

**UNIVERSITY OF DETROIT MERCY SCHOOL OF DENTISTRY  
ADVANCED EDUCATION IN GENERAL DENTISTRY  
COMPETENCY STATEMENTS**

The following statements describe the graduates of University of Detroit Mercy's AEGD program. They are intended to communicate the expectations of the faculty to the resident and serve as the basis for evaluation of resident's satisfactory completion of the program.

**Definitions**

In order to facilitate reading this list of statements, certain terms have been predefined so they could be used in the document without repetitive definition. These definitions are listed in the next section of this document. In general, the definitions proposed by Chambers and Gerrow<sup>1</sup> have been followed, although some new definitions have been added and some definitions modified. In situations where it is expected that the PGD program graduate will be able to, and likely to, actually perform the necessary procedures, the terms "perform", "provide", "restore", or "treat" have been used. In circumstances where the graduate may perform some treatment but is more 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 procedures described will be performed for appropriate reasons, in appropriate circumstances, and in an appropriate manner. In this manual each statement is designated as an area of competency in which graduates are expected to have little experience at the beginning of their programs and are expected to gain further experience, skill, and judgment as the program progresses.

Where appropriate, each competency statement is linked to the corresponding overall program goals.

**A graduate of a University of Detroit Mercy's AEGD program will:**

***In regard to planning and providing primary oral health care:***

Function as a patient's primary, and comprehensive, oral health care provider, providing patient focused care coordinated by the general practitioner. (Goal 1; CODA Standard 2-1)

Obtain patients' or legal guardians' consent for the proposed treatment (informed consent). (Goal 1; CODA Standard 2-1)

Integrate multiple disciplines into an individualized, comprehensive, sequenced treatment plan using diagnostic and prognostic information for patients with complex needs. (Goal 1, 2, 3; CODA Standard 2-1)

Evaluate scientific literature and other sources of information to determine the safety and effectiveness of medications and diagnostic, preventive, and treatment modalities. (Goal 2; CODA Standard 2-1)

Collaborate with members of interdisciplinary health care teams, engaging in consultation and appropriate referral processes to optimize patient outcomes and integrate oral health into overall health care. (Goal 1, 3, 4; CODA Standard 2-1)

Evaluate and interpret clinical, radiographic, and laboratory data to formulate accurate diagnoses and develop comprehensive treatment plans for patients across the age spectrum, including individuals with medical complexities and other special needs requiring tailored approaches to care. (Goal 1, 2, 3; CODA Standard 2-1)

***In regard to ethics and professionalism:***

Demonstrate principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the delivery of patient care and in relationships with patients, personnel, and colleagues. (Goal 4; Coda Standard 1-10, 2-7)

Use and implement accepted sterilization, disinfection, standard precautions and occupational hazard prevention procedures in the practice of dentistry. (Goal 1, 2, 3; CODA Standard 2-7)

***In regard to oral mucosal diseases:***

Diagnose and manage oral manifestations of systemic disease. (Goal 1, 2, 3; CODA Standard 2-4)

Diagnose and manage common oral mucosal diseases. (Goal 1, 2, 3; CODA Standard 2-4)

Recognize when referral is appropriate based on clinical impression and differential diagnoses. (Goal 1, 2, 3; CODA Standard 2-4)

***In regard to directing health promotion and disease prevention activities:***

Leads community and clinical initiatives focused on promoting oral health and preventing disease, utilizing evidence-based strategies, patient education, and public health principles. (Goal 1, 4; CODA Standard 2-1)

Use accepted prevention strategies such as oral hygiene instruction, nutritional education, and pharmacologic intervention to help patients maintain and improve their oral health. (Goal 1, 2, 3, 4; CODA Standard 2-1)

***In regard to pain and anxiety control:***

Provide control of pain and anxiety in the conscious patient through the use of behavioral techniques, local anesthesia, or other pharmacological techniques. (Goal 1, 3; CODA Standard 2-2)

***In regard to operative dentistry:***

Restore form, function, and esthetics using a wide range of direct and indirect materials and methods. (Goal 1; CODA Standard 2-2)

Diagnose, manage and provide operative treatment for complex carious lesions using evidence base decision making for long-term restorative success. (Goal 1; CODA Standard 2-2)

Manage caries using minimally invasive and/or nonrestorative techniques where appropriate. (Goal 1; CODA Standard 2-2)

***In regard to restoration of the edentulous space:***

Treat patients with missing teeth requiring removable prostheses. (Goal 1; CODA Standard 2-2)

Treat patients with missing teeth requiring uncomplicated fixed restorations. (Goal 1; CODA Standard 2-2)

***In regard to implants:***

Treatment plan patients requiring implants to restore missing teeth. (Goal 1, 3; CODA Standard 2-4)

Complete diagnostic preparation for implant surgery and planned restorations. (Goal 1, 3; CODA Standard 2-4)

Restoration of single and/or multiple endosseous implant units. (Goal 1; CODA Standard 2-4)

Restore implant retained removable prostheses with use of semi-precision abutments and attachments. (Goal 1; CODA Standard 2-4)

Establish and monitor an implant maintenance program. (Goal 1, 3; CODA Standard 2-4)

Manage implant restorative complications. (Goal 1; CODA Standard 2-4)

***In regard to periodontal therapy:***

Diagnose and treat periodontal disease which may include surgical procedures. (Goal 1; CODA Standard 2-2)

Evaluate the results of periodontal treatment and establish and monitor a periodontal maintenance program. (Goal 1, 3; CODA Standard 2-2)

***In regard to endodontic therapy:***

Diagnose and treat pain of pulpal origin. (Goal 1; CODA Standard 2-2)

Evaluate case complexity for referral. (Goal 1, 3; CODA Standard 2-2)

Perform uncomplicated non-surgical endodontic therapy and/or vital pulp therapy. (Goal 1; CODA Standard 2-2)

***In regard to oral surgery:***

Perform surgical procedures which may include surgical and nonsurgical extraction of teeth and uncomplicated preprosthetic surgery. (Goal 1, 3; CODA Standard 2-2, 2-5)

Evaluate case complexity for referral. (Goal 1, 3; CODA Standard 2-2, 2-5)

Manage post operative outcomes including normal healing and complications. (Goal 1, 3; CODA Standard 2-2, 2-5)

***In regard to temporomandibular disorders and orofacial pain:***

Manage uncomplicated temporomandibular disorders through conservative treatment. (Goal 1; CODA Standard 2-4)

Manage a patient's orofacial pain. (Goal 1; CODA Standard 2-4)

Recognize when referral is appropriate for management of temporomandibular disorder and orofacial pain. (Goal 1, 3; CODA Standard 2-4)

***In regard to treatment of dental and medical emergencies:***

Treat patients with intra-oral dental emergencies and infections. (Goal 1; CODA Standard 2-4)

Anticipate, diagnose and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment. (Goal 1, 3; CODA Standard 2-4)

***In regard to community service:***

Demonstrate an understanding of the oral health needs of diverse communities and engage in community-based activities that promote oral health equity. (Goal 1, 3, 4; CODA Standard 2-1)

## **Second Year Competency Statements**

The following are competency statements that describe the additional areas, beyond those of the first year of the program, that apply to residents completing the second-year program.

Treatment plan, perform and maintain complicated endosseous implant restorations, including multi-unit restorations. (Goal 1, 2; CODA Standard 2-4)

Request and interpret medical consultations from other health care providers for patients with multiple co-morbidities. (Goal 1, 2, 3, 4; CODA Standard 2-6)

Participate in community programs to prevent and reduce the incidence of oral disease. (Goal 1, 4; CODA Standard 2-1)

Participate in a system of continuous quality improvement in a dental practice (Goal 3; CODA Standard 2-7)

Participate in the administration of an Advanced Education in General Dentistry Program. (Goal 4; CODA Standard 2-7)

Teach undergraduate dental students in selected clinical and didactic disciplines. (Goal 4; CODA Standard 1-7)

Perform in-depth analyses of medical and dental articles in peer-reviewed publications. (Goal 1, 2; CODA Standard 2-9)

Include more focused training and experience in other areas of dentistry or in treating select populations according to residents' interests. (Goal 1, 2, 3, 4; CODA Standard 2-1)

## Definitions

Adapted from Chambers and Gerrow 1

**Assess.** Evaluation of physical, written, and psychological data in a systematic and comprehensive fashion to detect entities or patterns that would initiate or modify **treatment, referral**, or additional assessment. Assessment entails **understanding** of relevant theory and may also entail **skill** in using specialized equipment or techniques. But assessment is always controlled by an **understanding** of the purpose for which it is made and its appropriateness under the present circumstances. **Recognition** is a more limited term that does not subsume the notion of evaluating findings. **Diagnosis** is a more inclusive term which relates evaluated findings to treatment alternatives.

**Competency.** Behavior expected of the beginning practitioner. This behavior incorporates **understanding, skill**, and **values** in an integrated response to the full range of requirements presenting in practice. The level of performance requires some degree of speed and accuracy consistent with patient well-being but not performance at the highest level possible. It also requires an awareness of what constitutes acceptable performance under the circumstances and a desire for self-improvement.

**Diagnose.** Diagnosing means systematically comparing a comprehensive database of the patient with an **understanding** of dental and related medical theory to identify recognized disease entities or treatable conditions. The concept of diagnosis subsumes an **understanding** of disease etiology and natural history.

**Discuss (communicate, consult, explain, present).** A two-way exchange that serves both the practitioner's needs and those of patients, staff, colleagues, and others with whom the practitioner communicates. The conversation, writing, or other means of exchange must be free of emotional or other distorting factors and the practitioner must be capable of expressing and listening in terms the other party understands. [Caution should be exercised with using these verbs to ensure that the communication is between the practitioner and the patient. Communication between the student and faculty is language reminiscent of the old instructional objectives and is not evidence of competency.]

**Document.** Making, organizing, and preserving information in standardized, usable, and legally required format.

**Manage.** Management refers to the selection of treatment-including: no intervention; choice of specific care providers-including hygienists, and medical and dental specialists; timing and evaluation of treatment success; proper handling of sequela; and insurance of patient comprehension of and appropriate participation in the process. In circumstances where the graduate may perform some treatment but is more likely to oversee treatment or refer, the term "manage" is used. In situations where it is expected that practitioners will be capable of and likely to provide treatment as well as oversee it, the terms "treat", "provide", or "perform", will be used.

**Monitor.** Systematic vigilance to potentially important conditions with an intention to intervene should critical changes occur. Normally monitoring is part of the process of **management**.

**Obtain (collect, acquire).** Making data available through inspection, questioning (patients, physicians, and relatives), review of records etc., or capturing data by **using** diagnostic procedures. Health histories, radiographs, casts, and consultations are **obtained**. It is always assumed that the procedures for obtaining data are performed accurately so that no bias is introduced, are appropriate to the circumstances, and no more invasive than necessary, and are legal.

**Patients With Special Needs.** Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical conditions, significant physical limitations, and/or other vulnerable populations. (CODA AEGD Standards)

**Perform (conduct, restore, treat).** When a procedure is performed, it is assumed that it will be done with reasonable speed and without negative unforeseen consequences. Quality will be such that the function for which the procedure was undertaken is satisfied consistent with the prevailing standard of care and that the practitioner accurately **evaluates** the results and takes needed corrective action. All preparatory and collateral procedures are assumed to be a part of the performance.

**Practice.** Used to describe a general habit of practice, such as "practice consistent with applicable laws and regulations."

**Prepare** (see **perform**).

**Present** (see **discuss**).

**Prevent** [the effects of]. The negative effects of known or anticipated risks can be prevented through reasonable precautions. This includes **understanding** and being able to **discuss** the risk and necessary precautions and **skill** in carrying out the precaution. Because preventing future damage is of necessity a response to an internalized stimulus rather than a present one, additional emphasis is placed on supportive **values**.

**Provide care** (see **perform**).

**Recognize (differentiate, identify).** Identify the presence of an entity or pattern that appears to have significance for patient **management**. Recognition is not as broad as **assessment** -- assessment requires systematic collection and evaluation of data. Recognition does not involve the degree of judgment entailed by **diagnosis**. [Caution is necessary with these terms. They are often used in the old instructional objectives literature to refer to behavior students perform for instructors. They can only be used for competencies when practitioners recognize, differentiate, or identify for patients or staff.]

**Refer.** A referral includes determination that **assessment, diagnosis, or treatment** is required which is beyond the practitioner's **competency**. It also includes **discussion** of the necessity for the referral and of alternatives with the patient, **discussion** and cooperation with the professionals to whom the patient is referred, and follow-up **evaluation**.

**Restore** (see **perform**).

**Skill.** The residual performance patterns of **foundation skills** that is incorporated into **competency**. The importance of the skill is more than speed and accuracy: it is the coordination of performance patterns into an organized **competency** whole.

**Treat** (see **perform**).

**Use.** This term refers to collateral **performance**. While **providing care**, precautions and specialized routines may be required. For example, infection control and rapport building communication are used. **Understanding** the collateral procedure and its relation to overall care is assumed. It is often the case that supporting **values** are especially important for procedures that are needed -- they are usually mentioned specifically because their value requires reinforcement. ["Utilize" is a stylistic affectation that should be avoided.]

**Understanding.** The residual cognitive **foundation knowledge** that is incorporated into **competency**. Understanding is more than broad knowledge of details: it is organized knowledge that is useful in performing the **competency**. [Caution should be used with this term. Understanding alone is not a competency; it must be blended with skill and values.]

**Values.** Preferences for appropriate professional behavior in the absence of compelling or constraining forces. Values can only be inferred from practitioner's behavior when alternatives are available. "Talking about" values reflects a **foundation knowledge**; valuing can be inferred by observing the practitioner's attempts to persuade others. [Caution should be used with this term. Valuing alone is not a competency; it must be blended with skill and understanding.]

## References

1. Chambers DW, Gerrow JD, Manual for developing and formatting competency statements. J Dent Educ 1994;58:361-6.