Role, Responsibility and Patient Care Activities for Trainees

PEDIATRIC DENTISTRY RESIDENTS

University of Washington Medical Center
Seattle Children’s Hospital

Roles
Residents are dentists in training. They learn the skills necessary for their chosen specialty through didactic sessions, reading and providing patient care under the supervision of the Dental Staff (the attendings) and senior trainees. As part of their training program, residents are given progressively greater responsibility according to their level of education, ability and experience.

Residents in pediatric dentistry as members of the Department of Pediatric Dentistry within the School of Dentistry provide consultative, diagnostic and interventional pediatric dental services. They often evaluate patients for their need/ability to undergo invasive diagnostic procedures. They provide all services under the supervision of an attending pediatric dentist.

Responsibilities and Patient Care Activities
Residents are part of a team of providers caring for patients. The team includes an attending and may include other licensed independent practitioners, other trainees and dental students. Residents may provide care in both the inpatient and outpatient settings. They may serve on a team providing direct patient care, or may be part of a team providing consultative or diagnostic services. Each member of the team is dedicated to providing excellent patient care.

Residents evaluate patients, obtain the dental/medical history and perform physical examinations. They may develop a differential diagnosis and problem list. Using this information, they develop a plan of care in conjunction with other trainees and the attending. They may document the provision of patient care as required by hospital/clinic policy. Residents may write orders for diagnostic studies and therapeutic interventions as specified in the School of Dentistry bylaws and rules/regulations. They may interpret the results of laboratory and other diagnostic testing. They may request consultation for diagnostic studies, the evaluation by other physicians, physical / rehabilitation therapy, specialized nursing care, and social services. They may participate in procedures performed at the bedside, in the operating room or procedure suite under appropriate supervision. Residents may initiate and coordinate hospital admission and discharge planning. Residents should discuss the patient's status and plan of care with the attending and the team regularly. All residents help provide for the educational needs and supervision of any junior residents and dental students.

Residents in pediatric dentistry typically serve on teams providing consultative or diagnostic services. They often evaluate patients for their need/ability to undergo invasive diagnostic procedures. When assigned by their program, residents may provide direct patient care for inpatients and outpatients (including the emergency department). They provide all services under the supervision of an attending dentist.
The specific role of each resident varies with their clinical rotation, experience, years of clinical training, the patient's illness and the clinical demands placed on the team. The following is a guide to the specific patient care responsibilities by year of clinical training. Please note some residents may be engaged in one or more years of research training during their residency. Only years of clinical training are considered below.

**Supervision of invasive procedures**

In a training program, as in any clinical practice, it is incumbent upon the dentist to be aware of his/her own limitations in managing a given patient, and to consult a dentist with more expertise when necessary. When a resident requires supervision, this may be provided by a qualified member of the dental staff or by a trainee who is authorized to perform the procedure independently. In all cases, the attending dentist is ultimately responsible for the provision of care by trainees. When there is any doubt about the need for supervision, contact the attending.

Direct supervision is defined as the presence of a qualified Dental Staff member (or qualified trainee) in the clinic or operating room where the patient is being treated.

Distant supervision is defined as the availability of the Dental Staff member by phone or pager for consultation with the resident.

The following procedures may be performed with the indicated level of supervision:

**Distant supervision required**
Diagnostic dental procedures, clinical dental exam, dental prophylaxis, ordering or performance of dental radiographs, routine injection of local anesthetics, non-complex dental restorations, simple extractions, application of topical fluoride, oral health education.

**Direct supervision required**
Dental procedures performed in the operating room
Management of complex restorative procedures or complex tooth extractions
Orthodontics
Sedation for procedures

**Supervision required for the first six months of clinical training**
R1 residents will be accompanied by R2 residents for after hours emergency call. R1 residents will serve as second call for their first 6 months of training after which they assume first call.

**Supervision required by a qualified member of the dental staff**
Distant supervision will be provided to R1 and R2 residents for after hours emergency call. The dental staff member on call will be available by phone or pager and will be able to provide direct supervision as needed.

**Emergency Procedures**
It is recognized that in the provision of dental care, unanticipated and life-threatening events may occur. The trainee may attempt any of the procedures normally requiring supervision in a case where the death or irreversible loss of function in a patient is imminent, and an appropriate supervisory dentist is not immediately available. The assistance of more qualified individuals should be requested as soon as practically possible.
Residents are board eligible dentists and may provide urgent or emergent dental care in the Emergency Department. This care is provided under Distant Supervision. They may evaluate and treat minor disorders without consulting their supervising dentist. The resident is to contact the attending when the patient: has significant medical illness (ASA class III or greater), requires special treatment (e.g., platelet transfusion), or requires special medications or sedation. If there is any doubt, the resident is to contact the supervising dentist.

**Resident review and promotion process**
The residency program uses a multifaceted assessment process to determine a resident's progressive involvement and independence in providing patient care. Residents are observed directly by the attending staff and their performance discussed regularly. Formal assessments are generally obtained on a twice yearly basis from supervising dentists. These assessments include evaluation of the resident's clinical judgment, dental knowledge, technical skills, professional attitudes, behavior, and overall ability to manage the care of a patient. Annually, the program director determines if the trainees possess sufficient training and the qualifications necessary to be promoted to the next level.

Trainees are evaluated continuously by the attending staff. If, at any time, their performance is judged to be below expectations, the program director (or designee) will meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the intervention is not successful, the trainee may be dismissed from the program. If a trainee's clinical activities are restricted (e.g., they require a supervisor’s presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the appropriate attending clinic and/or hospital staff.

Current date: 10/18/2009