dentistry &
Biomaterials**



GENERAL PRACTICE RESIDENCY
Syllabus

Advanced Educational Program in General Dentistry
Louisiana State University School of Dentistry
Affiliations with University Medical Center, New Orleans, LA
Our Lady of the Lake Medical Center, Baton Rouge, LA and
Southeast Louisiana Veterans Health Care System

The General Practice Residency (GPR) Program at Louisiana State University Health Sciences Center School of Dentistry (LSUSD) is accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association. This one – year (optional second) residency program offers an opportunity for advanced comprehensive clinical experience in a hospital setting, with additional training in the sciences basic to dental practice. The program is structured in such a manner as to take advantage of the strong features of both the sequential and integrated training programs. The ultimate objective is to train dentists to function as part of the hospital team rendering total patient care.

Applicants accepted for this program begin the academic year July 1, and a General Dentistry Residency Certificate is awarded to each resident who successfully completes the one - year program. Those completing the 2nd year will receive an additional certificate. The residency is sponsored by the LSUHSC School of Dentistry and has affiliations with 2 primary teaching hospitals: University Medical Center in New Orleans (UMC) and Our Lady of the Lake Medical Center (LOL) in Baton Rouge. Our clinic in New Orleans is located within UMC and the Baton Rouge clinic is located in the LSUSD GPR Clinic. Other affiliations include LSUSD and Southeast Louisiana Veteran’s Health Care System (SLVHCS) Dental clinic.

Off-service rotations are scheduled through Departments of Anesthesiology, the Emergency Department, and Oral Maxillofacial Surgery (medical emergency and trauma). In the dental component there are rotations designed to give patient experiences in dentistry for the HIV(+)/Infectious Disease Patient, Dentistry for the Special Needs population of both Geriatrics and patients with Neurodevelopmental disorders and intellectual disabilities, and elective rotations intended to provide the resident with ample training under specialists’ supervision. This specialty concept is carried over into the general Dentistry segment, where the resident broadens his/her experience in the various dental disciplines. Specialists in Endodontics, Pediatric Dentistry, Periodontics, and Fixed and Removable Prosthodontics augment the General Dentistry faculty.

The General Dentistry Resident is thoroughly indoctrinated in hospital organization, protocol and administration, and is trained to care for patients on both an in – patient and out – patient basis. The program prepares the resident for private practice with hospital privileges or for an academic career in Hospital Dentistry.

Dr. Lynda Harhad is Director of the General Dentistry Residency Program; Dr A. Dale Ehrlich is Chair of the Department of Comprehensive Dentistry & Biomaterials at LSUHSC School of Dentistry; Dr. Henry Gremillion is Dean of LSUHSC School of Dentistry. Other faculty members involved in the Program include both full and part-time faculty from the Department of Comprehensive Dentistry & Biomaterials, as well as faculty members from various dental specialties and basic science departments of LSU School of Dentistry.

As of July 2018, the basic annual stipend for first year residents is \$51,769.09 and \$53,504.48 for those continuing with the second year. Appointment is for twelve months beginning July 1, and a contract is sent after notification of acceptance.

This program is a participant in the Postdoctoral Application Support Service (PASS) program. Please contact PASS, 1625 Massachusetts Ave., N.W., Suite 101, Washington, D.C. 20036 for an application and information on the program. We are not a participant in the National Match Service. The Louisiana State University Health Science Center requires a \$50.00 non - refundable application processing fee which should be paid directly to LSU School of Dentistry.

Selected applicants will be contacted for interviews after the application deadline of October 1st. Any applicant, however, who is especially interested in visiting and touring our facilities, is welcome to arrange for a personal tour and a meeting of faculty members and residents; we ask only that we be advised that you are planning a visit so that we can make your visit as interesting, informative, and pleasant as possible.

For further information please contact:

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APPLICANTS MUST BE GRADUATES OR SENIORS OF A DENTAL SCHOOL RECOGNIZED BY THE COUNCIL ON DENTAL EDUCATION OF THE AMERICAN DENTAL ASSOCIATION. THEY MUST HAVE UNITED STATES OR HAVE PERMANENT RESIDENCY STATUS IN THE UNITED STATES.

The General Dentistry Residency Program at the University Medical Center (UMC) and Louisiana State University School of Dentistry was established in 1973 with its first graduating class in 1975. This one-year (optional second) residency program offers an opportunity for advanced comprehensive clinical experience in a hospital complex with additional training in the sciences basic to dental practice. The ultimate goal is to train dentists to function as part of the hospital team in the delivery of total patient care.

The residents treat emergency dental needs for patients with complex medical problems in two specially designated clinics. One clinic deals with outpatient consults from all other ambulatory care clinics at UMC/OLOL, such as Neurology, Medicine, Emergency Medicine, Psychiatry, Surgery, etc. The other clinic is primarily to dentally clear patients of all oral infections prior to organ transplantation, such as heart, lung, liver, bone marrow and kidney. This clinic also handles dental clearance of head and neck cancer patients prior to head and neck radiation therapy. First and second year residents staff both clinics on a rotating basis.

Residency Goals

The goals of the General Dentistry Residency Program sponsored by LSU Health Sciences Center School of Dentistry and affiliated with UMC and OLOL are the following:

1. To prepare graduate dentists to function as fully participating members of the hospital medical staff. Pursuant to this goal is an in depth understanding of the following:
 - a. hospital organization;
 - b. organization, functioning, and responsibilities of the medical staff and the dental department;
 - c. general hospital and operating room protocol
 - d. interaction with other hospital departments through consultation, committee participation, etc.
 - e. physical evaluation of patients.
2. To train dentists to be able to provide care for patients with special needs.
 - a. This goal necessitates a deeper understanding of general medicine and the relationship between systemic disease states and proposed dental treatment.
 - b. Also pursuant to this goal is advanced training (both didactic and clinical) in control of pain and anxiety in the dental setting.
 - c. Specific medical conditions and special needs for which the resident will gain proficiency treating would include, but not be limited to,
 - i. patients receiving chemotherapy and/or head and neck radiation,
 - ii. patients with end stage renal disease that are undergoing dialysis

- iii. patients that have undergone organ transplantation
 - iv. patients with infectious diseases such as hepatitis B or AIDS
 - v. patients with Type I and II Diabetes or other endocrinopathies
 - vi. patients with chronic obstructive pulmonary disease
 - vii. patients with coagulation or other hematologic abnormalities
 - viii. patients with a variety of cardiovascular diseases.
3. To build upon the knowledge and skill developed at the predoctoral level in the areas of diagnosis of diseases related to
 - a. the dentition, periodontium, and maxillofacial complex;
 - b. development of comprehensive treatment plans in the context of the patient's total health care needs;
 - c. the delivery of complex comprehensive dental treatment which would include, but not be limited to, preventive dentistry, periodontics, endodontics, oral surgery, and restorative dentistry.
 4. To aid the graduate dentists in the pursuit of career goals.

Didactics

The residents receive several courses including TMJ Dysfunction, Occlusion, Facial Pain; Pain Control and Sedation in Dentistry; Introduction to Physical Diagnosis and Medical History. They attend these courses with the other graduate students at the dental school. General Dentistry teleconferences are scheduled every other Tuesday morning. A variety of topics are covered that relate to special topics in dentistry (periodontics, dental implantology), topics related to hospital dentistry and the treatment of medically complex patients, and journal club. Monthly seminars are schedule one Friday of every month to supplement the didactic portion of the program, attend various CE around the state and schedule in-services.

We feel this one-year (optional second) program in General Dentistry provides an unparalleled opportunity for our residents to gain the knowledge and experience they need to effectively function as fully-participating members of a hospital staff. Because UMC and OLOL are the major health care providers for the indigent population of the Greater New Orleans and Greater Baton Rouge area and receives referrals from the State Charity Hospital system, they are an excellent teaching institution. The variety of pathological conditions the residents encounter within the patient population at UMC and OLOL is unmatched. The one-year (optional second year) curriculum allows the flexibility to provide not only the strongest possible foundation in hospital dental practice, but also allows integration with the practice of general dentistry and affords the resident an opportunity to enhance his or her skills in all disciplines of general dentistry.

Requirements for All General Dentistry Residents

1. All rotations, special patient clinics, and courses as scheduled.
2. Tuesday Teleconferences, which will consist of Journal Club (once every month) medically-related topics and special dental topics.
3. Each first year resident will be responsible for making a seminar presentation to the other residents and staff and scheduled with the Friday afternoon seminars.
4. It is the responsibility of the resident to assure coverage in any and all areas assigned. If circumstances or personal needs necessitate a change of scheduling, such changes must be approved by the chief resident and staff, and the resident must provide a replacement.
5. Each second year resident will be responsible for formally presenting a minimum of two documented treatment planning case presentations.

First Year Clinic Course and Seminar Responsibilities:

1. TMJ Dysfunction, Occlusion, and Facial Pain
2. Teleconference
3. Monthly seminars
4. Introduction to Physical Diagnosis
5. Pain Control and Sedation in Dentistry
6. Oral Medicine and Laboratory Diagnosis
7. Basic Endodontic Review of Technique and Philosophy
8. Ward, Clinic and Conference assignments on all rotations

Second Year Clinic Course and Seminar Responsibilities:

1. All Teleconferences, Seminars and Journal Club
2. Advance Dental Implantology
3. Basic Endodontic Review of Technique and Philosophy

First Year

The program is designed to thoroughly indoctrinate the residents regarding hospital organization, protocol and administration, to train them to care for patients on both an in-patient and out - patient basis and practice dentistry on the special needs patients. In order to lay a solid foundation upon which to build an understanding of hospital dental practice, first year residents are scheduled rotations through anesthesiology, emergency medicine and oral and maxillofacial surgery.

**Each resident will be expected to prepare and complete a 30 - 45 minute oral presentation in the fall & spring semester (CASE REPORTS IN SPRING), to faculty and colleagues. This

presentation may include any medical or dental topic reviewed during the year, from which the remaining of the group could learn or benefit.

ANESTHESIA

First year residents will spend one month in an Anesthesia rotation. The residents will gain experience in the following areas: pre-operative evaluation and preparation of patients undergoing general anesthesia (including starting IV lines), techniques for establishing and maintaining an airway, operation of the anesthesia machine, induction techniques, techniques for maintaining general anesthesia (including basal narcosis and inhalation anesthesia), principles for fluid maintenance and replacement, proper monitoring technique for patients undergoing general anesthesia, and administration of conscious sedation in the operating room. The residents are assigned one or more cases a day depending upon case availability; the residents average 40-50 cases while on the rotation. In addition, they may participate in a number of other cases in relief of residents on lunch breaks, etc.

EMERGENCY MEDICINE

The residents spend one month in an emergency medicine rotation within respective hospitals during the first year. While on this service, residents are fully participating members of the team with the same responsibilities as the medical interns. During this rotation, residents obtain medical histories, perform physical examinations, follow patients' progress during their hospital stays, and present patients to attending faculty. The emergency room at UMC is the major trauma center for the greater New Orleans area, with well over 200,000 patient visits per year. The emergency room at OLOL is also a busy ER with over 100,000 visits per year. Not only do the residents gain considerable experience in the diagnosis and treatment of orofacial trauma and infection, but they also participate as members of the team responsible for the treatment of patients with major trauma (resulting from motor vehicle accidents, stabbings and gun shot wounds) during this rotation. As a result of this experience, the residents learn how to evaluate and stabilize patients who have received major trauma. They also learn various therapeutic techniques such as starting intravenous infusions, starting central lines, obtaining samples for blood gases, running electrocardiograms, and suturing/dressing surgical wounds.

ORAL AND MAXILLOFACIAL SURGERY

During the one month Oral Surgery rotation at UMC or OLOL, the General Dentistry residents function as oral surgery interns. They participate in all rounds, work-up of in-patients, in-house on call to the accident room (at minimum once a week, "shadowing" an OMFS resident or more at discretion of upper level), and the treatment of clinic patients. While on the Oral Surgery service, they gain additional experience in the treatment of orofacial infections and dentoalveolar trauma. They also have the opportunity to perform pre-prosthetic surgery, remove impacted teeth, and assist for conscious sedation.

GENERAL DENTISTRY

The remainder of the first year the residents rotate on dental services: UMC, OLOL, HIV Outpatient Clinic, the Dental & Medical Primary Care Clinic (DMPPC) and LSUSD.

The residents have a variety of responsibilities during their eight-nine month General Dentistry rotation. They participate in operating room cases, assisting in the admit work-up, treatment, and follow-up of the patients; they also have the primary responsibility for answering all consults directed to the General Dentistry service and participate in clinics for patients with especially acute treatment needs e.g. end stage renal disease, clearance for head and neck radiation, chemotherapy, etc. Comprehensive Care patients are also assigned and care completed as needs dictate. Qualification for comprehensive care MUST BE AT DISCRETION OF FACULTY for all cases. Completion of cases for moderate sedation will be obtained while on this service.

Second Year (optional)

The optional second year of the program is designed to further integrate the knowledge and skill gained during the first year with regard to hospital patient care and the practice of general dentistry as well as provide an avenue for research. The residents spend the majority of their time in the dental clinic at the University Medical Center in New Orleans or Baton Rouge GPR clinic. They are assigned number comprehensive care patients for treatment in the clinic. These patients are accepted for treatment on the basis of compromised general health including such conditions as: radiation therapy for head and neck cancer, leukemia, end stage renal disease, sickle cell anemia, cardiac valvular prosthesis, debilitating cardiopulmonary disease, grand mal epilepsy, bleeding diatheses, diabetes, cirrhosis, neurological defects, and psychiatric disorders. In addition to the general dentistry experience, the second year residents have added freedom to pursue special areas of clinical interest e.g., periodontal surgery, periapical surgery, dental implantology, moderate sedation and other medical or dental electives.

An important component of the second year is the treatment of patients in the operating room. Once a patient has been determined to require care in the operating room, a second year resident is responsible for admitting the patient to the hospital, obtaining a history and physical, coordinating the pre-op work-up, rendering care in the operating room, following the patient postoperatively, and discharging the patient.

- Each 2nd year must have a publishable paper by November of their second year. This paper may be a retrospective study, case report or literature review of approved topic.
- Second year residents are expected to complete as many patients as possible.
- Each second year resident will be expected to present at least two case presentations in the fall and spring semester, to faculty and colleagues. Documentation should include pre- and post-operative intraoral photographs, pre- and post-operative mounted study casts, pre- and post-operative x-rays, a detailed treatment plan and a narrative of the course of treatment. The presented cases should include at least three of the following disciplines: oral surgery, endo, perio, operative, fixed prosthodontics and/or removable prosthodontics.

Special Resident Designation

CHIEF RESIDENT: Customarily, at the start of each residency year, a second year resident(s) at each hospital is appointed by the Director to serve as Chief Resident.

Duties of the Chief Resident Include:

- Overall supervision of all first and second year residents, including attendance at teleconference/monthly seminars, promptness, fulfillment of assignment requirements, attendance at morning Chart Rounds (BR) or engagement with case reviews (NOLA)
- Responsibility for residents conforming to hospital and dental department rules and regulations
- Set up residents' monthly scheduled assignments (i.e. dental school, HOP, IPE clinic, etc. with Director approval), OR, Consult Assignment, Teaching Assignment
- Notification of all residents of any special scheduling changes
- Assist Director with obtaining clinic records from all residents on service
- Assist Director with obtaining course and rotation critiques (rotation objectives, evaluations) from all first and second year residents
- Function as liaison between residents and Staff/Administration
- Assist in schedule Lunch and Learns with vendors
- Assign Lab clean-up duty
- Help with keeping track of lab cases
- Assist in making the call schedule and insure that the proper person has a copy of it

Rotations Courses Clinics Seminars

Key:

U = University Medical Center (UMC)

O = Our Lady of the Lake Regional Medical Center (LOL)

L = LSUHSC School of Dentistry (LSUSD)

SLVHCS = Southeast Louisiana Veterans Health Care

First Year Hospital Rotations:

1. General Dentistry (U/L or O): 7 months
2. Oral and Maxillofacial Surgery (U or O): 1 month
3. General Anesthesia (U or O): 1 month

4. Emergency Room (U or O): 1 month
5. Veterans' Hospital (SLVHS): 2 months

Second Year (optional):

1. General Dentistry (U/L or O): 10 months
2. Requested rotation (1 - 2 months per schedule)

Rotation Objectives

Anesthesia — At the conclusion of the Anesthesia Rotation the resident should be able to:

1. Assess a prospective patient for general anesthesia preoperatively, with special emphasis on airway assessment as well as determination of cardiopulmonary status. Furthermore, given the patient's medical history and results of physical evaluation, the resident should be able to assign the correct A.S.A. classification for the patient.
2. Demonstrate proficiency in starting an IV infusion.
3. Explain the operation of the anesthesia machine.
4. Explain the pharmacology of the drugs commonly used in anesthesia including the barbiturates, narcotic agonists and antagonists, benzodiazepines, volatile anesthetic gases, paralyzing agents and anticholinergics.
5. Demonstrate proficiency in managing an airway on a semi-conscious/unconscious patient, including use of patient positioning, mechanical airways (oral, nasal), facemask, and endotracheal intubation.
6. Describe the techniques for induction, maintenance, and recovery from general anesthesia.
7. Demonstrate correct usage of the patient monitors commonly used in G/A, including ECG monitor, BP monitor, pulse oximeter, end-tidal CO₂ monitor, precordial/esophageal stethoscope, and temperature probe.
8. Describe the prevention, recognition, and management of the most commonly encountered G/A complications, including atelectasis, aspiration, and intubation trauma.
9. Demonstrate protocol for oral postop anesthesia report to recovery room nurse.
10. Demonstrate competency in administration of conscious sedation (utilizing narcotic, benzodiazepines, and/or barbiturates) to patients in the operating room setting.

Emergency Medicine — At the conclusion of the Emergency Room Rotation, the resident should be able to:

1. Evaluate and treat orofacial trauma. The resident should also gain an appreciation for the scope of his/her abilities and training and recognize when the patient should be referred to the appropriate specialist.
2. Evaluate and treat orofacial infections. The resident should also be able to recognize those infections which require admission to the hospital.
3. Suture facial/scalp lacerations.

4. As a member of the major trauma team demonstrate the following diagnostic and therapeutic procedures:
 - a. Starting IV infusions
 - b. Placement of foley catheters
 - c. Obtain arterial sample for blood gases
 - d. Phlebotomy technique
 - e. Obtain EKG's
5. Take an appropriate medical history and perform physical evaluation on patient presenting with traumatic injuries. The residents should become particularly proficient in the evaluation of patients with head and neck trauma.
6. Gain familiarity with the interpretation of radiographs for the purpose of evaluating traumatic injuries, e.g. cervical spine, skull films, CXR, KUB, and long bones.
7. Gain proficiency in the pre-admit w/u of trauma patients.
8. Demonstrate competency in consultation of other services.

Oral & Maxillofacial Surgery — At the conclusion of the Oral and Maxillofacial Surgery Rotation, the resident should be able to:

1. Demonstrate proficiency in basic exodontia.
2. Demonstrate competency in removal of impacted teeth.
3. Demonstrate proficiency in treatment of dentoalveolar fractures.
4. Demonstrate an understanding of the management of mandibular fractures.
5. Demonstrate proficiency in the management of orofacial infections.
6. Demonstrate competency in dentoalveolar pre-prosthetic surgery, e.g. alveoloplasty, tuberosity reduction, tori reduction, frenectomy.
7. Demonstrate an understanding of the work-up of patients for orthognathic surgery.
8. Demonstrate the proper management of patients with conscious sedation, including preoperative assessment of risk, administration of drugs, and proper monitoring technique.
9. Enhance their knowledge and skill in the evaluation of patients with head and neck trauma and orofacial infections through participation in in-house call.
10. Demonstrate proficiency in the pre-admit work-up of trauma and orthognathic surgery patients.
11. Describe accepted aseptic surgical technique.
12. Present patients to teaching staff utilizing standard format.

General Dentistry (1st year) — At the conclusion of the first year General Dentistry Rotation, the resident should be able to:

1. Demonstrate proficiency in answering consults from other services in the hospital.
2. Explain the admit protocol for patients being admitted to one day stay, short stay, or regular admit bed for General Dentistry.
3. Demonstrate proficiency in evaluation and medical risk assessment of patients presenting for treatment in the General Dentistry outpatient clinic.
4. Perform a comprehensive oral and head and neck exam. This exam would include evaluation of hard tissues, the periodontium, muscles of mastication, TMJ's, soft tissues (oral cancer exam), occlusion, and the oropharynx.

5. Explain the management of patients on hemodialysis, chemotherapy, and those who have received XRT for head and neck cancer.
6. Explain operating room protocol for patients receiving dental treatment. This would include surgical scrub, gowning and gloving, throat pack placement, patient positioning, prepping and draping of patient, and aseptic surgical technique.

General Dentistry (2nd year) — In addition to the objectives from the first year rotation, residents completing the 2nd year rotation should be able to:

1. Demonstrate proficiency in the pre-admit work-up of patients to the dental service.
2. Develop and present comprehensive dental treatment plans on patients who are to receive comprehensive care.
3. Demonstrate advanced knowledge and skill in the treatment of conditions affecting the oral cavity and the stomatognathic system. This treatment would include preventive dentistry, periodontics, endodontics, oral surgery, treatment of the patient with TMD, and restorative dentistry (operative, fixed and removable prosthodontics).
4. Demonstrate proficiency in the work-up and restoration of patients being reconstructed by dental implants.
5. Explain the concepts of complex dental rehabilitation.
6. Demonstrate proficiency in the management of patients with a variety of medically compromising conditions, to include: head and neck radiation, chemotherapy, HIV infection, hemodialysis, organ transplantation, HBV infection, CHF, coronary artery disease, valvular heart disease, patients on anticoagulant therapy, blood dyscrasias, seizures D/O, IDDM, asthma, COPD, spinal cord injuries, psychiatric d/o, and mental retardation (and other developmental disabilities).
7. Demonstrate proficiency in the management of patients utilizing the pharmacosedative techniques of oral sedation, N₂O:O₂ sedation, and IV sedation. This would include preoperative assessment, drug administration, and proper monitoring of patients.
8. Demonstrate proficiency in Operating Room protocol and the management of patients receiving care in the Operation Room.
9. Gain an appreciation for academic dentistry as a career while teaching in the senior clinic at the dental school.
10. Gain an appreciation for the importance of communication with the commercial dental lab in the planning and execution of prosthodontic treatment.
11. Demonstrate an in depth understanding of hospital organization; the organization, functioning, and responsibilities of the medical staff; and the organization and functioning of the dental department within the hospital organizational structure.
12. Understand his/her individual clinical limitations to know when referral to dental specialists is indicated. Furthermore, the resident should demonstrate an understanding of the role of the general dentist as the leader of the dental team.

All residents are looked upon as mature individuals with a specific goal in mind, who appreciate the need for regulatory requirements. Adherence to scheduled assignments is imperative. No one is a resident-at-large or works alone; he or she is PART OF A TEAM even while pursuing his/her personal objectives. The Program Director cannot permit

any individual in training to voluntarily participate on any service at such times when he/she is not assigned to that service except under very unusual circumstances, and only with his prior approval. Promptness and attendance are important to maintaining schedules with minimal loss of precious time. REPEATED TARDINESS AND/OR ABSENCES WILL NECESSITATE DISCIPLINARY ACTION, WHICH MAY INCLUDE BUT IS NOT LIMITED TO LEAVE WITHOUT PAY.