

PEDIATRIC DENTISTRY

College of Dental Medicine

SCOPE OF PRACTICE

PGY-1 & PGY-2

It is a primary goal of the program that residents have a progressive increase in authority for decision-making and operative independence. Residents who complete the full 24-month postgraduate program are expected to have developed their skills and knowledge to the level of a specialist in Pediatric Dentistry.

As defined and approved by the ADA Commission on Dental Accreditation: Pediatric Dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs. The specialty emphasizes the prevention of oral diseases through early intervention and initiation of comprehensive preventive practices.

In meeting the overall goal of producing a proficient specialist in Pediatric Dentistry, the specific objectives of the postgraduate program which encompass the standards of established care for infants, children, adolescents and those with special health care needs include:

- Ability to educate and guide the child and parent to accept and practice oral health care with preventive concepts as a foundation of clinical practice.
- Mastery of restorative procedures in the primary and young permanent dentitions required to provide care for infants, children, adolescents and those with special health care needs.
- Understanding of the physical and chemical properties of medications and materials used in treatment and physiologic responses of the child and adolescent to these agents.
- Knowledge of pediatrics, oral pathology, and oral surgical procedures applicable to the infant, child, adolescent and those with special health care needs dental patient.
- Capability to diagnose and treat traumatized and carious primary/young permanent teeth to maintain the teeth, pulp tissues and periodontium in a healthy state.
- Ability to provide comprehensive oral health care for patients with medical, emotional, mental, or physical disabilities.

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PGY-1 & PGY-2

- Understanding of the growth and development of the stomatognathic system and the ability to provide treatment aimed at allowing optimal development of this system.
- Ability to provide control of pain and anxiety through the use of psychological and pharmacologic methods including provision of dental care in the hospital.
- Familiarity with published literature pertinent to pediatric dentistry and the motivation to remain current with and critically evaluate contemporary dental literature.
- Commitment to the implementation of individual and community preventative programs aimed at dental and systemic diseases and traumatic injuries.
- Preparation for managing a contemporary pediatric dental practice relative to practice administration, efficient auxiliary utilization, and marketing.
- Coordination of all of the above objectives such that diagnosis, case analysis, treatment planning, and clinical management of oral-facial health problems that occur in childhood or adolescence are grounded in a sound application of scientific knowledge which remains state of the art through development of an attitude towards lifelong inquiry and study.

The successful completion of the postgraduate program in Pediatric Dentistry will enhance the specialty skills beyond predoctoral dental education to the point the graduate will exhibit significant advances to include:

- **Diagnostic Skill** – The resident will have had considerable didactic background and direct contact with children and adolescents exhibiting a variety of local and systemic pathology. Recognition of numerous disease states, congenital defects, and hereditary conditions is expected. Familiarity with specific orofacial defects, disease states, their manifestations, and traumatic consequences is mandatory. Knowledge of physical, mental, or emotional growth and development is essential. Consequences of hormonal and nutritional inadequacies should be recognized. Speech problems associated with oral or dental problems should be discriminated from other causes. Common and rare defects of the teeth, oral tissues, and pulpal pathosis should be recognized. Residents should be especially skilled in obtaining and

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interpreting dental diagnostic aids on children, adolescents and young adults with special health care needs. These aids would include intraoral radiographs, panoramic films, study models, space analyses, and dietary analysis. The resident should be able to make correlations between basic sciences and clinical applications.

- Collaboration – The resident should develop considerable skill in establishing rapport and cooperation with dental and medical colleagues. Referrals to appropriate professionals or from other professionals occur frequently and the resident should be familiar with the courtesy and importance of these activities. The resident should be able to make, or respond to, all appropriate consultation requests.
- Treatment Planning - The resident should be able to develop and present treatment plans, which utilize the diagnostic training received. The treatment plans should be comprehensive and treatment should be provided in an efficient sequence. Residents should have an accurate assessment of their ability to deliver treatment.
- Non-Pharmacologic Behavior Guidance - The resident should have superior abilities to manage the behavior of children, adolescents, and parents. The resident should have good communication skills and an understanding of learning principles. Application of these skills along with motivational tools will enable the resident to modify children, adolescents and parental behavior.
- Pharmacologic Behavior Guidance - When non-pharmacologic methods of behavior guidance are inadequate, the resident will be familiar with several modes for anxiety control and conscious sedation. The resident will also be knowledgeable of intravenous sedation under the direction of a dental anesthesiologist. The resident will be competent in inhalation analgesia, mild and moderate conscious sedation. If conscious sedation is not indicated, appropriate, or if it is inadequate, the resident will be competent to provide treatment under general anesthesia in the operating room.
- Treatment – The resident will be able to provide high quality oral health care in the office or hospital environment. Some of the specific treatment procedures which the resident should be able to provide include:

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PGY-1 & PGY-2

- Comprehensive dental care to infants, children, adolescents, and those with special health care needs.
- Understanding pediatrics, oral pathology and oral surgical procedures applicable to the child dental patient.
- Capability to provide emergency care of a systemic or dental nature. The resident should be prepared to recognize and manage common medical emergencies and should recognize when to refer to other health care professionals.
- Ability to diagnose and treat dental emergencies due to trauma, pulp pathosis, periodontal disease, etc., promptly and correctly.
- Expertise in restorative treatment for primary and young permanent teeth. Residents will provide comprehensive restorative and prosthetic techniques for children from infancy through adolescence.
- Competency in the evaluation, treatment and management of pulpal pathology in the primary and young permanent teeth.
- Competency in the evaluation, treatment and management of trauma to the primary, mixed and permanent dentitions; such as repositioning, replantation, and treatment of fractured teeth, and stabilization of intruded, extruded, luxated, and avulsed teeth.
- Competency in the evaluation, treatment and management of pulpal, periodontal and associated soft and hard tissue injuries following traumatic injury.
- Extensive knowledge of oro-facial growth and development in order to practice preventive and interceptive occlusion management. The resident will understand and be competent to manage the diagnosis and appropriate treatment modalities for

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malocclusions (dental, skeletal and functional) affecting orofacial form, function, and esthetics in infants, children and adolescents.

- Familiarization with conditions which affect the gingival and supporting periodontium should be familiar to the resident. Residents should be able to treat aphthous ulcers, herpes simplex, acute necrotizing ulcerative gingivitis, gingivitis, periodontitis, mucogingival defects, frenums, etc.
- Treatment of many surgical problems encountered in children including simple extractions, some impactions, supernumerary teeth, cysts, frenums, and biopsy procedures.
- Comprehensive preventive procedures, including educational and motivational efforts, caries risk assessment, diet analysis, pit and fissure sealants, professionally and self-administered fluoride regimens, and trauma prevention will be implemented by the residents.
- Treatment of young adults and those with special health care needs and older patients who require the special management skills of a pediatric dentist.
- Research – The resident will be able to evaluate original dental research articles for methodology, results, statistical interpretation, conclusions, and implications. The ability to conduct research may be developed from the required data collection research project. The major research goal is an understanding and appreciation of published research and encouragement of the process of life-long learning.
- Teaching – The resident will have developed considerable teaching skills from didactic courses; by preparing and presenting lectures; by clinical exposure to children and parents; from undergraduate clinical supervision; etc. The skills should provide the resident with a strong foundation for patient education and professional presentations.
- Practice Management and Auxiliary Utilization – The resident should be well prepared for most aspects of practice administration and efficient auxiliary utilization.

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- **Critical Thinking** – It is expected the resident will establish an approach to learning that utilizes aspects of continual inquiry and critical thinking. The development of a lifelong attitude of study and advancement is anticipated.

The extensive clinical experiences are strongly supported by a structured didactic-seminar-laboratory curriculum designed to encourage critical thinking appropriate to specialty level education in pediatric dentistry.

The resident clinical responsibilities are conducted in a supervised and graduate manner, tempered by progressive levels of independence to enhance clinical judgment and skills. Individual residents will be monitored by examinations, evaluations of attending staff, performance monitoring through quality assurance reviews, conferences, and other appropriate mechanisms.