

**INFORMATIONAL REPORT ON ADVANCED EDUCATION IN GENERAL  
DENTISTRY AND GENERAL PRACTICE RESIDENCY PROGRAMS  
ANNUAL SURVEY CURRICULUM DATA**

**Background:** At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. The Commission further suggested that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission's Annual Survey is conducted for advanced education in general dentistry (AEGD) and general practice residency programs (GPR) in alternate years. The most recent Curriculum Section was conducted in August/September 2022. Aggregate data of the most recent Curriculum Section for review by the Postdoctoral General Dentistry Education RC as an informational report is provided in **Appendix 1** for AEGD and **Appendix 2** for GPR.

**Summary:** The Review Committee on Postdoctoral General Dentistry Education is requested to review the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (**Appendix 1** and **Appendix 2**).

**Recommendation:** This report is informational in nature and no action is requested.

## 2022-23 Advanced Education in General Dentistry Curriculum Survey Results

This report includes data collected in the 2022-23 *Survey of Advanced Dental Education* from 88 advanced education in general dentistry programs accredited at the time of the survey. Five newly-accredited programs that did not have a graduating class in 2022 are excluded from this report.

### 21. What percentage of time did first year students/residents spend in each of the following areas during the 2021-22 residency year?

Field	Minimum	Maximum	Mean	Count
a. Ambulatory dental care (treatment provided in the dental clinic, includes dental rotations)	0.0	97.0	74.5	88
b. Dental inpatient care (management of dental inpatients)	0.0	80.0	1.4	88
c. Management of dental inpatients or same-day surgery patients in the hospital operating room suite	0.0	8.0	0.8	88
d. Rotations/Assignments to other services (non-dental)	0.0	20.0	1.7	88
e. Didactics: courses/lectures/conferences/seminars	3.0	60.0	19.5	88
f. Responding to consults	0.0	10.0	1.1	88
g. Other, please specify	0.0	10.0	1.0	88

g. Other, please specify - Text

3% Seminars/Conferences; 0.5% Teaching; 0.5% Research/lit review; 5% Military duties, dental meetings, dental labwork, independent study, Admin responsibilities

Community Service, Continuing Education, Elective Enrichment

General military training: online and field training

Lab & admin

Lab, admin, research

Military Training (2)

Out Reach

Research (4)

Supervised Teaching

conferences, seminars, callibration

research and teaching

**22. Please indicate the total number of clock hours residents spent in formal courses, lectures and seminars receiving instruction in the following subject areas during the 2021-22 residency year.**

<b>Clock hours</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Count</b>
a. Applied pharmacology (Standard 2-2)	0.0	60.0	8.7	88
b. Endodontics (Standard 2-2)	2.0	67.0	20.3	88
c. Hospital organization and function (Standard 2-10)	0.0	62.0	4.4	88
d. Medical risk assessment (Standard 2-6)	0.0	64.0	11.0	88
e. Restorative/Operative dentistry (Standard 2-2)	2.0	96.0	30.3	88
f. Oral diagnosis/treatment planning (Standard 2-1)	2.0	288.0	33.2	88
g. Oral and maxillofacial pathology (Standard 2-4)	0.0	50.0	15.5	88
h. Oral and maxillofacial radiology/imaging (Standard 2-1)	0.0	40.0	8.6	88
i. Oral and maxillofacial surgery (Standard 2-2)	0.0	56.0	17.8	88
j. Pain and anxiety control (Standard 2-2)	0.0	72.0	18.6	88
k. Patients with special needs (Standard 2-1)	0.0	40.0	8.7	88
l. Periodontics (Standard 2-2)	0.0	70.0	21.1	88
m. Physical evaluation (Standards 2-6, 2-7)	0.0	40.0	9.5	88
n. Practice management (Standard 2-10)	0.0	80.0	15.5	88
o. Preventive dentistry (Standard 2-1)	0.0	58.0	8.2	88
p. Restoration of edentulous space (Standard 2-2)	4.0	138.0	27.6	88
q. Other, please specify	0.0	208.0	18.2	88

## 22q. Other, please specify - Text

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Air Force Specific Trainings

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Anterior esthetics (1.5), Ceramics (1.5), Anxiety (1.5); Aging (1.5); Pain management/sedation (3), Pediatric Dentistry (3), Orthodontic screening and recognition (1.5), TMD (1.5), EBD (3), principles of education (12), ethics and professionalism (3)

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Applied Dental Psych, Forensics Dentistry, Ethics, Orthodontic, Pediatric Dentistry, Research Methodology, Teaching Methods

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Case conference, ethics, orthodontics, pediatric dentistry, literature review, TMD & facial pain

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Community Service, Forensic Dentistry, Ethics, Evidence based dentistry, Implant Boards

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Dental Anesthesia

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Dental Emergencies

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Dental Ethics (2)

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Ethics

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Ethics, Case conference, pediatric dentistry, orthodontics, literature review

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Ethics, Occlusion, Orthodontics, Implants

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Forensic dentistry/Teledentistry

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Forensics

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Forensics, Journal Club, Patient care Conferences, Implant board, Table Clinic presentations to DENTAC, Hinman Dental Conference, Ethics, Dental Sleep Apnea Medicine Course, Dental photography

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Head and neck anatomy, ethics, evidence based dentistry, dental materials, TMD

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Implant Dentistry, Sleep Dentistry, Sports Dentistry/Trauma, Infection Control

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Implantology conferences

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Implants

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Implants and grafting

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Implants: Maintenance, Placement

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Informed consent/treatment planning

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Lasers

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Mgt of Med Emerg (8), Ethics (6), Implants (10), Dental Materials (18), Pediatric Dent (4), Orthodontics (1)

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Military Readiness, Forensics

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Multidisciplinary seminars

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Oral Biomaterials

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Ortho(26),Forensics(16),Research(20)

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Orthodontics/Pediatrics

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Sleep Related Breathing Disorders

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TMD/Sleep Apnea

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Various dental practice topics

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cultural competence

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dental sleep medicine

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digital dentistry

implant placement, restoration

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mixed subjects

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osa/ adjunctive ortho

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out reach

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sleep med

**23. Indicate all rotations/assignments to non-dental services in either the sponsoring or affiliated institutions required of the residents.**

Length of rotation/assignment (in weeks)	Minimum	Maximum	Mean	Count
a. Anesthesia (GPR Standard 2-5)	0.0	3.0	0.4	88
b. Medicine (GPR Standard 2-6)	0.0	2.0	0.1	88
c. Emergency Department (Standard 2-6)	0.0	52.0	1.4	88
d. Other, please specify (GPR Standard 2-8, AEGD Standard 2-5)	0.0	5.0	0.3	88

Average hours per week	Minimum	Maximum	Mean	Count
a. Anesthesia (GPR Standard 2-5)	0.0	48.0	8.1	88
b. Medicine (GPR Standard 2-6)	0.0	40.0	1.9	88
c. Emergency Department (Standard 2-6)	0.0	40.0	3.0	88
d. Other, please specify (GPR Standard 2-8, AEGD Standard 2-5)	0.0	40.0	3.0	88

**Other, please specify**

d. Other, please specify (GPR Standard 2-8, AEGD Standard 2-5) - Text

ALS/BLS, Air Force Dental Leadership Crs

Anatomy Lab

Anesthesia

Community Clinic

ENT

Family Medicine

Hospital Dentistry (Patients with disabilities)

Otolaryngology

Pathology Lab

Plastic Surgery, ENT, Radiation Oncology, Dental Lab, Cardiology

Radiology

Ross Hall / CSLC Clinical Rotations

Trauma Combat Casualty Care, + military training

community outreach

endo/perio/sedation

## Comments from AEGD/GPR Curriculum Section page 1

1 day spent in physical evaluation after hours emergency call - 9 weeks

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Anesthesia is performed in clinic. We have an anesthesiologist in clinic one week per month

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**REDACTED** -Based Residents complete a Clinical Rotation to **REDACTED** with objectives in Endodontics and Oral Surgery. **REDACTED** -Based Residents complete a Clinical Rotation to a **REDACTED**, with objectives in provision of care in a rural/historically under-served area. "Other" curriculum hours total to 57.5 hours - 50 entered in survey as system would not allow entry above 52 hours.

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Justification of block 22. Residents attended several CE courses throughout the year that were 2-4 days. Residents attended 4 day Endo CE for 32 hours of didactic along with 2 half days of endo didactic training along with literature reviews. Residents attended 4 day Oral and maxillofacial Pathology and Radiology, 3 day Oral Facial Pain/TMD Disorders Course, 4 day Operative Dentistry short course along with 3 half day operative seminars, attended 4 day Oral and Maxillofacial Surgery course, 3 day practice management seminar, along with 2 day Forensic Dentistry course. Residents also attended literature reviews in each specialty adding to didactic time. I was unable to give an accurate weekly time allotment that question 22 was requiring. Every Thursday and Friday afternoon are didactic seminars which include a multitude of subjects presented on by different specialists along with the residents giving presentations.

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Residents take call every 18 days and also rotate in the emergency clinic during normal hours.

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Rotations are only for those enrolled in optional second year (PGY-2)

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The residents take on call for one week blocks and will complete 6 of these rotations. The amount of time called into to treat patients will be variable. I listed this under emergency department.

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The residents were expected to provide dental care for patients in the OR, however due to COVID restrictions this goal was not achieved for the class 2021-2022. The residents received only didactic training for this topic.

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There is an annual 1 day (6-8 hours) Internal Medicine Rotation with our attending Staff Internist, Dr. **REDACTED** located in E2 on the same floor as dental

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We do not work in an Emergency department per se, but have an on-call 7 days a week dispatched through our urgent care clinic at **REDACTED**.

**24. Provide the following dental clinic statistics related to outpatient visits for the 2021-22 residency year. Include statistics for both sponsoring and affiliated institution(s). (Standard 2-1)**

Number of visits	Minimum	Maximum	Mean	Count
a. Total number of outpatient visits to the dental clinic (include screening/consultative visits) -	0.0	199982.0	19466.6	88
b. Total number of outpatient visits managed by the residents	0.0	132880.0	6512.9	88

**25. How many patients with special needs did the residents treat during the 2021-22 residency year? (Standard 2-1)**

Field	Minimum	Maximum	Mean	Count
	3.0	23645.0	788.3	88

**26. How many patients did residents provide comprehensive care to, from treatment plan to completion (as opposed to episodic or emergency care), during the 2021-22 residency year? (Standard 2-1)**

Field	Minimum	Maximum	Mean	Count
	10.0	92855.0	2774.8	88

**27. Provide the following emergency care statistics for the 2021-22 residency year identifying the activity level(s) at both the sponsoring and affiliated institution(s). (Standard 2-1)**

Field	Minimum	Maximum	Mean	Count
<b>a. The number of dental emergencies treated in the dental clinic by residents</b>				
Sponsoring institution	0.0	14726.0	710.4	88
Affiliated institution(s)	0.0	26922.0	335.4	88
<b>b. The number of dental emergencies treated in the hospital emergency department by all residents</b>				
Sponsoring institution	0.0	656.0	20.3	88
Affiliated institution(s)	0.0	0.0	0.0	88



**28. In which of the following conscious sedation techniques did residents receive INSTRUCTION during the 2021-22 residency year? (Standard 2-2g)**

Question	Yes	No	Total
a. Oral	88.6%	11.4%	88
b. Inhalation	81.8%	18.2%	88
c. Intramuscular	35.2%	64.8%	88
d. Intravenous	62.5%	37.5%	88
e. Intranasal	28.4%	71.6%	88
f. Other, please specify	4.5%	95.5%	88

**28. In which of the following conscious sedation techniques did residents receive CLINICAL EXPERIENCE during the 2021-22 residency year? (Standard 2-2g)**

Question	Yes	No	Total
a. Oral	78.4%	21.6%	88
b. Inhalation	69.3%	30.7%	88
c. Intramuscular	9.1%	90.9%	88
d. Intravenous	39.8%	60.2%	88
e. Intranasal	6.8%	93.2%	88
f. Other, please specify	1.1%	98.9%	88

f. Other, please specify - Text

Intraosseous

Clinical experiences providing care to patients undergoing inhalation anxiolysis with N2O-O2 as operator, with Pediatric Dentistry resident managing administration of gases.

Intubation (2)

## Comments from AEGD/GPR Curriculum Section page 2

Clinical experience in conscious sedation is provided in the form of participation in sedation while on rotation in the on-site oral surgery area.

#25 - calculated by total number of procedures completed on non-traditional-dental-class-eligible patients divided by 2 (approximate average number of procedures per non-traditional-dental-class-eligible patient). #26 - calculated by total number of D0350 codes completed on VA Class-IV-dental-eligible patients. #27 - calculated by total number of D0140 codes completed on VA Class-IV-dental-eligible patients.

26 of the emergency patients did present to the ER for treatment. The residents will bring those patients to the dental clinic. This is why I answered that 0 were treated in the ER, even though they would have initially presented to emergency services.

Emergencies are estimates, as our dental software does not currently have a code for emergencies

Emergencies are general approximation based on observed walk-ins per day. There is not a code in clinic tracking system for walk-ins.

**REDACTED** experienced a massive cyberattack in September, 2021 and the **REDACTED** was unable to generate data in the EHR until January, 2022. There was a loss of data from October, 2018 to January, 2022. All information regarding clinical experiences is based upon the data gathered since January from the EHR and internal reports previously generated.

IV sedation instruction and experience was gained on the Anesthesia rotation.

Many more special needs patients were cared for, but the SN (Special Needs) code was not applied. All SN patients are now being coded as SN for case tracking.

Numbers determined for question 27a in the previous 2020 survey were accomplished based on number of coded procedures; numbers for this survey were based on emergency encounters alone which yielded a significantly smaller overall number despite a comparable resident experience in dental emergency care. A similar methodology was applied to this survey regarding question 24a and 24b. The total number of outpatient visits in the previous 2020 survey was based on multiple procedure codes, while the current survey is based on the the actual number of patient encounters. As a result, we are reporting a significantly lower number despite a similar resident experience.

Question 27: AEGD program does not have affiliation with a hospital so they did not see any patients in the ER.

Questions 25,26,27 are estimates based on the patient population seen. The **REDACTED** web-based appointment software does not specify all of the criteria up above.

Residents receive a **REDACTED** certification letter for oral conscious sedation and nitrous oxide. They also receive practical experience with intravenous sedation.

The **REDACTED** is an ambulatory surgical clinic and does not have an emergency department and all dental emergencies are seen in the dental clinic.

The resident is provided anesthesia rotation for exposure but our AEGD does not provide certification in any type of sedation

The total number of outpatient visits is number only from **REDACTED** Dental clinic and excludes DC#2 and **REDACTED** Dental Clinic. We switched from CDS to Dentrix. With Dentrix the W9999- patient treated code does not auto-select as did CDS and therefore the total number of patient's treated is not accurate . The total number of patient's treat is absolutely much higher.

**29. Indicate the total number of each of the following procedures in Preventive Dentistry completed by residents during the 2021-22 residency year.**

Number of procedures	Minimum	Maximum	Mean	Count
a. Prophylaxis (D1110, D1120, D4346, D4355)	0.0	20503.0	596.0	88
b. Topical fluoride treatments (D1026 - D1028)	0.0	33953.0	503.6	88
c. Sealants (D1351, D1353)	0.0	10304.0	181.9	88

**30. Indicate the total number of each of the following procedures in Restorative/Operative Dentistry completed by residents during the 2021-22 residency year.**

Number of procedures	Minimum	Maximum	Mean	Count
a. Amalgam Restorations (D2140, D2150, D2160, D2161)	0.0	2204.0	59.7	88
b. Anterior composites (D2330, D2331, D2332 and D2335)	24.0	18729.0	616.5	88
c. Posterior composites (D2391, D2392, D2393, & D2394)	29.0	56278.0	1441.4	88
d. Single unit crowns (D2710, D2712, D2720-D2722, D2740, D2750-D2753, D2780-D2783, D2790-D2792, D2794)	14.0	5752.0	293.4	88
e. Crown cores (cast or prefabricated) (D2952-D2954, D2957)	0.0	849.0	40.5	88
f. Crown core build-up, including pins (preparatory work before crown) (D2950)	3.0	2283.0	134.4	88
g. Inlay/Onlay (D2510, D2520, D2530, D2542-D2544, D2610, D2620, D2630, D2642-D2644, D2650-D2652, D2662-D2664)	0.0	82.0	10.9	88

**31. Indicate the total number of each of the following procedures in Endodontics completed by residents during the 2021-22 residency year.**

Number of procedures	Minimum	Maximum	Mean	Count
a. Single canals (anterior) (D3310, D3346)	2.0	1409.0	61.1	88
b. Double canals (bicuspid) (D3320, D3347)	0.0	1482.0	59.4	88
c. Molars (D3330, D3348)	0.0	1541.0	67.0	88
d. Apicoectomies (D3410, D3421, D3425, D3426)	0.0	31.0	1.6	88

**32. Indicate the total number of each of the following procedures in Periodontics completed by residents during the 2021-22 residency year.**

Number of procedures	Minimum	Maximum	Mean	Count
a. Scaling, root planing and curettage (D4341, D4342, D4346, D4910)	0.0	10900.0	269.5	88
b. Gingivectomies (D4210-D4211, D4212)	0.0	383.0	13.9	88
c. Soft tissue grafts/gingival flap procedures (D4240, D4241, D4270, D4273, D4275, D4276)	0.0	144.0	12.8	88
d. Crown lengthening/Bone grafts/osseous surgery/guided tissue regeneration (D4249, D4260, D4261, D4266, D4267)	0.0	590.0	48.4	88
e. Apically repositioned flap (D4245)	0.0	70.0	3.2	88
f. Bone graft replacement graft – first site in quadrant (D4263)	0.0	369.0	21.0	88
g. Bone replacement graft – each additional site in quadrant (D4264)	0.0	160.0	5.8	88
h. Biologic materials to aid in soft tissue and osseous tissue regeneration (D4265, D4266)	0.0	367.0	28.2	88

**Comments from AEGD/GPR Curriculum Section page 3**

30F: Crown/core buildups may be under reported as we sometimes charge code D2394 because Medicaid insurance will not cover a core buildup. 32C and 32D: Medicaid will only pay for D4341 which is non-surgical scaling and root planing. They will not pay for D4240(open flap debridement)and D4260(osseous recontouring). Because insurance usually does not pay for this and we want to optimize resident experiences, we used code D4341 in place of D4240 and D4260. 32B:A majority of our patients qualify for Medicaid. Codes D4210-D4212 are not covered by Medicaid. During crown preparations or subgingival restorative procedures we often have to perform a gingivectomy. To optimize resident experience, we often don't code for this. 32F and 32G: Although no procedures were coded under the D4263 and D4264 codes for bone grafting, residents did 12 total combined socket preservation (D7953) and ridge augmentation (D7950) procedures.

Comprehensive exams (D0150)=985, Recall (D0120)= 806, Evaluation (D0175,D0170, D0171)=1421, D0140(emergency)=1421. Above codes include complete diagnoses and treatment plans, prophylaxis, sealants when indicated.

D 5982 surgical stent - 301

Due to **REDACTED** regulations no bone grafting is done at this time Residents get experience with flap procedures through surgical extractions and implant placement

For perio, some procedures became bundled or coded improperly. Access to hard copy procedure binders was not possible, residents are turning in still at this time. From OCT 1 - March 1 2022 only information from **REDACTED** DC was accessible due to CDS level access.

**REDACTED** experienced a massive cyberattack in September, 2021 and the **REDACTED** was unable to generate data in the EHR until January, 2022. There was a loss of data from October, 2018 to January, 2022. All information regarding clinical experiences is based upon the data gathered since January from the EHR and internal reports previously generated.

I did not include W2710 and W2740 in the single unit crown numbers-only because these codes were not listed above. These would have represented the largest proportion of our single unit crowns at 216 units delivered.

Reported D1206 for 29b. answer, fluoride varnish only used in this clinic Reported D1354 for 29c. answer, SDF used here routinely (way more common than sealants)

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Residents were exposed to all procedures marked as '0'. Assisted mentors during procedures.

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topical fluoride treatments were not actively tracked

**33. Indicate the total number of each of the following procedures in Removable Prosthodontics completed by residents during the 2021-22 residency year.**

Number of procedures	Minimum	Maximum	Mean	Count
a. Units/complete dentures (D5110-D5120)	0.0	2566.0	80.0	88
b. Units/immediate dentures (D5130-D5140)	0.0	336.0	12.8	88
c. Units/overdentures (D5863-D5866)	0.0	241.0	6.3	88
d. Interim complete dentures (D5810, D5811)	0.0	255.0	14.6	88
e. Adjustment to dentures and partials (D5410-D5422)	0.0	3185.0	63.0	88
f. Complete denture repairs (D5511, D5512, D5520)	0.0	108.0	10.0	88
g. Repairs to partials (D5611-D5671)	0.0	478.0	22.4	88
h. Acrylic partial dentures (D5211-D5212, D5221, D5222, D5225, D5226, D5820-D5821)	0.0	1451.0	57.9	88
i. Conventional cast frame partial frame dentures (D5213-D5214, D5223-D5224)	0.0	1475.0	67.9	88
j. Precision or semi-precision partial dentures attachments (D5862)	0.0	34.0	2.6	88

**34. Indicate the total number of each of the following procedures in Implant Services completed by residents during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
a. Surgical placement of implant body (D6010, D6013)	0.0	1862.0	108.7	88
b. Prefabricated abutment (including placement) (D6056)	0.0	134.0	10.3	88
c. Custom abutment (including placement) (D6057)	0.0	674.0	61.8	88
d. Implant retained Removable Prosthodontics (D6110-D6113)	0.0	178.0	5.9	88
e. Implant retained Fixed Prosthodontics (D6058-D6077, D6114-D6117)	0.0	1288.0	90.9	88

**35. Indicate the total number of each of the following procedures in Fixed Prosthodontics completed by residents during the 2021-22 residency year.**

Number of procedures	Minimum	Maximum	Mean	Count
Units/fixed bridgework (D6205-D6794)	0.0	2761.0	110.7	88

**36. Indicate the total number of each of the following procedures in Oral and Maxillofacial Surgery completed by residents during the 2021-22 residency year.**

Number of procedures	Minimum	Maximum	Mean	Count
a. Uncomplicated extractions (D7111, D7140, D7210, D7250)	31.0	41600.0	2117.4	88
b. Extractions of impacted teeth (D7220, D7230, D7240, D7241)	0.0	818.0	104.5	88
c. Oral Tissue biopsy (D7285, D7286)	0.0	78.0	5.0	88
d. Brush biopsy (D7288)	0.0	15.0	0.2	88
e. Surgical removal of lateral exostosis (maxilla or mandible) (D7471)	0.0	51.0	2.6	88
f. Surgical reduction of osseous tuberosity (D7485)	0.0	31.0	0.8	88
g. Surgical reduction of fibrous tuberosity (D7972)	0.0	4.0	0.3	88
h. Incision and drainage (D7510, D7511, D7520, D7521)	0.0	112.0	9.4	88
i. Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth (D7270)	0.0	40.0	0.8	88
j. Alveoplasties (D7310, 7311, 7320, 7321)	0.0	733.0	47.9	88
k. Removal of torus palatinus (D7472)	0.0	20.0	0.8	88
l. Removal of torus mandibularis (D7473)	0.0	85.0	5.3	88
m. Suture of recent small wounds up to 5 cm (D7910)	0.0	596.0	12.0	88
n. Complicated suture, up to 5 cm (D7911)	0.0	587.0	7.1	88
o. Complicated suture, greater than 5 cm (D7912)	0.0	92.0	1.3	88
p. Frenectomy (D7960)	0.0	25.0	2.0	88
q. Excision of hyperplastic tissue – per arch (D7970)	0.0	11.0	0.6	88
r. Excision of pericoronal gingiva (D7971)	0.0	18.0	0.9	88

**Comments from AEGD/GPR Curriculum Section page 4**

#36a - **REDACTED** procedure count plus (the average of four uncomplicated extractions per AU OMS rotation x 48 weeks x four residents) #36b - VA procedure count plus (the average of four extractions of impacted teeth per ASMP rotation x 24 weeks x four residents) #36j - **REDACTED** procedure count plus (the average of 1 alveoplasty per AU OMS rotation x 48 weeks x 4 residents)

Being a **REDACTED** residency program, our patient population is relatively young and healthy so residents received very little chair side denture experience. The residents were exposed to the procedures marked as '0' in Oral Surgery rotation or Perio rotation.

D 8090 comp ortho -23                      D 8670                                      D 7921 PRF/LPRF -89 D 8040 limited ortho adult- 16  
D 7951 sinus augment - 17 D 8660 pre-ortho -7                                      D 7953 bone graft ridge - 28

Denture adjustments and precision attachments were not tracked but numerous completed. Several I and D procedures completed but cannot quantify. will begin to track

Extractions number includes both uncomplicated and complecated Alveoplasties are not coded - usually performed during extractions.

For perio, some procedures became bundled or coded improperly. Access to hard copy procedure binders was not possible, residents are turning in still at this time. From OCT 1 - March 1 2022 only information from Cowan DC was accessible due to CDS level access.

**REDACTED** experienced a massive cyberattack in September, 2021 and the **REDACTED** was unable to generate data in the EHR until January, 2022. There was a loss of data from October, 2018 to January, 2022. All information regarding clinical experiences is based upon the data gathered since January from the EHR and internal reports previously generated.

Question #33: 20 Reline procedures of complete maxillary and mandibular denture also completed by residents ( D5730+D5731+D5750+D5751)

**37. How many times during the 2021-22 residency year were formal documented evaluations of resident performance conducted? (Standard 2-15)**

Field	Minimum	Maximum	Mean	Count
	3.0	15.0	3.6	88

**38. Please select the response below that best describes the intended outcomes of residents' education. (Standards 1-8, 1-9, 2-2, 2-3)**

	Percentage
Goals and objectives	37.5%
Competencies and proficiencies	62.5%
Total	88



## Comments from AEGD/GPR Curriculum Section page 5

Competencies and proficiencies are selected to match program goals and objectives

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Formal Assessments are conducted every four months, and after each Clinical Rotation.

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We use both, because we have goals and objectives set with lectures that are followed with clinical practice with competencies as a baseline standard that are recorded by faculty and proficiencies that allow the resident to operate more independently under general supervision.

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While goals and objectives are clearly defined, the resident's competency and proficiency is what helps us to determine how much they have progressed.

---

question 38 actually the answer is both, but competencies are more important.

## 2022-23 General Practice Residency Curriculum Survey Results

This report includes data collected in the 2022-23 *Survey of Advanced Dental Education* from 171 general practice residency programs accredited at the time of the survey. Three newly-accredited programs that did not have a graduating class in 2022 are excluded from this report.

### 21. What percentage of time did FIRST-YEAR students/residents spend in each of the following areas during the 2021-22 residency year?

Field	Minimum	Maximum	Mean	Count
a. Ambulatory dental care (treatment provided in the dental clinic, includes dental rotations)	10.0	90.0	63.5	171
b. Dental inpatient care (management of dental inpatients)	0.0	60.0	4.6	171
c. Management of dental inpatients or same-day surgery patients in the hospital operating room suite	0.0	20.0	5.0	171
d. Rotations/Assignments to other services (non-dental)	0.0	40.0	11.4	171
e. Didactics: courses/lectures/conferences/seminars	1.0	40.0	10.8	171
f. Responding to consults	0.0	20.0	4.3	171
g. Other, please specify	0.0	10.0	0.4	171

g. Other, please specify - Text

Community Service

Conferences and teaching

Conferences/Seminars

Dental Emergencies

Emergency Department

Interprofessional collaboration of care interpretation of radiation dosimetry plan, teaching pre-doctoral dental students

Military responsibilities

Mobile Dentistry

PTO

Problem Case Seminars/Presentations

Quality improvement projects

Research/Community Service

Teaching

Telehealth

community service

consultative

inpatient care and consults are the same.

lab work, community service, chart reviews, journal club

---

miscellaneous

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mobile dentistry and outreach.

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vacation sick personal

**22. Please indicate the total number of clock hours residents spent in formal courses, lectures and seminars receiving instruction in the following subject areas during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
a. Applied pharmacology (Standard 2-2)	0.0	50.0	8.7	171
b. Endodontics (Standard 2-2)	0.0	64.0	13.7	171
c. Hospital organization and function (Standard 2-10)	0.0	40.0	7.0	171
d. Medical risk assessment (Standard 2-6)	1.0	112.0	16.6	171
e. Restorative/Operative dentistry (Standard 2-2)	0.0	200.0	18.3	171
f. Oral diagnosis/treatment planning (Standard 2-1)	1.0	200.0	26.2	171
g. Oral and maxillofacial pathology (Standard 2-4)	0.0	200.0	13.5	171
h. Oral and maxillofacial radiology/imaging (Standard 2-1)	0.0	60.0	7.4	171
i. Oral and maxillofacial surgery (Standard 2-2)	0.0	200.0	17.5	171
j. Pain and anxiety control (Standard 2-2)	0.0	100.0	12.4	171
k. Patients with special needs (Standard 2-1)	0.0	75.0	10.5	171
l. Periodontics (Standard 2-2)	0.0	120.0	15.1	171
m. Physical evaluation (Standards 2-6, 2-7)	0.0	109.0	14.4	171
n. Practice management (Standard 2-10)	0.0	95.0	11.9	171
o. Preventive dentistry (Standard 2-1)	0.0	58.0	6.5	171
p. Restoration of edentulous space (Standard 2-2)	0.0	157.0	19.0	171
q. Other, please specify	0.0	255.0	10.7	171

**22q. Other, please specify - Text**

ACLS, PALS, BLS

CAD/CAM

Conscious Sedation, Oral Biomaterials

Dental forensics, sleep apnea, tumor board

Digital Dentistry

**22q. Other, please specify - Text**

Ethics (2)

Ethics and Professionalism

Ethics and professionalism-3 hours, Geriatric Dentistry-3 hours, Orofacial pain-16 hours

Ethics, TMD/Facial Pain- 6 hours each

Evidence Based Dentistry

Evidence Based Dentistry and Journal Club

Forensics

Head and neck anatomy, Lab procedures, Four all Day CE seminars, twelve webinar setc..

Implant Dentistry

Implant and CAD/CAM and Digital

Implantology 14/Medical 16

Implants (5)

Journal Club, Grand Rounds, Dental Service Orientation

Journal Club-varying topics, photography, ethics, sleep medicine

Lectures include those pertaining to: oral medicine, orofacial pain, occlusion, TMD, implantology, orthodontics, case based learning

Literature Review

Literature Review and Research Design

Medically Complex patients

OFP, Photography, fabrication of occlusal guards

OFP/TMD/Sleep 10, Case Review 35, Cultural Complications 6, Dental Trauma 2, Patient Safety 2, Literature Review 10, M&M 4, Wellness 2

Occlusion, TMD, Medical Emergencies, Sleep Apnea

Oral Medicine/orofacial pain

Orthodontic Assessment

Orthodontic and Pediatric

Orthodontics and TMJ/Occlusion

Pediatric Dentistry (2)

Pediatric Dentistry, Risk Management, Joint Surgical/Restorative Implant

Pediatric dentistry, orthodontics

Professional Ethics

Professionalism & Ethics

**22q. Other, please specify - Text**

Public Health Dentistry, Dental Materials, Teaching methods

Research

Research/Librarian services, marketing

Risk Management

Risk Management, ethics and Professionalism

SBIRT / MAT / Cultural competency / health literacy

SPEAR Study Club

Sleep Medicine, Implants

Sleep and Snore Appliance Therapy, Evidence Based Dentistry, Ethics, Dental Photography, Botox administration, Minor Adult Orthodontics and Clear Aligner Therapy

Sleep apnea

Sleep medicine

TMD, occlusion

TMD/Orofacial Pain

TMD/Sleep Apnea (2)

TMD/Splint Therapy

TMJ/Facialpain/sleep apnea

Use of Cone Beam CT/Implant Planning

community service

implant lecture series

implantology

implants & Prosthodontics

informed consent/ethics/patient advocacy/medical records

oral medicine

ortho lectures

orthodontics

orthodontics 20, implants 20, and pediatric dentistry 6

other dental-related topics

outcomes

prosthodontics

sleep 4, tmd 4, anesthesia 6, informatics 2, trauma informed care/social determinants of health 3, dental trauma 9

study club

**23. Indicate all rotations/assignments to non-dental services in either the sponsoring or affiliated institutions required of the residents.**

**Length of rotation/assignment (in weeks)**

Field	Minimum	Maximum	Mean	Count
a. Anesthesia (GPR Standard 2-5)	0.0	16.0	2.7	171
b. Medicine (GPR Standard 2-6)	0.0	20.0	2.2	171
c. Emergency Department (Standard 2-6)	0.0	52.0	3.5	171
d. Other, please specify (GPR Standard 2-8, AEGD Standard 2-5)	0.0	36.0	1.4	168

**Average hours per week**

Field	Minimum	Maximum	Mean	Count
a. Anesthesia (GPR Standard 2-5)	0.0	80.0	37.1	171
b. Medicine (GPR Standard 2-6)	0.0	70.0	30.9	171
c. Emergency Department (Standard 2-6)	0.0	85.0	29.8	171
d. Other, please specify (GPR Standard 2-8, AEGD Standard 2-5)	0.0	80.0	12.8	168

**23d. Other, please specify (GPR Standard 2-8, AEGD Standard 2-5) - Text**

Cardiology

Community Service

Community Service: 1/35

Conscious Sedation

Dr. **REDACTED** Technology

EENT / Lab / Pathology

ENT (5)

ENT (2nd yr)

ENT (Head & Neck)

ENT 1 week/30 hours, Dermatology 1 week/24 hours

Ear, Nose and Throat

GPR Emergency Clinic, GPR Comprehensive Care Clinic, Special Needs Clinic

**23d. Other, please specify (GPR Standard 2-8, AEGD Standard 2-5) - Text**

GPR Standard 2-8

General Surgery

Geriatrics

Geriatrics (1 week), Cardiology (1 week)

Head & Neck Oncology (2)

Infectious disease

Internal Medicine

OMFS

OMS, PEDI

OMS, Radiology, Pathology

ORL

On Call

Oral & Maxillofacial Surgery

Oral Facial Pain, TMD disease, Sleep Apnea

Oral Pathology

Oral Surgery (4)

Oral Surgery – REDACTED Hospital

Oral Surgery in the OR

Oral Surgery, Orthodontics

Oral and Maxillofacial Surgery 4 weeks, Orofacial Pain/TMD/Sleep Dentistry 2 weeks

Oral and Maxillofacial Surgery Rotation

Oral pathology (2)

Otolaryngology (2)

PHLEBOTOMY

Pathology (2)

Pediatric Department

Pediatric Medicine

Pedo, OMFS, Perio

Radiation Oncology (3)

Radiology

Sleep Medicine



**23d. Other, please specify (GPR Standard 2-8, AEGD Standard 2-5) - Text**

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Special Care Dentistry

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Special Services

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Surgery 1week/40 Hours, Radiation Oncology 1 Week/40 Hours

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VIP Clinic

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radiology, pathology

---

surgery

## Comments from AEGD/GPR Curriculum Section page 1

- OMFS rotation , 1 week , 40 hours. - Sleep medicine rotation , 1 week, 40 hours.

2-8 Oral Maxillo-Facial Surgery Rotation 4 weeks 40 hours/week has continued since last Accreditation. no program change.

C. Residents are on call to the E.D. on a rotating basis (every 3-4 days and 1-2 weekends a month) but do not complete a dedicated E.D. rotation.

ER is ongoing throughout the academic year.

For Q#22, these are best estimates, as these topics are covered by our core courses, program level courses, and supplemented by institution-wide grand rounds. For Q#23c, I interpreted the question as it pertains to the on-call for the residents.

Hyperbaric Medicine & radiology

Medicine (in addition to internal medicine) also includes 1 week of radiology at 40 hours per week, and 2-3 weeks of psychiatry at 40 hours per week

Medicine Rotation requirement is met through two week Otolaryngology rotation and one week ED rotation.

Medicine includes: Internal Medicine 2 wks, ENT 1 wk, Cardiology 1 wk, Nephrology 1 wk, Medical Oncology 1 wk. Emergency Medicine does not include On Call coverage after hours 1 wk /month.

Medicine rotation time is the emergency department and anesthesia department combined for our rotations.

One of the two weeks of their 'Medicine' Rotation is in the Emergency Department

Our residents are assigned an ED shift every other week.

Our residents rotate through the transplant, ENT and primary care clinics. We have been unable to rotate through ED since 2020 due to COVID (as outlined in our 2021 interruption of education report), however the primary care and liver transplant clinics fulfill standard 2-6.

Our residents see emergency patients once a week for a 3-4 hour rotation.

Public Health Policy: 10 hours Endodontics: 10 hours Sleep Dentistry: 3 hours

Radiology 20hrs and Pathology 20hrs

Related to 23b and 23c, the resident rotation assignment is in Medicine or in Emergency Medicine.

Residents are on call to the emergency department bi-weekly

Residents do a rotation in the Sleep Center - 1 week, 16 hours per week

Still in process of hiring full-time oral surgeon attending in the 2021-2022 year, thus did not have direct dental operating room experience, but residents were in OR for anesthesia/PAC rotations.

The community service rotation is on a per-day basis. Each resident completes a minimum of ten (10) full days at the **REDACTED** Oral Health Clinic over the course of the academic year.

The residents are not assigned an Emergency Room Rotation but do take after hours call. Depending on the emergency call they may be required to go to the emergency room.

They spend one week with nurse practitioners and physician assistants to learn how to properly complete a history and physical, including risk assessment and condition optimization. Emergency Department rotation consists of medicine experiences in which the GPRs function at the level of a fourth-year medical student.

We also have Pediatrics 2 weeks 40 hours, and Pathology 1 week 15 hours

While residents only spend 1 week solely in the ED for "Emergency" rotation, they have additional call assignments. They rotate what was about every 3 weeks between 3 residents (currently about every other 2 weeks, between 2 residents for 2022-2023). Time spent in the ED averages about 3-4 hours a week when on call.

lectures are given outside of the 37.5 hour work week. Before and after clinic and during lunch

---

pathology lab one day

---

residents complete 4 weeks of anesthesia rotation which are full days. Varying medicine rotations including Infectious disease, OB/GYN/ Internal Medicine, Phlebotomy, and sleep medicine account for times from 4 hrs(twice per year) per week to a full two week rotation(infectious disease) 35 hrs per week.

**24. Provide the following dental clinic statistics related to outpatient visits for the 2021-22 residency year. Include statistics for both sponsoring and affiliated institution(s). (Standard 2-1)**

Field	Minimum	Maximum	Mean	Count
a. Total number of outpatient visits to the dental clinic (include screening/consultative visits)	116.0	155067.0	15289.0	171
b. Total number of outpatient visits managed by the residents	79.0	294000.0	8640.0	171

**25. How many patients with special needs did the residents treat during the 2021-22 residency year? (Standard 2-1)**

Field	Minimum	Maximum	Mean	Count
	0.0	9480.0	1058.2	171

**26. How many patients did residents provide comprehensive care to, from treatment plan to completion (as opposed to episodic or emergency care), during the 2021-22 residency year? (Standard 2-1)**

Field	Minimum	Maximum	Mean	Count
	0.0	23056.0	1479.2	171

**27. Provide the following emergency care statistics for the 2021-22 residency year identifying the activity level(s) at both the sponsoring and affiliated institution(s). (Standard 2-1)**

Field	Minimum	Maximum	Mean	Count
<b>a. The number of dental emergencies treated in the dental clinic by residents</b>				
Sponsoring institution	0.0	10267.0	968.3	171
Affiliated institution(s)	0.0	3050.0	69.3	171
<b>b. The number of dental emergencies treated in the hospital emergency department by all residents</b>				
Sponsoring institution	0.0	3500.0	287.2	171
Affiliated institution(s)	0.0	800.0	19.5	171

**28. In which of the following conscious sedation techniques did residents receive INSTRUCTION during the 2021-22 residency year? (Standard 2-2g)**

Question	Yes	No	Total
a. Oral	89.5%	10.5%	171
b. Inhalation	96.5%	3.5%	171
c. Intramuscular	56.1%	43.9%	171
d. Intravenous	85.4%	14.6%	171
e. Intranasal	50.3%	49.7%	171
f. Other, please specify	2.9%	97.1%	171

**28. In which of the following conscious sedation techniques did residents receive CLINICAL EXPERIENCE during the 2021-22 residency year? (Standard 2-2g)**

Question	Yes	No	Total
a. Oral	80.7%	19.3%	171
b. Inhalation	90.1%	9.9%	171
c. Intramuscular	26.9%	73.1%	171
d. Intravenous	70.2%	29.8%	171
e. Intranasal	31.6%	68.4%	171
f. Other, please specify	1.8%	98.2%	171

f. Other, please specify - Text

MAC

Monitoring anesthesia care

Residents receive instruction in nitrous oxide analgesia and use this in clinic. They receive instruction with respect to IV sedation while on Anesthesia rotation and practical experience during OR cases

hypnosis

General Anesthesia

## Comments from AEGD/GPR Curriculum Section page 2

A response of 0 does not mean that residents did not get the associated experience. This resident class had many challenges that did not necessarily impact the depth of their experience and training. However, they were noncompliant in ways that have impacted our ability to record the following data accurately. The numbers reported in regard to their patient experiences are likely more than double the numbers that I can confidently report here. Two of our four residents departed without submitting any of the required documentation and therefore have not been awarded certificates. Therefore, I am only reporting the numbers I have. This is the first year this has happened while I have been involved in resident education. This experience has illustrated an important opportunity for growth.

---

All forms of sedation were practiced except IM. IM was instructed in case of emergency in special needs rotation. There were no cases needing emergency IM.

---

Between lectures, training, and anesthesia rotation, residents receive instruction on all sedation techniques above. They get experience in the clinic with nitrous and oral sedation. While on anesthesia rotation, they experience other techniques. Residents may or may not get to experience/administer intranasal or intramuscular, but they do observe it.

---

IV conscious sedation didactic instruction is a program requirement. Clinical experience is an elective rotation and all residents thus far have elected to train at a supplemental activity site (off-site oral surgery private practice).

---

IV sedation instruction and experience was gained on the Anesthesia rotation.

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Instruction and clinical experience were a part of the anesthesia rotation.

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Limited to Nitrous Oxide use in outpatient clinic setup.

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Our residents do not take call after hours.

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Patients triaged in hospital emergency department brought to Oral Surgery Clinic for treatment during Oral Surgery rotation.

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Question # 25; special needs is an approximate number.

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Question 26- The reporting mechanism for the total number of patients who have completed care will be reassessed

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Residents gain experience with nitrous and IV sedation at our rural rotation with an Oral Surgeon and IV trained General Dentist. Residents use single drug anxiolysis used at our primary clinic rotation.

---

Residents learn about these techniques during their Anesthesia rotation and we provide Nitrous Oxide technique at the dental clinic.

---

Residents observe in OR various procedures like intubation and sedation

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Residents receive instruction in sedation techniques during rotations in anesthesia and oral and maxillofacial surgery, residents observe intravenous sedations with attending along with formal lectures but do not do intravenous sedations on their own

---

Section 27: not included in the statistics above are experiences in the emergency department during OMS rotation.

---

The number of patients treated in the emergency department and for dental emergencies in the dental clinic are estimates only. The majority of our statistics are obtained through our dental billing software. When residents provide care in the emergency department, their services are not billed separately so we are only able to provide a best estimate. The experience with conscious sedation primarily occurs during anesthesia rotation as well as limited experience during oral surgery rotation and observations in OR and sedation settings

---

The pediatric ER physicians will and have provided nasal versed over ketamine for pediatric tooth extractions at the hospital.

---

This is provided during the 2-week ( 70 hours) Anesthesia Rotation

---

We do not track special needs in the clinic. We do for our OR patients.

We viewed comprehensive care as cases completed by GP residents, which has steadily increased since COVID and expected to be fully appreciable in 2022-2023. The same is true for our special needs appointments and OR cases. Residents completed rotations in Anesthesia in the OR, IV sedation anesthesia in Oral surgery Suite and Oral sedation with the pediatric dental program. There is a code we have used in the past to identify the completion of a case which was neglected as a result of covid and is again being implemented again so that completed cases can be tracked. The tracking numbers for special needs include only developmental disabilities, with regard to complex medical problems and significant physical limitations may include up to 45% of our patient population.

**29. Indicate the total number of each of the following procedures in Preventive Dentistry completed by residents during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
a. Prophylaxis (D1110, D1120, D4346, D4355)	0.0	4494.0	539.2	171
b. Topical fluoride treatments (D1026 - D1028)	0.0	4737.0	212.0	171
c. Sealants (D1351, D1353)	0.0	2403.0	129.2	171

**30. Indicate the total number of each of the following procedures in Restorative/Operative Dentistry completed by residents during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
a. Amalgam Restorations (D2140, D2150, D2160, D2161)	0.0	871.0	59.7	171
b. Anterior composites (D2330, D2331, D2332 and D2335)	14.0	3000.0	427.8	171
c. Posterior composites (D2391, D2392, D2393, & D2394)	40.0	7077.0	892.3	171
d. Single unit crowns (D2710, D2712, D2720-D2722, D2740, D2750-D2753, D2780-D2783, D2790-D2792, D2794)	4.0	1036.0	145.4	171
e. Crown cores (cast or prefabricated) (D2952-D2954, D2957)	0.0	449.0	35.4	171
f. Crown core build-up, including pins (preparatory work before crown) (D2950)	0.0	322.0	67.2	171
g. Inlay/Onlay (D2510, D2520, D2530, D2542-D2544, D2610, D2620, D2630, D2642-D2644, D2650-D2652, D2662-D2664)	0.0	882.0	10.3	171

**31. Indicate the total number of each of the following procedures in Endodontics completed by residents during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
a. Single canals (anterior) (D3310, D3346)	1.0	425.0	40.3	171

b. Double canals (bicuspid) (D3320, D3347)	0.0	575.0	34.8	171
c. Molars (D3330, D3348)	0.0	675.0	33.9	171
d. Apicoectomies (D3410, D3421, D3425, D3426)	0.0	18.0	1.3	171



**32. Indicate the total number of each of the following procedures in Periodontics completed by residents during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
a. Scaling, root planing and curettage (D4341, D4342, D4346, D4910)	0.0	2240.0	177.2	171
b. Gingivectomies (D4210-D4211, D4212)	0.0	75.0	6.1	171
c. Soft tissue grafts/gingival flap procedures (D4240, D4241, D4270, D4273, D4275, D4276)	0.0	58.0	5.3	171
d. Crown lengthening/Bone grafts/osseous surgery/guided tissue regeneration (D4249, D4260, D4261, D4266, D4267)	0.0	146.0	15.7	171
e. Apically repositioned flap (D4245)	0.0	54.0	1.6	171
f. Bone graft replacement graft – first site in quadrant (D4263)	0.0	225.0	13.1	171
g. Bone replacement graft – each additional site in quadrant (D4264)	0.0	260.0	5.3	171
h. Biologic materials to aid in soft tissue and osseous tissue regeneration (D4265, D4266)	0.0	1139.0	18.0	171

**Comments from AEGD/GPR Curriculum Section page 3**

29b - used codes D1206, D1208

Amalgam is not used in any clinics our residents work in

Bone Grafting done by residents is under D7953 (Bone replacement graft for ridge preservation). Since the survey doesn't capture extract and graft procedures in anticipation of implant placement, grafting procedures for both D7953 and D4263 were captured in 32.f. of this survey.

Certain CDT quotes do not line up with the quotes used by the residents

Data does not include procedures done with specialist faculty, with whom codes were credited under specialist and not resident provider.

Hygienists performed 178 scaling and root planings. Residents perform scaling and root planings in the operating room setting weekly, but these are billed as prophylaxis as root planing requires prior authorization

Our Periodontist and Endodontist retired due to Covid concerns and have not yet been replaced on our Faculty. We are actively recruiting replacements.

Residents assisted and jointly performed periodontal surgeries with our periodontal residents including crown lengthening, extraction with socket preservation, GTR and osseous surgery

Section 29, 30, 32: not included in the statistics are procedures performed during the operating room adult and child rehabilitation cases.

Surgical procedures in oral surgery are tracked by attending provider including flap procedures, soft tissue grafts and bone graft procedures. Procedure Reports generated by informatics team did not include a breakdown between GPR vs OMFS residents supervised by the attending provider.

The majority of prophylaxis and fluoride treatment is completed by the dental hygienists.

We have dental hygienists at each site and a pediatric residency program so the GP's do not provide as much hygiene and fluoride except when rotating with the pediatric program, therefore the numbers reflect only those completed by the GP's.

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We have hired a Periodontist to come in for 4 hours a month to provide the residents with more training in periodontal surgeries.

---

we have 2 hygienist so our prophylaxis, fluoride and sealant #'s are down for our residents

**33. Indicate the total number of each of the following procedures in Removable Prosthodontics completed by residents during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
a. Units/complete dentures (D5110-D5120)	0.0	665.0	76.3	171
b. Units/immediate dentures (D5130-D5140)	0.0	195.0	10.2	171
c. Units/overdentures (D5863-D5866)	0.0	195.0	4.6	171
d. Interim complete dentures (D5810, D5811)	0.0	155.0	6.5	171
e. Adjustment to dentures and partials (D5410-D5422)	0.0	812.0	65.0	171
f. Complete denture repairs (D5511, D5512, D5520)	0.0	175.0	11.3	171
g. Repairs to partials (D5611-D5671)	0.0	247.0	17.5	171
h. Acrylic partial dentures (D5211-D5212, D5221, D5222, D5225, D5226, D5820-D5821)	0.0	373.0	41.9	171
i. Conventional cast frame partial frame dentures (D5213-D5214, D5223-D5224)	0.0	479.0	40.2	171
j. Precision or semi-precision partial dentures attachments (D5862)	0.0	75.0	2.8	171

**34. Indicate the total number of each of the following procedures in Implant Services completed by residents during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
a. Surgical placement of implant body (D6010, D6013)	0.0	558.0	35.2	171
b. Prefabricated abutment (including placement) (D6056)	0.0	101.0	8.2	171
c. Custom abutment (including placement) (D6057)	0.0	757.0	25.0	171
d. Implant retained Removable Prosthodontics (D6110-D6113)	0.0	100.0	4.4	171
e. Implant retained Fixed Prosthodontics (D6058-D6077, D6114-D6117)	0.0	862.0	34.1	171

**35. Indicate the total number of each of the following procedures in Fixed Prosthodontics completed by residents during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
Units/fixed bridgework (D6205-D6794)	0.0	355.0	52.8	171

**36. Indicate the total number of each of the following procedures in Oral and Maxillofacial Surgery completed by residents during the 2021-22 residency year.**

Field	Minimum	Maximum	Mean	Count
a. Uncomplicated extractions (D7111, D7140, D7210, D7250)	16.0	8156.0	1345.7	171
b. Extractions of impacted teeth (D7220, D7230, D7240, D7241)	0.0	11100.0	118.9	171
c. Oral Tissue biopsy (D7285, D7286)	0.0	74.0	9.6	171
d. Brush biopsy (D7288)	0.0	12.0	0.2	171
e. Surgical removal of lateral exostosis (maxilla or mandible) (D7471)	0.0	150.0	2.8	171
f. Surgical reduction of osseous tuberosity (D7485)	0.0	150.0	1.8	171
g. Surgical reduction of fibrous tuberosity (D7972)	0.0	12121.0	71.7	171
h. Incision and drainage (D7510, D7511, D7520, D7521)	0.0	350.0	28.0	171
i. Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth (D7270)	0.0	92.0	9.3	171
j. Alveoplasties (D7310, 7311, 7320, 7321)	0.0	450.0	33.9	171
k. Removal of torus palatinus (D7472)	0.0	80.0	1.0	171
l. Removal of torus mandibularis (D7473)	0.0	100.0	4.3	171
m. Suture of recent small wounds up to 5 cm (D7910)	0.0	1050.0	23.8	171
n. Complicated suture, up to 5 cm (D7911)	0.0	1200.0	11.5	171
o. Complicated suture, greater than 5 cm (D7912)	0.0	1200.0	9.0	171
p. Frenectomy (D7960)	0.0	50.0	2.0	171
q. Excision of hyperplastic tissue – per arch (D7970)	0.0	75.0	1.7	171
r. Excision of pericoronal gingiva (D7971)	0.0	55.0	2.1	171

## Comments from AEGD/GPR Curriculum Section page 4

\* We do not track denture adjustments. There are many. We do not track nor bill for complicated suturing. These may be done while on Emergency Medicine rotation.

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34d. (Totals are included as part of traditional RPD category 33h)

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Bone Grafting done by residents is under D7953 (Bone replacement graft for ridge preservation). Since the survey doesn't capture extract and graft procedures in anticipation of implant placement, grafting procedures for both D7953 and D4263 were captured in 32.f. of this survey.

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D7410: 7 D7411: 2 D7450: 1 D7550: 7 D7953: 1 D7260: 2 D7261: 1

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Data does not include procedures done with specialist faculty, with whom codes were credited under specialist and not resident provider.

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Items H, I and M include Emergency Room Data

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Many of these procedures are performed when the residents are on their OMFS rotation, therefore there is no record of the number of procedures the residents performed.

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Other advanced procedures completed by residents not listed here include: D4321 Provisional Splt/Extracoronar x1 D6190 Radiogr/surg Implant Index x2 D7260/D7261 Oral Fistula Closure/Prim Closure Sinus Perforation x15 M10160 Punct Aspir Absces/Hemat/Bulla x1 M21080 Obturator Definitive (D5932) x3 M210891 Implant Connect Bar (D6055) x1 M210893 Hybrid Removable Denture x1 M77333 Radiation Guard Interm/2 blks x54

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Our residents complete most Oral Surgery procedures during their 3-week rotation at **REDACTED** Medical center and in the OR at **REDACTED**. These numbers are not reflected, as these reports are solely based on the outpatient dental clinic.

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Procedure counts from operating room general dentistry and outpatient general dentistry clinics under supervision of OMFS. Procedures completed in Oral Surgery rotation are reported under attending provider and not resident providers therefore procedures such as incision and drainage, frenectomies, alveoloplasties, extractions of impacted teeth are underreported.

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Question 34: Implant Services (D6100-D6999) provided: 24

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Section 33: Patients usually require at least one denture adjustment after a delivery of a complete or partial denture. We use a 'no charge' code for this to ensure no charge is incurred to the patient. Thus, the denture adjustments are not accurately tracked by the D5410-5422 statistics. Section 34, 36: statistics do not include experiences during oral surgery rotation and experiences in the ED.

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Some of the complex oral surgery procedures such as lacerations tuberosity reduction, tori removal done when assisting oral surgeon in clinic or operating room

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The program does perform maxillary and mandibular overdentures with direct treatment by residents using implants. Tooth reimplantation and stabilization (completed in the Emergency department) . Tori removal and complicated sutures are done with the Oral Surgeons and residents. There may have been some discrepancies in the codes used for tracking purposes.

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These numbers are based primarily on procedures billed in clinic. For select codes (prophy and fluoride) estimates of treatment provided in the OR setting were added. For most cases, however, procedures completed by residents in the OR/sedation or emergency department setting or those procedures billed medically are not captured. Also not captured are procedures where the resident participates but staff/surgeon is the primary billing provider. Particularly in area of oral surgery, this leads to a significant underestimation of procedures performed, particularly emergency procedures such as I&D, reimplantation/splinting

**37. How many times during the 2021-22 residency year were formal documented evaluations of resident performance conducted? (Standard 2-15)**

Field	Minimum	Maximum	Mean	Count
	2.0	260.0	5.4	171

**38. Please select the response below that best describes the intended outcomes of residents' education. (Standards 1-8, 1-9, 2-2, 2-3)**

	Percentage
Goals and objectives	62.6%
Competencies and proficiencies	37.4%
Total	171

**Comments from AEGD/GPR Curriculum Section page 5**

Competencies and proficiencies. But also have growth goals and education objective we hope the residents to meet

3 times per resident by each attending

Goals and objectives are used as well

In this program, the goals and objectives of the residents' education is also a main priority.

Ongoing competencies and proficiencies are completed by faculty.

Residents are evaluated after EACH rotation, and then reviewed with the PD for overall performance, quarterly.

The Program also uses goals and objectives.

The program sets defined goals and objectives for completion and evaluation to determine competency throughout the year. They are required to show work pre op/intra op/and post op for all procedures with sign offs by attendings throughout the year. The attendings along with their evaluations of each resident determine a competency and proficiency and make recommendations of any further work needed to improve if needed.

We primarily utilize goals and objectives but we also utilize written competencies and proficiencies by discipline to evaluate progress throughout the year and ensure appropriate level of competency is achieved in each area.

Written evaluations completed at end of each 3 month block rotation and completion of Medicine and Anesthesia rotations.