

NEW YORK CITY HEALTH & HOSPITAL CORPORATION
North Bronx Healthcare Network

JACOBI MEDICAL CENTER
NORTH CENTRAL BRONX HOSPITAL

COLUMBIA UNIVERSITY
College of Dental Medicine

Clinical Competencies of AEGD Fellows Caring for People Living with HIV/AIDS

Victor Badner, DMD, MPH
Kavita P. Ahluwalia, DDS, MPH
Marita K. Murrman, EdD

Funded in part by HRSA/HAB Grant # 61851 MA00014-06-01-02
HRSA/BHP Grant # 5 D30 HP10069-09-0

Co-Investigators

- Carol Kunzel, PhD
 - Columbia University College of Dental Medicine
- Moussa Sanogo, MD, MPH
 - Columbia University College of Dental Medicine
- Burton L. Edelstein, DDS, MPH
 - Columbia University College of Dental Medicine

Background

- HRSA-funded project to use Service Learning to provide concurrent on-site:
 - Oral health care service to multiply diagnosed people with HIV/AIDS
 - Clinical training for AEGD residents

Objective

- Identify and operationalize a subset of clinical competencies developed by ADEA in '97 for use in training AEGD Fellows to provide oral health care for people with HIV/AIDS.

AAO
American Association of
Dental Schools

Competence of Graduates of Postdoctoral
General Dentistry Programs:
An Assessment Manual

A Project of the Section on Postdoctoral General Dentistry
of the American Association of Dental Schools

Editors:
Paul Glasman DDS, MA
David C. Chaffee EdD, MEd, PhD

Copyright © March 1997 by the American Association of Dental Schools

Methods

- Interdisciplinary team:
 - Analyzed the 82 original statements for relevance to providing care for people with HIV/AIDS
 - Used an iterative process to focus and select care related competency statements but that did *not* pertain to providing technique-specific care, e.g. endodontic, restorative or prosthetic services for people with HIV/AIDS
 - 16 competency statements included:

Slide 1 of 4

EXAMPLE OF COMPETENCY AND PROFICIENCY STATEMENTS

The following statements are an example of competency and proficiency statements that could be used to describe the graduates of a PGD program. They are intended to act as the starting point for program directors who are designing such statements for their own programs.

Definitions

In order to facilitate reading this list of statements, certain terms have been pre-defined as they could be used in the manner without repetitive definition. These definitions are listed in the next section of this manual. In general, the definitions proposed by Chambers and Conner have been followed, although some new definitions have been added and some definitions modified. In situations where it is expected that the PGD program graduates will be able to, and likely to, actually perform the necessary procedure, the terms "perform", "provide", "submit", or "trial" have been used. In circumstances where the graduate may perform some treatment but is most likely to oversee treatment or refer, the term "manage" is used. The term "appropriate" is not used in these statements to eliminate repetitive verbiage. It is assumed that all knowledge, skills, and values described will be used to perform procedures for appropriate reasons, in appropriate circumstances, and in an appropriate manner. In this manual, each statement is designated as either an area of competency (C) in which graduates are expected to have little experience at the beginning of their program, or an area of proficiency (P) in which graduates are expected to be competent at the beginning of their program and gain further experience, knowledge, skills, and judgment as the program progresses.

Competencies

In late 1999 and early 2000, a survey was conducted of PGD program directors in an effort to assess their opinions about the competency and proficiency of their own graduates and of the graduates of all PGD programs. That survey demonstrated that there exist considerable diversity among program types and settings, and there is a large group of statements that describe important abilities of graduates of all PGD programs. This group of statements representing a "core" group of competency and proficiency statements for PGD programs. In the following listing of statements, those C that were ranked very highly by directors of all programs are listed in bold type. These should be considered for inclusion in the

In regard to health care delivery:

- Function as a patient's primary, and comprehensive, oral health care provider. (P)**
- Treat patients efficiently in a dental practice setting. (C)

- Use selected business systems to dental practice including marketing, scheduling, patient flow, record keeping, inventory, financial arrangement, and collecting care payments. (P)

- Work with patients in a manner that is professional, builds rapport and confidence, respects patient's rights and dignity, puts patients interests first, and maximizes patient's satisfaction with dental care. (C)

- Provide dental care as a part of an interprofessional health care team such as that found in a hospital, institution, or community health care environment. (C)

- Make referrals to, and obtain consultations from, professional colleagues for the treatment of dental, medical, psychological, and social problems presented by dental patients. (P)

- Participate in organized dentistry. (C)
- Take action to help an incompetent, injured, or unethical colleague. (C)
- Evaluate scientific literature and use information in the literature to making professional decisions. (P)
- Evaluate information systems and use information technology in dental practice. (C)
- Maintain a patient record system that facilitates the retrieval and analysis of the process and outcomes of patient treatments. (C)
- Continuously analyze the outcome of patient treatment to improve that treatment. (P)

In regard to oral disease detection, diagnosis, and prevention:

- Select and use assessment techniques to arrive at a differential, provisional and definitive diagnosis for patients with complex needs. (C)
- Obtain and interpret the patient's chief complaint, medical, dental, and social history, and review of systems. (P)
- Assess patient's cultural background and expectations for dental care and perform patient care consistent with that assessment. (P)
- Obtain and interpret clinical and other diagnostic data from dental professionals and other health care providers. (P)
- Use the services of clinical, medical, and pathology laboratories and make referrals to other health professionals for the utilization of these services. (P)
- Perform a history and physical evaluation and collect other data to establish a risk assessment for use in the development of a dental treatment plan. (P)
- Use accepted prevention strategies to help patients maintain and improve their oral health and aspects of their systemic health. (P)

In regard to treatment of oral disease:

- Obtain informed consent for dental treatment by discussing with patients, or parents or guardians of patients, the following: findings; diagnoses; the risks, benefits, and process of various treatment options; patient responsibilities during and after treatment; and estimated fees and payment responsibilities. (C)
- Integrate multiple disciplines into individualized, comprehensive, sequenced treatment plans for patients with uncomplicated and complex needs. (P)
- Develop and carry out dental treatment plans for patients, including patients with special needs, in a manner that considers and integrates those patient's medical, psychological, and social needs. (P)
- Modify the treatment plan, if indicated, based on therapeutic outcomes, unexpected circumstances or the patient's individual needs. (P)

- Treat patients with intra-oral dental restorations and inclusions. (P)
- Provide initial treatment and then manage patients with extra-oral and complex oral tissue management and restorations. (P)
- Anticipate, prevent, diagnose, and provide initial treatment and follow up management for medical emergencies that may occur during dental treatment. (C)
- Remove rough teeth with a wide range of aesthetic and aesthetic. (P)
- Treat patients with missing teeth requiring removable restorations. (P)
- Treat patients with missing teeth requiring nonremovable fixed restorations. (P)
- Manage patients with missing teeth requiring complicated fixed restorations. (P)
- Plan restorations and perform techniques to restore patient's facial features. (C)
- Remove mandibularly treated teeth. (P)
- Diagnose and manage a patient's occlusion. (C)
- Coordinate case design with laboratory technicians and evaluate the resultant prosthesis. (P)
- Diagnose and treat pain of pulpal origin. (P)
- Perform nonoperative and surgical restorative dentistry. (P)
- Perform nonoperative and surgical restorative dentistry. (C)
- Perform nonoperative restorative dentistry. (P)
- Treat nonoperative restorative dentistry and complications. (P)
- Recognize, diagnose, and manage complex occlusal abnormalities. (P)
- Treat severe occlusal abnormalities and such space problems using space maintenance and orthodontic appliances. (C)
- Treat nonoperative dentures and abnormalities of the dentate patient. (C)
- Manage complicated dentures and abnormalities of the dentate patient. (C)
- Perform pediatric pulpal therapy. (P)
- Remove intra and extra-oral debris in the primary dentition. (C)
- Perform nonoperative restorative dentistry on pediatric patients. (C)
- Use pharmacologic and non-pharmacologic behavior management skills with the pediatric patient. (C)
- Treat patients with missing teeth using nonremovable fixed implant restorations. (C)
- Manage the implant component of dental implant systems. (C)
- Manage implant complications. (C)
- Assess and manage facial pain. (C)
- Diagnose and non-surgically treat nontraumatic temporomandibular disorders. (C)
- Perform surgical and non-surgical treatment of mouth. (P)
- Extract nonoperative impacted wisdom teeth. (C)
- Perform nonoperative peri-implant surgery. (C)
- Perform biopsy of oral lesions. (P)
- Perform initial treatment and management of extra-oral facial trauma. (C)
- Treat intraoral hard and soft tissue lesions of traumatic origin. (C)
- Manage trauma and soft tissue lesions of non-traumatic origin. (P)
- Diagnose and treat early periodontal disease using surgical and non-surgical procedures. (P)
- Diagnose and treat moderate periodontal disease using surgical and non-surgical procedures. (C)
- Manage advanced periodontal disease. (C)

- Evaluate the results of periodontal treatment and establish and monitor a periodontal maintenance program. (P)
- Treat patients with complications related to intra-oral surgical procedures. (C)
- Provide initial treatment and manage patients with complications related to extra-oral

- Diagnose and manage oral manifestations of systemic disease. (P)

- Use proper hospital protocol when testing and managing patients in a hospital environment. (C)
- Provide dental treatment in an operating room. (C)
- Provide comprehensive management and care for individual patients or same-day surgery patients from the beginning to the end of a patient's hospital experience. (C)
- Perform dental consultations and request medical consultations for hospitalized patients and patients in other health care settings. (C)
- Use pharmacologic agents in the treatment of dental patients. (P)
- Provide control of pain and anxiety to the conscious patient through the use of psychological interventions, behavior management techniques, local anesthesia, and oral and nitrous oxide sedation/relaxation techniques. (P)
- Provide control of pain and anxiety to the conscious patient through the use of general conscious sedation techniques. (C)
- Prevent, recognize, and manage complications related to use and interactions of drugs, local anesthesia, and conscious sedation. (C)

References

1. Chambers P, Redding S, Fisher S, Chambers D. Program Director Opinion on the Competency of Graduates of Postdoctoral General Dentistry Programs: Competency of Graduates of Postdoctoral General Dentistry Programs. J Dent Educ. 1. Dent Educ. 1996;60:747-54.

Methods

- Interdisciplinary team:
 - Analyzed the 82 original statements for relevance to providing care for people with HIV/AIDS
 - Employed iterative process to focus and select statements pertaining to providing non-technical care for people with HIV/AIDS
 - 16 competency statements included:
 - 16 statements narrowed to 5 "competencies" and renamed "responsibilities"

Slide 2 of 4

Results

- To focus training and assessment of AEGD Fellows' performance, a comprehensive set of *measurable, clinical* competencies relevant to providing oral health care for people with HIV/AIDS was operationalized.

Next Steps

- Design competency-based clinical evaluation checklists
- Revise HIV/AIDS curriculum for AEGD residents to be competency-based

Thank you!

For further information contact:
Victor Badner at:
Victor.Badner@NBHN.net