



General Practice Residency

Resident Handbook

2026-2027

Sponsored by:
University of Arkansas for Medical Sciences

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OVERVIEW OF UAMS

The University of Arkansas for Medical Sciences (UAMS), located in the state capital of Little Rock, is Arkansas' only institution of professional and graduate education devoted solely to the health and biological sciences. One of fourteen campuses of the University of Arkansas System, UAMS has grown into an academic health sciences center that encompasses broad aspects of education, research and service. The institution offers programs that improve the physical, economic and intellectual well-being of the citizens of Arkansas. Founded in 1879 by a group of eight physicians, UAMS is the state's only comprehensive academic health center with outreach programs in each of the state's 75 counties. Additionally, it is the state's only designated Adult Level I trauma center and provides organ transplant services to the state. The 535-bed university medical center offers sophisticated diagnostic and therapeutic care in virtually every specialty and subspecialty of medicine and surgery. UAMS is a major regional healthcare resource with a deep commitment to health professions education and research, offering a full complement of inpatient and outpatient services. UAMS is the state's largest public employer with more than 10,000 employees, including about 1,300 physicians and other professionals who provide care to patients at UAMS, Arkansas Children's Hospital, the VA Medical Center and UAMS' Regional Programs throughout the state.

The service mission of UAMS is fulfilled by providing comprehensive health care services to meet both the education needs of students and the special health care needs of the state. As the only academic medical center in Arkansas, the unique role of UAMS is to provide services requiring highly specialized personnel and technology. The services are delivered in an interdisciplinary environment to all Arkansans regardless of their ability to pay.

In fulfilling its educational mission, the six academic units of UAMS – the Colleges of Medicine, Nursing, Pharmacy, Health Professions, and Public Health, and the Graduate School – as well as the UAMS Medical Center, the Regional Campuses, the Winthrop P. Rockefeller Cancer Institute, the Harvey & Bernice Jones Eye Institute, the Donald W. Reynolds Institute on Aging, the Jackson T. Stephens Spine and Neurosciences Institute, The Psychiatric Research Institute, the Translational Research Institute, and the Institute for Digital Health and Innovation – provide the environment and opportunities for students and practitioners alike to learn and maintain the knowledge and skills they need. These programs integrate the liberal arts with biological, physical and behavioral sciences, and emphasize lifelong learning for practitioners in the health professions.

Currently, postgraduate education training is offered to residents and fellows, through 69 ACGME-accredited programs in a wide range of disciplines. All residents, including general dental residents, are house staff with the same privileges and responsibilities.

The Oral Health Clinic on the UAMS campus opened in January 2013 and is currently housed in the Primary Care Service Line in the UAMS Clinical Enterprise. Dentists provide treatment of commonly encountered oral health conditions requiring corrective restoration as well as preventive care in the UAMS Oral Health Clinic. Services provided by UAMS dentists cover the entire spectrum of general dentistry, adult inpatient services, special needs patients, dental emergencies, and dental treatment for referred patients needing dental care prior to and/or following medically necessary procedures. Dental faculty have UAMS Hospital privileges. These faculty are available to provide consultations for inpatients as requested by hospital personnel and to coordinate the delivery of oral health care for these patients as indicated.

PROGRAM BACKGROUND AND PURPOSE

BACKGROUND

The UAMS General Practice Residency (GPR) program is a full-time program with up to eight total resident positions. The first year consists of 12 months of advanced dental education running from mid-June through June 30 of the following year. At the successful completion of the GPR program, each resident will receive a Certificate of Completion. An optional second year is available for residents wishing to pursue additional hospital and operating room based dental training.

Residents spend approximately 10 months of the year at the UAMS Oral Health Clinic where they provide hands-on treatment to ambulatory and hospitalized patients. A private practice environment is maintained throughout the program to assist the recent dental school graduate in the transition from academics to “real world dentistry”. Emphasis is placed on providing comprehensive dental care including fixed and removable prosthodontics, implant placement and restoration, endodontic therapy, periodontal therapy, oral surgery, and advanced esthetic operative techniques. Residents gain extensive experience in evaluating medically compromised patients and providing dental consultations for various hospital services. Residents will also become well versed in providing dental clearance for medically necessary procedures including head and neck radiation, joint replacement, solid organ transplant, and stem cell transplant.

Residents rotate at UAMS in Emergency Medicine and Otolaryngology with Anesthesia rotation at Arkansas Children’s Hospital (ACH). Over the course of the year, residents spend eight evenings at the UAMS 12th Street Health and Wellness Center and three days at the Harmony Health Clinic to focus on community dentistry.

An optional second year is also available to residents who wish to receive additional training in sedation, implantology, simple orthodontics, and other advanced training tailored to the resident’s interests. This second year will afford additional experience in providing care to patients in an operating room.

The GPR is a postdoctoral educational program designed to provide essential skills, attitudes, and abilities related to the contemporary practice of advanced general dentistry, with emphasis on total patient-centered care. The program provides the recent graduate the opportunity to augment his/her knowledge of oral disease and his/her diagnostic and therapeutic skills in dentistry.

PURPOSE

The General Practice Residency (GPR) Program is a postdoctoral educational program designed to provide essential skills, attitudes, and abilities related to the contemporary practice of advanced general dentistry, with emphasis on total patient-centered care. The program provides the recent graduate the opportunity to augment his/her knowledge of oral disease and his/her diagnostic and therapeutic skills in dentistry. Treatment of oral disease in the medically complex patient and/or hospitalized patient is emphasized. A private practice environment is maintained throughout the program to assist the recent dental school graduate in the transition from academics to “real world dentistry.”

EDUCATIONAL OVERVIEW

PROGRAM GOALS AND OBJECTIVES: The overall programmatic goals are in accordance with the standards described by the Commission on Dental Accreditation, which state that the GPR residency will prepare the resident to:

Goal 1: Plan and provide care for a variety of patients including special needs and the medically compromised.

Objectives - The resident will be able to:

1. Treat patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual.
2. Gain a deeper understanding of general medicine and the relationship between systemic disease states and proposed dental treatment.
3. Become proficient in pain and anxiety control in the dental setting.
4. Act as a primary care provider for individuals and groups of patients which includes: providing emergency and multidisciplinary comprehensive oral health care; providing patient focused care that is coordinated by the general practitioner; and directing health promotion and disease prevention activities.

Goal 2: Function effectively and efficiently in multiple health care environments within interdisciplinary health care teams in a hospital setting.

Objectives – The resident will be able to:

1. Learn the concept of hospital organization.
2. Become proficient in operating room protocol.
3. Interact with other hospital departments through consultation and while on various rotations.
4. Manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment.

Goal 3: Increase knowledge and skill beyond the pre-doctoral level and incorporate evidence-based decision making and lifelong learning into professional practice.

Objectives – The resident will be able to:

1. Utilize advanced knowledge in planning and executing their treatment plans.
2. Incorporate their knowledge of technology-based information in patient care.
3. Utilize their critical thinking and evidence based clinical decision making skills in patient care delivery.
4. Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice.

Goal 4: Understand the oral health needs of communities and engage in community service.

Objectives – The resident will be able to:

1. Assess, plan, implement, and evaluate activities that address oral health needs in various populations.
2. Promote the importance of daily oral care and maintenance.

Goals 5-8 are specific to the Optional Second year:

Goal 5: Gain competency in oral procedural sedation through anesthesia course

Objectives – The resident will be able to:

1. Correctly evaluate and determine the patient's need for the use of behavioral and/or pharmacologic modalities in the management of pain and anxiety based on patient's reaction to clinical procedures
2. Coordinate with patient's physician, caretakers, and family to determine appropriate medications or behavioral management techniques that would be effective for the patient
3. Demonstrate an understanding of medications used to achieve sedation or anxiolytic state
4. Demonstrate an understanding of prevention, recognition and management of complications related to the use and interactions of drugs used to sedate patients and control pain and anxiety

Goal 6: Function effectively and independently as part of a collaborative team in the treatment planning and care of special populations to include: patients with craniofacial anomalies, patients with cleft lip and palate, and inpatient and outpatient pediatric, adult, and special needs populations.

Objectives – The resident will:

1. Become proficient in operating room dentistry, dictation, and pre and post op dental OR care in order to function independently as an OR dentist with minimal faculty intervention to encourage career transition to hospital or academic dentistry
2. Increase knowledge of treatment planning and treatment of special populations including:
 - a. Craniofacial and Cleft Lip and Palate Patients
 - b. Nasoalveolar Molding Patients
 - c. SATB2 Clinic Patients

Goal 7: Increase proficiency in advanced techniques of fixed and surgical prosthodontics.

Objectives – The resident will be able to:

1. Plan and execute treatment for full mouth rehabilitation cases.
2. Plan and treat non-guided, semi and fully guided implant surgery through use of CBCT technology.
3. Serve as chief resident and take on advanced cases that are beyond the scope of PGY-1 residents.

Goal 8: Engage in administrative and faculty development through administrative training, resident clinical supervision, and experiences in: didactic creation and presentation, inter-professional lecture presentation to other graduate health programs and clinics, PGY1 clinical supervision and evaluation, and PGY1 evidence-based dentistry/journal club presentation evaluation. Experiences are to promote future in academic and/or community dentistry.

Objectives – The resident will:

1. Serve as chief resident and take on advanced clinical cases beyond scope of PGY-1 residents.

2. Participate in regular resident and program evaluations with Program Director (PD) to learn evaluation methods and CODA procedures.
3. Participate in training with PD to learn CODA program accreditation maintenance as well as program enrichment and development.
4. Deliver didactics to dental hygiene student program, PGY-1 dental residents and various other departments on campus to facilitate inter and intra-professional education on campus.
5. Become experienced in care of regional minority, indigent, and other vulnerable populations through patient care experiences and didactics in cultural competency and social determinants of health. Resident will also supervise PGY-1 residents at all community clinics.
6. Promote career development through resident self-exploration of a field of dentistry where resident desires additional training or caters to their area of interest through program funded multi-day CE course or mini-residency.

UAMS GENERAL PRACTICE RESIDENCY PROGRAM PGY-1 **CLINICAL GOALS AND OBJECTIVES (STANDARD 2-2)**

CLINICAL PROGRAM GOALS & OBJECTIVES: The overall programmatic goals are in accordance with the standards described by the Commission on Dental Accreditation, which state that the GPR residency will provide hands-on clinical experiences in the following areas of general dentistry:

Operative Dentistry

Objectives – Resident has participated in supervised practical clinical experiences that allow them to:

1. Diagnose and treatment plan for the restoration of teeth.
2. Identify the appropriate application of a wide spectrum of restorative materials (amalgam, resin, porcelain, cast metals) for use in adult and pediatric patients.
3. Identify and utilize the current concepts of modern restorative dentistry.
4. Develop advanced skills in operative preparations, decay removal, and restorations.
5. Provide profound anesthesia for operative procedures.
6. Restore teeth to proper form and function with special regard to occlusal contacts.
7. Determine the indications and materials available for optimal esthetic dentistry.
8. Recognize and utilize the various impression materials and techniques, including digital intraoral scanning.

Restoration of the edentulous space

Objectives – Resident has participated in supervised practical clinical experiences that allow them to:

1. Recognize and diagnose the indications for the replacement of teeth.
2. Formulate an appropriate prosthodontic treatment plan for the replacement of teeth.
3. Determine the indications and applications for removable partial dentures, complete dentures, and fixed prosthodontics.
4. Design partial dentures and modify teeth as needed for proper prosthetic design.
5. Fabricate immediate, interim, and definitive dentures and partials.
6. Be exposed to the fabrication of implant-retained removable prostheses.
7. Recognize the need to refer to a prosthodontist because of the complexity of the case.
8. Effectively communicate with commercial dental laboratories in the prescription of both removable and fixed prosthodontics.

Periodontal Therapy

Objectives – Resident has participated in supervised practical clinical experiences that allow them to:

1. Effectively diagnoses periodontal conditions
2. Proposes effective treatment plan for periodontal therapy
3. Sequences treatment phases prior to treatment

4. Anticipates problems or complications prior to occurrence during treatment
5. Effectively merges periodontal therapy with co-existing dental needs
6. Places patient at ease and is confident in explaining treatment choices and alternatives
7. Capable of explaining treatment needs to the patient in an understandable fashion
8. Relates well to patient and answers questions well
9. Utilizes critical thinking when appropriate to evaluate all options available
10. Capable of performing the planned periodontal therapy

Endodontics

Objectives – Resident has participated in supervised practical clinical experiences that allow them to:

1. Effectively diagnose endodontic conditions
2. Propose effective treatment plan options for endodontic therapy
3. Sequence instrumentation correctly
4. Anticipate problems or complications prior to occurrence during treatment
5. Effectively merge endodontic therapy with co-existing dental needs
6. Place patient at ease and is confident in explaining treatment choices and alternatives
7. Be capable of answering patient questions well
8. Utilize critical thinking when appropriate to evaluate all clinical options available

Oral Surgery

Objectives – Resident has participated in supervised practical clinical experiences that allow them to:

1. Perform simple and surgical extractions above the level of those in dental school.
2. Provide profound local anesthesia for surgical cases.
3. Manage pharmacological intervention as indicated by the patient's case, including antibiotic and anxiolytic medications.
4. Accommodate surgery timing based on patient's ongoing medical treatments or medications.
5. Have exposure to I&D on patients who present with oral-facial infections.
6. Diagnose the indications for and perform simple pre-prosthetic surgery.

Oral Implantology

Objectives – Resident has participated in supervised practical clinical experiences that allow them to:

1. Effectively diagnoses and understands indications and contraindications for implant placement.
2. Proposes effective treatment plan for implant restoration of an edentulous area.
3. Utilizes critical thinking when appropriate to evaluate all treatment options available
4. Effectively merges implant procedure with co-existing dental needs
5. Sequences treatment phases prior to treatment
6. Effectively utilizes diagnostic tools (CBCT, physical models, intraoral scans) prior to treatment
7. Correctly anticipates size and type of implant needed for procedure

8. Correctly plans and utilizes other surgical materials needed for procedure.
9. Anticipates problems or complications prior to occurrence during implant placement
10. Places patient at ease and is confident in explaining treatment choices and alternatives
11. Capable of explaining treatment needs to the patient in an understandable fashion
12. Relates well to patient and answers questions
13. Correctly identifies intraoperative complications and identifies ways to adjust surgical methods in the future for improved outcomes.

Evaluation and treatment of dental emergencies

Objectives – Resident has participated in supervised practical clinical experiences that allow them to:

1. Prescribe appropriate tests needed for diagnosis. Diagnose hard and soft oral tissue conditions that require emergency management via clinical and radiographic interpretation.
2. Perform both surgical and non-surgical emergency procedures.
3. Diagnose and discuss the management of the patient presenting with oral-facial infections.
4. Diagnose and manage causes of orofacial acute pain.

Pain and anxiety control utilizing behavioral and/or pharmacological techniques

Objectives – Resident has participated in supervised practical clinical experiences that allow them to:

1. Effectively utilize local anesthetics appropriate for the procedure.
2. Administer nitrous oxide inhalation analgesia and oral conscious sedation for anxiety control.
3. Effectively recognize patient medical conditions that would contraindicate or complicate various levels of patient sedation.
4. Recognize medical emergencies and initiate early treatment of these emergencies associated with the use of sedatives in dentistry.
5. Provide control of pain and anxiety in the conscious patient through the use of psychological interventions, behavior management techniques and local anesthesia or sedative medications.

General Clinical Performance

Objectives – Resident has participated in supervised practical clinical experiences that allow them to:

1. Anticipate intraoperative changes, adapting to mid-procedure challenges, presenting options to patient to create patient autonomy in treatment chosen.
2. Diagnose and appropriately treatment plan comprehensive patient cases.
3. Manage time efficiently
4. Manage patient interactions appropriately and effectively
5. Document and keep appropriate patient records

CURRICULUM

Goal and Objective/ Competency and Proficiency/or Program Requirement	Didactic Instruction	Clinical Experience	Evaluation Mechanism(s)
Hospital organization, obtaining informed consent, EMR	Credentialing process at beginning of year.	OHC, Rotations in EM, Anes, ACH, and OTO	Resident evaluation. On-line competency tests.
Medical emergencies, reviewing med hx, physical exams, prescribing treatment and meds	Simulation clinic, ACLS course, lectures	OHC, Rotations in EM, Anes, ACH, OTO. In OR and ED.	Resident evaluation. Certification test. Written and/or oral exam at conclusion of lectures.
Pain and anxiety, OR, preparing the patient record, including notation of med hx, review of physical exam, and pre- and post-operative orders	Simulation clinic, lectures	OHC, OR, Anes rotation,	Resident evaluation. OR record notes. Written and/or oral exam at conclusion of lectures.
TMJ disorder, orofacial pain	Lectures	OHC, Rotation in OTO	Resident evaluation. Written and/or oral exam at conclusion of lectures.
Evaluating and treating dental emergencies. Multidisciplinary comprehensive oral health care and functioning within interdisciplinary health care teams including consultation and referrals.	Lectures, credentialing process at beginning of year.	OHC, Rotations in EM, Anes, ACH, OTO. Consulting within the hospital all year.	Resident evaluation. Written and/or oral exam at conclusion of lectures.
Directing health promotion and disease prevention activities	Lectures	OHC, community service at Harmony Health Clinic and 12 th Street Center.	Resident evaluation. Written and/or oral exam at conclusion of lectures.
Scientific literature	12 sessions of scientific presentations	Journal Club discussion. Presentation of paper at end of year.	Resident evaluation.
Operative (including restoration of edentulous space)	Multiple lectures	OHC, ACH rotation. OR. Treatment planning sessions.	Resident evaluation. Written and/or oral exam at conclusion of lectures.
Periodontics	Multiple lectures	OHC, Periodontal course	Resident evaluation. Written and/or oral exam at conclusion of lectures.
Endodontics	Multiple lectures, hands on clinical demos	OHC, ACH rotation, Endodontic course	Resident evaluation. Written and/or oral exam at conclusion of lectures.

Oral surgery and implants	Multiple lectures Implant course	OHC, ACH and OTO rotation. OR, OS rotation	Resident evaluation. Written and/or oral exam at conclusion of lectures.
Oral mucosal disease and pathology	Multiple lectures	OHC, ACH and OTO rotation	Resident evaluation. Written and/or oral exam at conclusion of lectures.
Assess, diagnose, and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs.	Multiple lectures	OHC, rotations in ACH, OTO, and treatment planning sessions. OR.	Resident evaluation. OR record notes. Written and/or oral exam at conclusion of lectures.
Manage and provide the delivery of patient-focused oral health care by the general practitioner.	Multiple lectures	OHC, ACH rotation,	Resident evaluation. Written and/or oral exam at conclusion of lectures.
Practice management/Ethics	Lectures	OHC, rotations in ACH, EM, Anes, and OTO	Resident evaluation. Written and/or oral exam at conclusion of lectures.
Patient Care Conferences	Lectures	OHC, ACH rotation, OR, and treatment planning sessions	Conference Evaluation, Quarterly Resident Evaluation
Evidence Based Dentistry Review	Lecture	OHC, Journal Club Conferences	Conference Evaluation, Quarterly Evaluation, Final Research Paper Presentation

ROTATION AND OFF-SITE GOALS AND OBJECTIVES

- A. Emergency Medicine: The intended objectives of this one-week rotation require the resident to gain training and experience in:
1. Anticipate common medical emergencies by physical diagnosis.
 2. Take an adequate medical history to properly review the patient's history and review of systems.
 3. Recognize the signs and symptoms of medical emergencies (syncope, hypoglycemia, asthma, respiratory distress, angina, myocardial infarction, hyperventilation, seizures, and allergic reactions).
 4. Evaluate and treat orofacial infections. The resident should be able to recognize those infections which require admission to the hospital.
 5. Suture facial/scalp lacerations.
- B. Otolaryngology: The intended objectives of this two-week rotation require the resident to gain training and experience in:
1. Discuss and treatment plan both pre- and post-radiation patients undergoing head and neck cancer therapy.
 2. Discuss with the care givers and/or guardians the need for daily oral health care with patients in long-term health care facilities.
 3. Determine preventive treatment planning in the institutional patient.
 4. Educate patients in the importance of fluoride in the head and neck radiation patient. Develop an appreciation for the role of removable prosthodontics as an important aspect in the treatment of multidisciplinary care patients.
 5. Identify the effects of bisphosphonates and educate patients about these effects.
 6. Observe and participate in outpatient surgery procedures at the UAMS Otolaryngology Clinic and operation rooms.
- C. Anesthesiology: The intended objectives of this two-week rotation require the resident to gain training and experience in:
1. Understand how to utilize patient's history and physical to do a complete preoperative evaluation.
 2. Gain knowledge of the various behavioral pharmacologic techniques used in anesthesia and their effects.
 3. Gain experience in venipuncture techniques and administration of intravenous agents.
 4. Participate with anesthesia team in patient monitoring.
 5. Gain experience with airway management, anesthetic induction and intubation techniques.
 6. Understand the use of pharmacologic agents in anesthesia.
 7. Recognize and treat anesthetic emergencies; Review medical histories and identify potential problems as well as be able to relate past anesthesia events with the present status and the effect on proposed treatment.
 8. Has an appropriate ability to assess the patient recovery from anesthesia.
- D. Ozark Prosthodontics: The intended objectives of this one-week clinical experience require the resident to gain training and experience in:
1. Participate in procedural sedation pre-assessment, induction, monitoring, recovery, and discharge.

2. Participates in patient cases and demonstrate an understanding of the prosthodontic rehabilitation of patients with craniofacial anomalies, systemic/medically related dental conditions, and post-cancer/post-trauma maxillofacial defects.
 3. Participate in clinical care and planning of full mouth prosthodontic rehabilitation cases
 4. Participates in clinical care and planning of non-guided, semi and fully guided implant surgeries.
 5. Demonstrates deeper understanding of CBCT interpretation and implant planning
 6. Competent in complex cases involving surgical extractions with hard and soft tissue grafting.
 7. Gain exposure to medical billing model and complete digital workflow.
- E. UAMS 12th Street Health and Wellness Center: The intended objectives of this off-site clinical experience require the resident to gain training and experience in:
1. Treatment of patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual.
 2. Exposure and active treatment in oral health needs of communities and engage in community service at a free health clinic caring for patients at or below the poverty line.
 3. Educate patients on the importance of daily oral care and maintenance.
 4. Gain clinical experience in exodontia procedures, evaluation and treatment of dental emergencies, and diagnosis and treatment planning.
 5. Demonstrate proficiency in pain and anxiety control in the dental setting as well as utilization of appropriate pharmacological techniques.
 6. Providing emergency oral health care.
 7. Help income insecure patients find dental home and develop long term oral health routines and goals, including assisting with enrollment in Medicaid.
- F. Harmony Health Clinic: The intended objectives of this off-site clinical experience require the resident to gain training and experience in:
8. Treatment of patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual.
 9. Exposure and active treatment in oral health needs of communities and engage in community service at a free health clinic caring for the homeless population and patients at or below the poverty line.
 10. Educate patients on the importance of daily oral care and maintenance.
 11. Gain clinical experience in: operative, removable, and exodontia procedures, evaluation and treatment of dental emergencies, and diagnosis and treatment planning.
 12. Demonstrate proficiency in pain and anxiety control in the dental setting as well as utilization of appropriate pharmacological techniques.
 13. Providing emergency oral health care.
 14. Help income insecure patients find dental home and develop long term oral health routines and goals, including assisting with enrollment in Medicaid.

DIDACTIC LECTURES

Topics include, but are not limited to:

- ACLS
- Anesthesia
- Dental Clearance
- Dental Emergencies
- Dental Implants
- Dental Management of the Medically Compromised Patient
- Dental Photography
- Dental Restorations: Techniques, Pearls, Decisions
- Dental Sleep Medicine
- Endodontics
- Ethics and Patient-Focused Care
- Fabrication of Dental Sleep Appliances
- Full Mouth Reconstruction
- Geriatric Patient Care
- Hard and Soft Tissue Grafting
- Immediate Extract and Place Implants
- Interprofessional Health Care
- Informed Consent
- Management of Traumatic Dental Injuries
- Occlusion
- Oral Pathology
- Oral Surgery
- Orofacial Pain
- Orthodontics Using Clear Aligners
- Pediatric Dentistry
- Periodontics
- Pharmacology
- Practice Management
- Principles of Practice Management/Jurisprudence
- Radiation Oncology: The Cancer Patient
- Removable Prosthodontics
- Sedation, Pain and Anxiety Control
- Suturing
- Treatment of TMD
- Writing Medical Consults

TEXTBOOKS:

1. Little, J. W., Miller, C. S., & Rhodus, N. L. (2018). *Dental management of the medically compromised patient*. (9th ed.). St. Louis, Mo: Mosby Elsevier.
2. Neville, B. W., Damm, D. D., Allen, C. M., & Chi, A. C. (2016). *Oral and maxillofacial pathology*. (4th ed.). St. Louis, MO: Elsevier.
3. Wynn, R. L., Meiller, T. F., & Crossley, H. L. (Eds.). (2019). *Lexicomp Drug Information Handbook for Dentistry*. (25th ed.). Philadelphia, PA: Wolters Kluwer Clinical Drug Information, Inc.

ADVANCED TREATMENT PLANNING CONFERENCE

Advanced Treatment Planning conference is held every other month. Residents will each bring a comprehensive case (models, photos, and radiographs) they are planning or in the process of treating. Discussion will be facilitated by UAMS Faculty Dentists and Adjunct Faculty.

JOURNAL CLUB AND PATIENT CARE CONFERENCE

A Journal Club and Patient Care Conference session will be held every other month. Residents will select a current article from provided peer-reviewed literature to formally present to co-residents, clinical faculty, and adjunct faculty. For the Patient Care portion, each resident will prepare a medically or clinically complex case to present. Residents and faculty will formally evaluate and provide feedback on each resident's article and clinical case.

Journal Club/Patient Care Conferences and Advanced Treatment Planning Conference are scheduled as follows, and are subject to change based upon clinical scheduling.

Year	Date	Activity
2024	July 26	Journal Club & Patient Care Conference
	September 6	Journal Club & Patient Care Conference
	October 11	Journal Club & Patient Care Conference
	October 25	Advanced Treatment Planning Conference
	November 15	Journal Club & Patient Care Conference
	December 13	Journal Club & Patient Care Conference
2025	January 3	Journal Club & Patient Care Conference
	January 17	Advanced Treatment Planning Conference
	February 7	Journal Club & Patient Care Conference
	March 14	Journal Club & Patient Care Conference
	April 25	Advanced Treatment Planning Conference
	May 2	Journal Club & Patient Care Conference
	June 27	Final Presentations

APPLE/MAC KEYNOTE NOT COMPATIBLE WITH UAMS AV – USE PPT OR CANVA

Journal Club/Patient Care Conference Evaluation

Name of Resident _____

Name of Evaluator _____

Date _____

PATIENT CARE CONFERENCE	Above Average	Average	Below Average
1. Essential components of case presented:			
Vital Statistics with chief complaint			
Medical / Dental History			
Examination Findings			
Diagnosis			
Treatment Plan			
Visual Aids			
2. Organization of the presentation			
3. Presentation skills - eye contact, voice, pacing, gestures			
4. Ability to answer questions			

JOURNAL CLUB	Above Average	Average	Below Average
1. Clearly stated PICO (clinical) question			
2. Appropriate literature search strategy			
3. Review of the major components of article selected:			
Purpose			
Study design			
Hypothesis/research question			
Method/procedures			
Statistical analysis			
Results			
Conclusion			
Weaknesses of article			
4. Relevance of article to PICO (clinical) question			
5. Ability to relate article to clinical practice			
6. Facilitation of discussion with other residents, faculty, audience			

What were the strengths of the presentation? (use back of form, if needed)

Do you have any suggestions for improvement? (use back of form, if needed)

RESIDENT JOB DESCRIPTION

Supervision

Residents are under supervision of attending faculty who are members of the active Dental Staff and appropriately credentialed. There are explicit written descriptions of supervisory lines of responsibility for the care of patients developed by the training Program Director and communicated to all residents and all attending physicians within the program. Residents have reliable systems for communication and interaction with supervisory attending physicians. Residents are supervised in such a way that the resident assumes progressively increasing responsibility according to their level of education, ability and experience. On-call schedules for attending physicians are structured to ensure that supervision is readily available to residents on duty.

Roles and Responsibilities for Patient Care

1. Develop and maintain a personal program of self-study and professional growth with guidance of the faculty.
2. Perform the initial assessment of the patient, actively participate, and perform treatment in all aspects of the patient care.
3. Create a dental treatment plan that is uniquely structured for patients during all rotations while educating the interprofessional team on the relationship of oral health to whole body wellness.
4. Develop and use communication skills in encounters with patients and families.
5. Demonstrate a fundamental awareness and sensitivity to patient and family issues (including age, gender, and cultural diversity).
6. Maintain patient records.
7. Meet all documentation requirements of the residency program.
8. Coordinate patient-focused dental care with both medical and specialty dental care practitioners.
9. Participate in the management of a system of continuous quality improvement (CQI) for patient's quality of care.
10. Recognize the importance of and implement the general dentist's role in directing health promotion and disease prevention.
11. Inform, discuss and educate the patient on their current dental/medical treatment needs.
12. Inform, discuss and educate the patient on short and long term complications if dental treatment needs are not met.
13. Provide informed consent from all new patients presenting for exams and approval of treatment plans and treatment.
14. Participates and performs all duties required in the various rotations of the residency.

Attending Faculty Responsibilities

The attending faculty supervises all encounters with patients including observation of techniques, patient management skills, chart documentation, and financial case management. He/she is to provide clinical recommendations during advanced dental procedures or directly deliver patient treatment as indicated by the clinical situation. The attending must take responsibility to ensure that all of the clinical decisions made on the patient are appropriate. Residents are to be taught how to arrive at those decisions, and as competence is proven the resident should be given the opportunity to make supervised clinical decisions. He or she must be certain that therapy is

appropriate, that diagnostic studies and particularly invasive procedures are necessary, cost-effective and efficient, and that high quality care is provided.

The attending also has an obligation to provide high quality instruction in diagnosis, treatment and pathophysiology to the residents. Patient care conferences must be balanced into both treatment conferences and teaching conferences.

Clinical Competence

The training program is designed to provide and develop the skills, attitudes, and abilities to be competent to practice competently in the field of advanced general dentistry.

Clinical competence requires:

1. A solid fund of basic and clinical science knowledge
2. A solid fund of knowledge of the healthcare system
3. The ability to perform an adequate history and physical examination
4. The ability to appropriately order and interpret diagnostic tests
5. Adequate technical skills to perform selected diagnostic procedures
6. Clinical judgment to critically apply the above data to individual patients and patient populations
7. Ethical behavior and professional attitudes, including appropriate interpersonal interactions with patients, professional colleagues, supervisory faculty and all paramedical personnel
8. Personal integrity which includes strict avoidance of substance abuse, theft and unexcused absences
9. Regular and timely attendance at the educational activities of the training program
10. Satisfactory performance on rotations as determined by the faculty and /or program director.

Evaluation and Advancement

Each of the above elements of clinical competence is assessed on a regular basis by direct faculty supervisors with subsequent review by the Program Director. Each resident meets with the Program Director quarterly to review evaluations, clinical evaluation exercises and other assessments. The resident, in addition to clinical duties and a responsibility to continue education, manages patient care and reports to the attending faculty.

FACILITIES

DELTA DENTAL OF ARKANSAS FOUNDATION ORAL HEALTH CLINIC

The Delta Dental of Arkansas Foundation Oral Health Clinic at UAMS opened in January 2013. The clinic has 15 operatories, 8 of which will be dedicated to residents. Each operatory is large enough to allow four-handed dentistry whereby an assistant, resident, and faculty member can comfortably be situated around a patient to maximize supervision and enhance the training experience.

The clinic provides comprehensive care and is equipped with a state-of-the-art, fully-electronic health record (EHR). The EHR features an integrated, comprehensive clinical information system that includes templates for entering patient social and medical histories, physical exam findings, plan of care, discharge instructions, lab and radiology test orders and results, and progress notes.

Each resident will have a station complete with desktop PC for EHR documentation. Notes for patient encounters must be entered within 24 hours of the encounter. Dental records are reviewed after each patient encounter for completeness and signed by the attending faculty and resident.

A quarterly Continuous Quality Improvement (CQI) session led by the program director will have each resident studying random clinical records to insure compliance with clinical and hospital policies and quality of care. An outcome assessment memo will be generated after each CQI session which will include actionable items for future improvement.

Residents will provide treatment of commonly encountered oral health conditions requiring corrective restoration as well as preventive care. Often times, for patients to be cleared for surgery, it is required that the oral cavity is healthy and poses no threat for infection.

There are several sources of patients that are seen in the oral health clinic. Community dwellers among the underserved strata of the society, including those who cannot afford private practice fees are patients of the clinic. Patients are also UAMS employees, students, and residents. Patients are also referred from the UAMS Dental Hygiene Clinic and other residency programs. The UAMS hospital and clinics refer various patients to the oral health clinic. Local dentists refer their patients with complex medical histories. Patients seen by the on call resident for emergency care will be encouraged to return to the oral health clinic for comprehensive care.

ARKANSAS CHILDREN'S HOSPITAL DENTAL CLINIC

ACH has a long-standing and highly respected dental service, with a multidisciplinary approach to a complex pediatric patient population. Their faculty consists of a variety of dental specialists providing inpatient and outpatient care that supplement the resident experience and provide another perspective on hospital dentistry.

The clinic has 19 individual treatment rooms to provide comprehensive pediatric dental care for infants, children and young adolescents with significant medical and/or developmental problems.

UAMS 12TH STREET HEALTH AND WELLNESS CENTER

This is a student-led, interprofessional center which provides services from the UAMS Colleges of Health Professions, Medicine, Nursing, Pharmacy, Public Health and the Graduate School. The center provides information for healthy living, preventive care focused on heart health, and consultations and screenings for chronic health conditions. All services are provided free of charge in order to benefit the community and provide an educational experience for UAMS students.

The UAMS 12th Street Health and Wellness Center will provide patient- and family-centered services to:

- Prevent and improve chronic health conditions
- Provide health- and disease-related education
- Promote health literacy
- Foster interprofessional education in a community setting
- Facilitate collaborative practice skills among future healthcare practitioners
- Promote respect for cultural differences

The center currently sees an underserved population. Residents will treat these dental patients and provide a much needed service for the community. Supervising faculty will be on site when residents are in the clinic.

Website: <http://healthon12th.uams.edu/>

HARMONY HEALTH CLINIC

Harmony Health Clinic is a free medical and dental clinic located in Little Rock, AR. The clinic provides routine health care to local residents whose income does not exceed 200% of the Federal Poverty Level and are currently medically uninsured and between the ages of 13 and 64.

Harmony Health Clinic's mission is to understand and serve the health and wellness needs of the medically uninsured and underserved who live in Central Arkansas by providing access to quality medical care at no cost to these patients in a private, community-based clinic, staffed by volunteer professionals and marked by a unique atmosphere of caring, compassion, respect, dignity, and diversity.

While our community continues to grow and prosper, there are many among us who, for various reasons, are either left out of the healthcare system or seem to simply fall through the cracks.

The General Practice Residents will provide quality dental treatment to these patients and will engage in community service.

Website: <http://harmonyclinar.org/>

GPR RESIDENT EVALUATION
FOR USE AT ANESTHESIA ROTATION SITE

Name of Resident: _____

Name of Evaluator: _____

Signature of Evaluator: _____

Quarter of Rotation: Q1 Q2 Q3 Q4

		Below Expectation	Meets Expectation	Above Expectation	Not Observed
1.	Willingness to learn Is resident intellectually curious and self-motivated?				
2.	Receptivity to teaching Does resident accept constructive criticism and suggestions well?				
3.	Work ethic Does resident put forth sufficient effort in performing all of his/her duties?				
4.	Responsibility Can resident be counted upon to complete assigned tasks?				
5.	Cooperation Does resident get along well with peers, faculty, and ancillary staff? Is he/she a team player?				
6.	Professionalism and Ethics Does this resident demonstrate professionalism and ethical reasoning in decision-making?				
7.	Patient management Does this resident relate well to patients and address their concerns adequately?				
8.	Diagnostic skills Does resident have a good grasp of diagnosis and treatment planning?				
9.	Clinical skills Is resident developing sufficient ability to deliver quality care?				
	a. Understands complete pre-op evaluation				
	b. Able to correlate medical history with anesthesia precautions				
	c. Has appropriate knowledge of airway management, intubation, venipuncture technique and patient monitoring				
	d. Has appropriate knowledge of the effects of behavioral and pharmacologic techniques				
	e. Has appropriate knowledge of the administration and use of pharmacologic agents				
	f. Is familiar with the recognition and treatment of anesthetic emergencies				
	g. Has appropriate knowledge of assessment of patient recovery from anesthesia				
10.	Overall evaluation				

Comments/Corrective Actions (use back if necessary):

**GPR RESIDENT EVALUATION
FOR USE AT EMERGENCY MEDICINE ROTATION SITE**

Name of Resident: _____

Name of Evaluator: _____

Signature of Evaluator: _____

Quarter of Rotation: Q1 Q2 Q3 Q4

		Below Expectation	Meets Expectation	Above Expectation	Not Observed
1.	Willingness to learn Is resident intellectually curious and self-motivated?				
2.	Receptivity to teaching Does resident accept constructive criticism and suggestions well?				
3.	Work ethic Does resident put forth sufficient effort in performing all of his/her duties?				
4.	Responsibility Can resident be counted upon to complete assigned tasks?				
5.	Cooperation Does resident get along well with peers, faculty, ancillary staff? Is he/she a team player?				
6.	Professionalism and Ethics Does this resident demonstrate professionalism and ethical reasoning in decision-making?				
7.	Patient management Does this resident relate well to patients and address their concerns adequately?				
8.	Diagnostic skills Does resident have a good grasp of diagnosis and treatment planning?				
9.	Clinical skills Is resident developing sufficient ability to deliver quality care?				
	a. Has fast recognition and triage of medical emergencies				
	b. Able to obtain and interpret patient's chief complaint, medical and social history, review of symptoms, and physical evaluation				
	c. Able to correlate medical history with medications				
	d. Able to recognize/evaluate lab values				
	e. Can detect signs and symptoms of common medical crises				
	f. Can assist well in procedures				
	g. Can assess and deliver first aid for mild-moderate facial trauma				
	h. Has developed skills to treat dental emergencies including suturing from facial trauma				
	i. Recognizes ED protocol and treatment of dental abscesses and when to admit				
10.	Overall evaluation				

Comments/Corrective Actions:

GPR RESIDENT EVALUATION

ENDODONTIC QUARTERLY RESIDENT EVALUATION

Name of Resident: _____

Name of Evaluator: _____

Signature of Evaluator: _____

Quarter of Rotation: Q1 Q2 Q3 Q4

		Below Expectation	Meets Expectation	Above Expectation	Not Observed
1.	Willingness to learn Is resident intellectually curious and self-motivated?				
2.	Receptivity to teaching Does resident accept constructive criticism and suggestions well?				
3.	Work ethic Does resident put forth sufficient effort in performing all of his/her duties?				
4.	Responsibility Can resident be counted upon to complete assigned tasks?				
5.	Cooperation Does resident get along well with peers, faculty, ancillary staff? Is he/she a team player?				
6.	Professionalism and Ethics Does this resident demonstrate professionalism and ethical reasoning in decision-making?				
7.	Patient management Does this resident relate well to patients and address their concerns adequately?				
8.	Diagnostic skills Does resident have a good grasp of diagnosis and treatment planning?				
9.	Clinical skills Is resident developing sufficient ability to deliver quality care?				
	a. Effectively diagnoses endodontic conditions				
	b. Proposes effective treatment plan options for endodontic therapy				
	c. Sequences instrumentation correctly				
	d. Anticipates problems or complications prior to occurrence during treatment				
	e. Effectively merges endodontic therapy with co-existing dental needs				
	f. Places patient at ease and is confident in explaining treatment choices and alternatives				
	g. capable of answering patient questions well				
	h. Utilizes critical thinking when appropriate to evaluate all options available				
10.	Overall evaluation				

Comments/Corrective Actions:

**UAMS General Practice Residency Program
Implant Quarterly Evaluation (Standard 2-2)**
Circle appropriate quarter: Q1 Q2 Q3 Q4

Resident:

Faculty:

Date:

Faculty Signature: _____

Goal/Objective: Resident has participated in supervised practical experiences in the following area:	Below Expectation	Meets Expectation	Above Expectation	Not Observed
a. Effectively diagnoses and understands indications and contraindications for implant placement.				
b. Proposes effective treatment plan for implant restoration of an edentulous area.				
c. Utilizes critical thinking when appropriate to evaluate all treatment options available				
d. Effectively merges implant procedure with co-existing dental needs				
e. Sequences treatment phases prior to treatment				
f. Effectively utilizes diagnostic tools (CBCT, physical models, intraoral scans) prior to treatment				
g. Correctly anticipates size and type of implant needed for procedure				
h. Correctly plans and utilizes other surgical materials needed for procedure.				
i. Anticipates problems or complications prior to occurrence during implant placement				
j. Places patient at ease and is confident in explaining treatment choices and alternatives				
k. Capable of explaining treatment needs to the patient in an understandable fashion				
l. Relates well to patient and answers questions				
m. Correctly identifies intraoperative complications and identifies ways to adjust surgical methods in the future for improved outcomes.				

Comments/Corrective Actions

UAMS General Practice Residency Program

**Management of Inpatients/Same Day Surgery Patients/OR Experience Resident Evaluation
(Standard 2-11)**

Circle appropriate quarter: Q1 Q2 Q3 Q4

Resident:

Faculty:

Faculty signature: _____

Date:

Goal/Objective: Resident has achieved an acceptable level of progress with regard to training and experience in the management of inpatients or same-day surgery patients, including:	Below Expectation	Meets Expectation	Above Expectation	Not Observed
1. reviewing medical histories and physical examinations				
2. prescribing treatment and medication				
3. providing care in the operating room				
4. preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures				

Comments/Corrective Actions:

GPR RESIDENT EVALUATION
FOR USE AT OTOLARYNGOLOGY ROTATION SITE

Name of Resident: _____

Name of Evaluator: _____

Signature of Evaluator: _____

Quarter of Rotation: Q1 Q2 Q3 Q4

		Below Expectation	Meets Expectation	Above Expectation	Not Observed
1.	Willingness to learn Is resident intellectually curious and self-motivated?				
2.	Receptivity to teaching Does resident accept constructive criticism and suggestions well?				
3.	Work ethic Does resident put forth sufficient effort in performing all of his/her duties?				
4.	Responsibility Can resident be counted upon to complete assigned tasks?				
5.	Cooperation Does resident get along well with peers, faculty, ancillary staff? Is he/she a team player?				
6.	Professionalism and Ethics Does this resident demonstrate professionalism and ethical reasoning in decision-making?				
7.	Patient management Does this resident relate well to patients and address their concerns adequately?				
9.	Clinical skills Is resident developing sufficient ability to deliver quality care?				
	a. Able to discuss and treatment plan both pre and post radiation patients undergoing head/neck cancer therapy				
	b. Understands osteoradionecrosis and the dental/surgical treatment modifications necessary for its prevention and management				
	c. Able to educate patient on the importance of daily health, hygiene maintenance, and fluoride use in the head/neck patient				
	d. Understands the effects of bisphosphonate therapy and educates patients about these effects; understands how to treatment plan bisphosphonate patients				
	e. Competent in full head and neck examination				
	f. Understands the medical complications of dental abscesses				
	g. Has developed an appreciation for the role of removable prosthodontics in the treatment of head/neck cancer patients				
10.	Overall evaluation				

Comments/Corrective Actions:

UAMS General Practice Residency Program

Periodontal Quarterly Evaluation (Standard 2-2)

Circle appropriate quarter: Q1 Q2 Q3 Q4

Resident:

Faculty:

Date:

Faculty Signature: _____

Goal/Objective: Resident has participated in supervised practical experiences in the following area:	Below Expectation	Meets Expectation	Above Expectation	Not Observed
1. Effectively diagnoses periodontal conditions				
2. Proposes effective treatment plan for periodontal therapy				
3. Sequences treatment phases prior to treatment				
4. Anticipates problems or complications prior to occurrence during treatment				
5. Effectively merges periodontal therapy with co-existing dental needs				
6. Places patient at ease and is confident in explaining treatment choices and alternatives				
7. Capable of explaining treatment needs to the patient in an understandable fashion				
8. Relates well to patient and answers questions well				
9. Utilizes critical thinking when appropriate to evaluate all options available				
10. Capable of performing the planned periodontal therapy				

Comments/Corrective Actions

UAMS General Practice Residency Program
Physical Evaluation/Medical Assessment Resident Evaluation (Standard 2-7)

Circle appropriate quarter: Q1 Q2 Q3 Q4

Resident:

Faculty:

Date:

Faculty Signature: _____

Goal/Objective: Resident has participated in formal instruction in physical evaluation and medical assessment including the following areas:	Below Expectation	Meets Expectation	Above Expectation	Not Observed
1. Taking, recording, and interpreting a complete medical history				
2. Understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases				
3. Understanding the relationship between oral health care and systemic diseases				
4. Interpreting the physical evaluation performed by a physician with an understanding of how it impacts the proposed dental treatment				

Comments/Corrective Actions

UAMS General Practice Residency Program
Residency Program Goals and Objectives
 Circle appropriate quarter: Q1 Q2 Q3 Q4

Resident:

Faculty:

Date:

Faculty signature: _____

<i>Goal/objective: Resident has participated in supervised practical experiences in the following area:</i>	Below Expectation	Meets Expectation	Above Expectation	Not Observed
Goal 1: Plans and provides care for a variety of patients including special needs and medically compromised. Resident:				
<i>a. Is proficient at treating patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual.</i>				
<i>b. Has gained a deeper understanding of general medicine and the relationship between systemic disease states and proposed dental treatment.</i>				
<i>c. Demonstrates proficiency in pain and anxiety control in the dental setting.</i>				
<i>d. Acts as a primary care provider for individuals and groups of patients which includes:</i>				
<i>1. Providing emergency and multidisciplinary comprehensive oral health care;</i>				
<i>2. Providing patient focused care that is coordinated by the general practitioner; and</i>				
<i>3. Directing health promotion and disease prevention activities.</i>				
Goal 2: Function effectively and efficiently in multiple health care environments within interdisciplinary health care teams in a hospital setting. Resident:				
<i>a. Understands the concept of hospital organization</i>				
<i>b. Has become proficient in operating room protocol.</i>				
<i>c. Interacts with other hospital departments through consultation and while on various rotations.</i>				
<i>d. Manages the delivery of oral health care by applying concepts of patient</i>				

<i>and practice management and quality improvement that are responsive to a dynamic health care environment.</i>				
3. Increase knowledge and skill beyond the pre-doctoral level and enhance evidence-based decision making and foster lifelong learning into professional practice. Resident:				
<i>a. Utilizes advanced knowledge in planning and executing their treatment plans.</i>				
<i>b. Incorporates their knowledge of technology-based information in patient care.</i>				
<i>c. Utilizes their critical thinking and evidence based clinical decision making skills in patient care delivery.</i>				
<i>d. Utilizes the values of professional ethics, lifelong learning, patient centered care, adaptability, and acceptance of cultural diversity in professional practice.</i>				
4. Understand the oral health needs of communities and engage in community service. Resident:				
<i>a. Assesses, plans, implements, and evaluates activities that address oral health needs in various populations.</i>				
<i>b. Promotes the importance of daily oral care and maintenance.</i>				

Comments/Corrective Actions:

UAMS General Practice Residency Program Initial competency checklist

Resident:

Faculty:

Faculty signature: _____

Date:

Goal/Objective: Resident is able to provide the following at an advanced level of skill and complexity beyond that accomplished in pre-doctoral training:	Below Expectation	Meets Expectation	Above Expectation	Not observed
1) Operative dentistry:				
preparation				
contacts				
occlusion				
anesthesia				
decay removal				
2) Replacement of teeth using fixed prosthodontics				
treatment plan				
marginal prep design				
laboratory prescription				
3) Replacement of teeth using removable prosthodontics				
treatment plan				
design of prosthesis				
rest preps				
laboratory prescription				
4) Periodontal therapy				
5) Endodontic therapy				
6) Oral surgery				
simple extractions				
surgical extraction				
suturing techniques				
anesthesia				
placing drain				
7) Evaluation and treatment of dental emergencies				
radiographic interpretation				
8) Pain and anxiety control utilizing behavioral and pharmacological techniques				
nitrous oxide use				
prescription use				
9) Diagnosis and Treatment planning				
review of films/pathology				
10) Radiographic Interpretation				
diagnosis of pathology				

**UAMS General Practice Residency Program
Clinical Quarterly Resident Evaluation (Standard 2-2 and 2-4)**

Circle appropriate quarter: Q1 Q2 Q3 Q4

Resident:

Faculty:

Faculty signature: _____

Date:

(2-2) Goal/Objective: Resident is able to provide the following at an advanced level of skill and complexity beyond that accomplished in pre-doctoral training:	Below Expectation	Meets Expectation	Above Expectation	Not Observed
1) operative dentistry				
2) fixed prosthodontics				
3) removable prosthodontics				
4) restoration of the edentulous space				
5) periodontal therapy				
6) endodontic therapy				
7) oral surgery				
8) evaluation and treatment of dental emergencies				
9) pain and anxiety control utilizing behavioral and pharmacological techniques				
10) Treatment planning				
11) Radiographic interpretation				
(2-4) Goal/Objective: Resident has achieved an acceptable level of progress in managing the following:	Below Expectation	Meets Expectation	Above Expectation	Not Observed
a) medical emergencies				
b) implants				
c) oral mucosal diseases				
d) temporomandibular disorders				
e) orofacial pain				

Comments/Corrective Actions (use back if necessary):

RESIDENT EVALUATION OF PROGRAM

QUARTER: _____

Resident name: _____

Date: _____

Directions: Place an "X" in the box to indicate the response that best represents your opinion

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
<u>Communication and Organization</u>	4	3	2	1	0
1. Communication prior to my arrival for the residency was clear and helpful.					
2. The orientation/onboarding process that UAMS provided was beneficial.					
3. The resident handbook and information provided was beneficial.					
4. The residency program was organized and coordinated well.					
<u>Delta Dental of Arkansas Foundation Oral Health Clinic</u>	4	3	2	1	0
5. The quality and quantity of patient care experiences was acceptable.					
6. My experience in this facility was a worthwhile part of my training.					
7. My assigned duties were meaningful and relevant.					
8. Faculty members were helpful and provided clinical recommendations when I needed them.					
9. The dental support staff (front office and dental assistants) was available when I needed it.					
10. The dental support staff was professional and helpful.					
11. I was treated with respect by faculty and staff.					
12. The dental facility and equipment were in good working order.					
13. I have a better source of knowledge for patient care in a clinical setting for private practice.					
<u>Oral Surgery Experience (ACH and UAMS)</u>	4	3	2	1	0
14. The quality and quantity of patient care experiences was acceptable.					
15. My experience in this facility was a worthwhile part of my training.					
16. My assigned duties were meaningful and relevant.					
17. Faculty members were helpful and provided clinical recommendations when I needed them.					
18. I was treated with respect by faculty and staff.					
19. The dental facility and equipment were in good working order.					

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
20. I have a better source of knowledge in oral surgery patient care in a clinical setting for private practice.					
21. I have a better source of knowledge in oral surgery patient care in an OR setting.					
22. I feel confident incorporating surgical implant placement and restoration.					
Anesthesiology Rotation	4	3	2	1	0
23. The quality and quantity of patient care experiences was acceptable.					
24. My experience in anesthesia was a worthwhile part of my training.					
25. My assigned duties of patient monitoring, venipuncture, airway management, and assessment of patient recovery were meaningful and relevant.					
26. Faculty members were available when I needed them for instruction.					
27. I was treated with respect by faculty and staff.					
28. I have a better source of knowledge for anesthesia.					
29. The quality and quantity of patient care experiences was acceptable.					
30. My experience in Emergency Medicine was a worthwhile part of my training.					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
31. My assigned duties of recognition and triage of medical emergencies, detection of signs and symptoms of common medical crises, and treatment of facial trauma were meaningful and relevant.					
32. Faculty members were available when I needed them for instruction.					
33. I was treated with respect by faculty and staff.					
34. I have a better source of knowledge for Emergency Medicine.					
Otolaryngology Rotation	4	3	2	1	0
35. The quality and quantity of patient care experiences was acceptable.					
36. My experience in Otolaryngology was a worthwhile experience.					
37. My assigned duties of discussing treatment plans in pre and post radiation patients, educating patients in the importance of fluoride with the head and neck cancer patient, and educating patients of bisphosphonates effects were meaningful and relevant.					

38. Faculty members were available when I needed them for instruction.					
39. I was treated with respect by faculty and staff.					
40. I have a better source of knowledge for Otolaryngology.					
Emergency Medicine Rotation	4	3	2	1	0
56. The quality and quantity of patient care experiences was acceptable.					
57. My experience in Emergency Medicine was a worthwhile experience.					
58. My assigned duties of treating emergency patients in the Emergency department, specifically handling dental related emergencies and suturing facial trauma was educational, as well as meaningful and relevant.					
59. Faculty members were available when I needed them for instruction.					
60. I was treated with respect by faculty and staff.					
61. I have a better source of knowledge for Emergency Medicine.					
OR and Inpatient Care Experience (ACH and UAMS)	4	3	2	1	0
62. The quality and quantity of OR and inpatient care experiences was acceptable.					
63. My experience in the OR was a worthwhile part of my dental education.					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
64. My assigned duties of restoring oral health to medically compromised and special needs patients were meaningful and relevant.					
65. I feel confident treating admitted patients and patients in the OR.					
66. The faculty was available when I needed them for instruction.					
67. I was treated with respect by the faculty and staff.					
68. I have a better source of knowledge for treating patients in the OR and working with other hospital departments to care for inpatients.					
12th Street Health and Wellness Center:	4	3	2	1	0
69. The quality and quantity of patient care experiences was acceptable.					
70. My experience the Center was a worthwhile experience.					
71. My assigned duties of community service were meaningful and relevant.					
72. Faculty members were available when I needed them for instruction.					
73. I was treated with respect by faculty and staff.					

74. I have a better source of knowledge for community service.					
75. My overall experience in the GPR Program met the majority of my expectations.					
Implant Course:	4	3	2	1	0
76. The implant training series was adequate in preparation for my patient care experiences.					
77. My experience in the implant course was a worthwhile experience.					
78. I have a better source of knowledge for implant placement and restoration.					
79. The didactic portion of the course was adequate and relevant.					
80. The clinical portion of the course was adequate and relevant.					
81. The depth of clinical implant training was adequate.					
82. The number of implant patient care experiences was adequate.					
83. My assigned duties of treatment planning, placing, and restoring implants were meaningful and relevant.					
ROS/H&P Course:	4	3	2	1	0
84. The quality and quantity of patient stimulation experiences was acceptable.					
85. My experience in this course was a worthwhile part of my training.					
86. The clinical skills center faculty were helpful and provided recommendations when I needed them.					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
87. I was treated with respect by faculty, staff and standardized patients.					
88. I have a better source of knowledge in Review of Systems, Histories and Physicals, and Patient Presentations.					
Endodontic Course:	4	3	2	1	0
89. The training and instructional experience in the endodontic course was beneficial.					
90. The quality and quantity of endodontic patient care experiences was acceptable.					
91. I feel confident treating patients for RCT.					
92. I was treated with respect by faculty and staff.					
93. I have a better source of knowledge for endodontic procedures and treatment.					
94. My experience in the endodontic course was a worthwhile part of my training in the GPR Program.					
Periodontal Experience	4	3	2	1	0

105. The quality and quantity of patient care experiences was acceptable.					
106. My experience in this facility was a worthwhile part of my training.					
107. My assigned duties were meaningful and relevant.					
108. Faculty members were helpful and provided clinical recommendations when I needed them.					
109. I was treated with respect by faculty and staff.					
110. The dental facility and equipment were in good working order.					
111. I have a better source of knowledge in periodontal surgery patient care in a clinical setting for private practice.					
112. I feel confident incorporating periodontal surgery/procedures for patient care regarding their periodontal therapy.					
Harmony Health Clinic	4	3	2	1	0
113. The quality and quantity of patient care experiences was acceptable.					
114. My experience the Center was a worthwhile experience.					
115. My assigned duties of community service were meaningful and relevant.					
116. Faculty members were available when I needed them for instruction.					
117. I was treated with respect by faculty and staff.					
118. The dental facility and equipment were in good working order.					
119. I have a better source of knowledge for community service.					
Ozark Prosthodontics (OP) Surgical Pros Shadowing	4	3	2	1	0
1. The quality and quantity of patient care experiences was acceptable.					
2. My experience at OP was a worthwhile part of my training.					
3. My experience at OP was meaningful and relevant.					
4. Faculty and dental staff members were available when I needed them.					
5. Faculty members were helpful and provided clinical recommendations.					
6. The dental staff and faculty were professional and helpful.					
7. I was treated with respect by faculty and staff.					

8. The dental facility and equipment were in good working order.					
9. I have a better understanding of advanced oral and maxillofacial prosthetic surgery and rehabilitation.					

120. Please write any recommendations for the future program below:

Self-Analysis/Critique:

121. How could you have better prepared for each of the following rotation?

Anesthesia:

Emergency Medicine:

Oral Surgery:

Otolaryngology:

122. Was there a clinical case you would have approached differently if you had the chance to treat the case again?

123. How could you have better prepared for OR cases?

124. What was your greatest strength in the program?

125. What was your weakness in the program and did you improve?

126. How will this experience in the GPR Program influence how you practice in the future?

127. What was your favorite aspect of the program?

128. What was your least favorite aspect of the program?

Resident signature: _____

Date: _____

**UAMS General Practice Residency Program
Resident Faculty Performance Appraisal**

Resident:

Faculty:

Resident signature: _____

Date: _____

Faculty teaching and supervision Performance assessment	Below Expectation	Meets Expectation	Exceeds Expectation	Did not interact with this faculty member
1. Professional/Clinical demeanor				
2. Instruction aptitude/availability				
3. Availability/Approachability				
4. Knowledge level/Evidence based approach				
5. Medical/Dental record documentation				
6. Participation/Guidance in clinical cases and/or patient care				
7. Involvement in personal matters/mentoring				
8. Approachability/Encouragement and support				

Additional comments:

PGY-2 RESIDENT EVALUATION OF PROGRAM

QUARTER: _____

Resident name: _____

Date: _____

Directions: Place an “X” in the box to indicate the response that best represents your opinion

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
<u>Communication and Organization</u>	4	3	2	1	0
1. Communication prior to my arrival for the residency was clear and helpful.					
2. The 2 nd year goals and expectations were clearly explained.					
3. The residency program was organized and coordinated well.					
<u>Delta Dental of Arkansas Foundation Oral Health Clinic</u>	4	3	2	1	0
4. The quality and quantity of patient care experiences was acceptable.					
5. My experience in this facility was a worthwhile part of my training.					
6. My assigned duties were meaningful and relevant.					
7. Faculty members were helpful and provided clinical recommendations when I needed them.					
8. The dental support staff (front office and dental assistants) was available when I needed it.					
9. The dental support staff was professional and helpful.					
10. I was treated with respect by faculty and staff.					
11. The dental facility and equipment were in good working order.					
12. My experiences in full mouth rehabilitation (including implant placement and prosthodontics) as a PGY2 resident make me feel comfortable treating these patients independently.					
<u>Arkansas Children’s Hospital</u>	4	3	2	1	0
13. The quality and quantity of patient care experiences was acceptable.					
14. My experience at ACH was a worthwhile part of my training.					
15. My assigned duties were meaningful and relevant.					
16. Faculty members were available when I needed them.					
17. Faculty members were helpful and provided clinical recommendations when I needed them.					
18. The dental support staff (front office and dental assistants) was available when I needed it.					

19. The dental staff was professional and helpful.					
20. I was treated with respect by faculty and staff.					
21. The dental facility and equipment were in good working order.					
22. The OR experience provided adequate experience/training to prepare me for future independent OR patient care in my career.					
23. I have a better source of knowledge for treating pediatric special needs patients.					
24. I feel more confident in treating patients with craniofacial anomalies.					
25. I feel more confident in treating patients with intellectual and developmental disabilities.					
26. I feel more confident in treating patients with sleep disordered breathing and the dental sequelae associated with it.					
27. I feel more confident in treating patients with cleft lip and palate through nasoalveolar molding, craniofacial orthodontics, and prosthodontics.					
28. My oral surgery experience at ACH was uniquely different and more advanced than my PGY1 year.					
29. The information presented in my NAM didactic course helped support the special teams portion of my clinical training and gave me a better source of knowledge for the management and treatment of patient with Cleft Lip and Palate.					
OR Experience (ACH and UAMS)	4	3	2	1	0
30. The quality and quantity of OR patient care experiences was acceptable.					
31. My experience in the OR was a worthwhile part of my dental education.					
32. My assigned duties of restoring oral health to medically compromised and special needs patients were meaningful and relevant.					
33. I feel confident treating patients in the OR.					
34. The faculty was available when I needed them for instruction.					
35. I was treated with respect by the faculty and staff.					
36. I have a better source of knowledge for treating patients in the OR.					
Oral Surgery (ACH and UAMS)	4	3	2	1	0
37. The quality and quantity of patient care experiences was acceptable.					
38. My experience in this facility was a worthwhile part of my training.					
39. My assigned duties were meaningful and relevant.					
40. Faculty members were helpful and provided clinical recommendations when I needed them.					

41. I was treated with respect by faculty and staff.					
42. The dental facility and equipment were in good working order.					
43. I have a better source of knowledge in oral surgery patient care in a clinical setting for private practice.					
44. I have a better source of knowledge in oral surgery patient care in an OR setting.					
45. I feel confident incorporating surgical implant placement and restoration.					
Procedural Sedation Course:	4	3	2	1	0
46. The depth of sedation training was adequate in patient care experiences.					
47. My experience in sedation was a worthwhile experience.					
48. My duties of pain and anxiety control utilizing behavioral/pharmacological techniques were meaningful and relevant.					
49. I feel confident to further my sedation training and apply for a conscious sedation permit in my future practice.					
50. Faculty was available when I needed them for instruction.					
51. I have a better source of knowledge for sedation.					
Implant Course: (UAMS and ACH)	4	3	2	1	0
52. My experience in the implant course was a worthwhile experience.					
53. I have a better source of knowledge for implant placement and restoration.					
54. The didactic portion of the course was adequate and relevant.					
55. The clinical portion of the course was adequate and relevant.					
56. The depth of clinical implant training was adequate.					
57. The number of implant patient care experiences was adequate.					
58. My assigned duties of treatment planning, placing, and restoring implants were meaningful and relevant.					
59. I feel my experiences in CBCT evaluation and surgical planning will allow me to continue using it in my own practice.					
Periodontal Experience (ACH and UAMS)	4	3	2	1	0
60. The quality and quantity of patient care experiences was acceptable.					
61. My experience in this facility was a worthwhile part of my training.					
62. My assigned duties were meaningful and relevant.					

63. Faculty members were helpful and provided clinical recommendations when I needed them.					
64. I was treated with respect by faculty and staff.					
65. The dental facility and equipment were in good working order.					
66. I have a better source of knowledge in periodontal surgery patient care in a clinical setting for private practice.					
67. I feel confident incorporating periodontal surgery/procedures for patient care regarding their periodontal therapy.					
<u>Faculty and Academic Development</u>	4	3	2	1	0
68. The quality and quantity of patient care experiences in community dentistry was sufficient.					
69. My experiences supervising the community care at Harmony Health Clinic, 12 th Street Clinic, Dental Hygiene School, and Public Health Events were meaningful and relevant.					
70. My assigned duties of community service were meaningful and relevant.					
71. My experiences in supervision and evaluation of PGY1 residents at all clinical sites has increased my desire for specialty or a career in academic or community dentistry.					
72. My understanding of dental program accreditation and management has increased.					
73. My comfort and ability to administer didactics and teach clinical concepts of dentistry has increased.					
74. I have a better source of knowledge for community service.					
<u>Conscious Sedation Course</u>	4	3	2	1	0
75. The depth of conscious sedation training was adequate in patient care experiences.					
76. My experience in sedation didactics and clinic experiences was worthwhile.					
77. My duties of pain and anxiety control utilizing behavioral/pharmacological techniques were meaningful and relevant.					
78. I feel confident to further my sedation training and apply for a conscious sedation permit in my future practice state.					
79. The faculty was available when I needed them for instruction.					
80. The dental facility and equipment were in good working order.					
81. I was treated with respect by the faculty and staff.					

82. I have a better source of knowledge for conscious sedation.					
---	--	--	--	--	--

83. Please write any recommendations for the future program below:

Self-Analysis/Critique:

84. How could you have better prepared for each of the following clinical sites?

Oral Health Clinic:

ACH:

12th/Harmony:

85. Was there a clinical case you would have approached differently if you had the chance to treat the case again? If so, please explain.

86. How could you have better prepared for OR cases?

87. What was your greatest strength in the 2nd year?

88. What was your weakness in the program and did you improve?

89. How will this experience in the GPR Program influence how you practice in the future?

90. What was your favorite aspect of the 2nd year?

91. What was your least favorite aspect of the 2nd year?

Resident signature: _____

UAMS General Practice Residency Program

PGY-2 Goals and Objectives

Circle appropriate quarter: Q1 Q2 Q3 Q4

Resident:

Faculty:

Faculty signature:

Date:

<i>Goal/objective: Resident has participated in supervised practical experiences in the following area:</i>	Below Expectation	Meets Expectation	Above Expectation	Not Observed
Goal 1: Gain proficiency in oral procedural sedation through anesthesia course. Resident:				
<i>e. Correctly evaluates and determines the patient's need for the use of behavioral and/or pharmacologic modalities in the management of pain and anxiety based on patient's reaction to clinical procedures</i>				
<i>f. Coordinates with patient's physician, caretakers, and family to determine appropriate medications or behavioral management techniques that would be effective for the patient</i>				
<i>g. Demonstrates an understanding of medications used to achieve sedation or anxiolytic state</i>				
<i>h. Demonstrates an understanding of prevention, recognition and management of complications related to the use and interactions of drugs used to sedate patients and control pain and anxiety</i>				
Goal 2: Function effectively and independently as part of a collaborative team in the treatment planning and care of special populations to include: patients with craniofacial anomalies, patients with sleep associated disorders, and inpatient and outpatient pediatric, adult, and special needs populations. Resident:				
<i>e. Become proficient in operating room dentistry, dictation, and pre and post op dental OR care in order to function independently as an OR dentist with minimal faculty intervention to encourage career</i>				

Goal/objective: Resident has participated in supervised practical experiences in the following area:	Below Expectation	Meets Expectation	Above Expectation	Not Observed
<i>transition to hospital or academic dentistry</i>				
<i>f. Increase knowledge of treatment planning and treatment of special populations including: Craniofacial and Cleft Lip and Palate Patients, Nasoalveolar Molding Patients, Sleep Associated Disorder Patients</i>				
Goal 3: Increase proficiency in advanced techniques of fixed and surgical prosthodontics. Resident:				
<i>e. Plan and treat full mouth rehabilitation cases.</i>				
<i>f. Plan and treat non-guided, semi and fully guided implant surgery through use of CBCT technology.</i>				
<i>g. Serve as chief resident and take on advanced cases that are beyond the scope of PGY-1 residents.</i>				
Goal 4: Engage administrative and faculty development through administrative training, resident clinical supervision, and experiences in: didactic creation and presentation, inter-professional lecture presentation to other graduate health programs and clinics, PGY1 clinical supervision and evaluation, and PGY1 evidence-based dentistry/journal club presentation evaluation. Experiences are to promote future in academic and/or community dentistry. Resident:				
<i>c. Serve as chief resident and take on advanced clinical cases beyond scope of PGY-1 residents.</i>				
<i>d. Participate in regular resident and program evaluations with Program Director (PD) to learn evaluation methods and CODA procedures.</i>				
<i>e. Participate in training with PD to learn CODA program accreditation maintenance as well as program enrichment and development.</i>				
<i>f. Deliver didactics to dental hygiene student program, PGY-1 dental residents and various other departments on campus to facilitate</i>				

<i>Goal/objective: Resident has participated in supervised practical experiences in the following area:</i>	Below Expectation	Meets Expectation	Above Expectation	Not Observed
<i>inter and intra-professional education on campus. g. Become experienced in care of regional minority, indigent, and other vulnerable populations through patient care experiences. Resident will also supervise PGY-1 residents at all community clinics.</i>				
<i>h. Promote career development through resident self-exploration of a field of dentistry where resident desires additional training or caters to their area of interest through program funded multi-day CE course or mini-residency.</i>				

Comments/Corrective Actions:

TERMS & CONDITIONS, STIPEND, AND BENEFITS

PRE-EMPLOYMENT DRUG TEST: UAMS has a drug testing policy which includes pre-employment, random and for cause testing. All residents accepted into residency/fellowship programs at UAMS must submit to a drug screen. Appointment or acceptance into the training program will be finalized only upon completion of a negative drug screen. The procedure for submitting the sample for testing is provided after acceptance into the program.

BACKGROUND CHECK: Appointment or acceptance into the training program will be finalized only upon completion of a criminal background check.

All candidates for residency positions will be notified upon invitation for interview (or during telephone interview if an in-person interview will not be held) that all appointments to residency positions are contingent upon successful completion of a criminal background check. This notification will include a representative sample of unfavorable information that might prevent appointment as a UAMS Resident.

All applicants for UAMS residency positions are required to authorize the performance of a criminal background check (CBC) at the time the position is offered, or in the event of accepted applicants, at the time that the acceptance result is received.

The resident will be asked to disclose any of the below listed situations prior to the obtaining of the CBC. If the CBC returns negative information, the resident will have an opportunity to challenge erroneous information, or explain accurate negative information, prior to a final decision. Failure to disclose relevant and accurate information that is later discovered on a CBC adds an additional measure of concern about the applicant's (or resident's) qualification for appointment as a resident physician.

The following CBC findings may be inconsistent with appointment as a UAMS resident in the GPR program. If any of these findings are identified on the CBC, the offer of a position may be withdrawn, or employment terminated. Please note the following list is representative, but not inclusive, of reasons an applicant may be denied housestaff status.

- Felony convictions that may be reasonably related to the practice of medicine.
- Felony convictions related to the illegal possession, use or distribution of drugs or controlled substances.
- Felony convictions or misdemeanor convictions involving violence against another person.
- A pattern of repeated felony or misdemeanor convictions that calls to question the individual's ability or willingness to comply with the law, particularly as related to one's future ability to practice medicine.
- Registered sex offender status (or legal requirement to register but not registered)
- Arrests where the final legal status has not yet been determined.
- Dishonorable discharge from the Armed Forces of the United States

- Exclusion from participation in Medicare or similar programs.

Applicants to whom any of the findings above may apply are encouraged to discuss the situation with the program director prior to acceptance of a position or rank order listing.

PRE-PROGRAM REQUIREMENTS: All accepted applicants to the program must have current BLS certification before program start date.

STIPEND: Stipends for residents are competitive with other state schools in the southern region. The stipend for 2026-2026 is \$59,786.00 plus benefits.

COSTS: N/A

VACATION LEAVE: Residents receive 15 days of paid vacation each year. These 15 days may be taken during the weeks you are scheduled to work in the Delta Dental of Arkansas Foundation Oral Health Clinic at UAMS.

SICK LEAVE: Residents have 12 days of sick leave for medical reasons during their year of training. Sick leave in excess of 12 days requires special review by the Program Director. It is at the discretion of the program director whether or not a doctor's note is required.

HOLIDAYS:

Independence Day	July 4, 2024
Labor Day	September 2, 2024
Thanksgiving Day (Day after Thanksgiving is a holiday only if declared by the Governor)	November 28 and 29, 2024
Christmas Eve	December 24, 2024
Christmas Day	December 25, 2024
New Year's Day	January 1, 2025
Memorial Day	May 26, 2025
Employee's Birthday	

MEDICAL PROFESSIONAL LIABILITY COVERAGE: The University of Arkansas for Medical Sciences, through the Medical College Physician's Group, provides each resident with medical professional liability coverage for their activities within the residency/fellowship program. The coverage is written on a claims-made basis. Each resident/fellow is provided coverage in the amount of \$500,000 per medical incident with an annual aggregate of \$1,500,000. In addition to the limits of liability, the cost of legal defense is also provided. Hence, each resident/fellow is protected against claims for medical negligence for acts and/or omissions surfacing as a result of their UAMS COM approved activities. The coverage provided does not extend to activities outside the residency program. For this reason, any resident involved in moonlighting activities should secure his/her own professional liability coverage for the outside activities. For more information on Risk Management and Prevention contact the Faculty Group Practice Risk Management Department at 614-2077.

NOTICE OF PROGRAM TERMINATION: In order to protect the clinical integrity of the training program and to ensure there is adequate time to reassign a Resident's clinical and academic responsibilities, if the Resident decides to voluntarily leave the program and terminate this agreement prior to its termination date, the Resident must provide at least 90 days' notice of termination to the Program Director in writing. The Program Director may use his/her own discretion to allow the Resident to leave the program with less than 90 days' notice. It will be considered a serious breach of professional standards if the Resident leaves the program with less

than 30 days' notice without the written permission of the Program Director. If the early separation is agreed upon by the Resident and Program Director, the Resident would have one calendar year from the end of the program to complete its requirements. All credentialing requirements would be the responsibility of the returning Resident.

MEDICAL, DENTAL, BASIC LIFE, AND BASIC LONG TERM DISABILITY insurance coverage for the resident: For detailed information or contact OHR at 501-686-5650.

COUNSELING AND EMPLOYEE HEALTH SERVICES: The Arkansas Employee Assistance Program (AEAP) 686-2588 provides professional counseling and/or referral to community resources for a wide range of problems and situations including stress management, financial concerns, alcohol and other drug abuse, elder care, job/career issues, parenting, legal issues, marital/family problems and personal/emotional concerns. UAMS has pre-paid the entire cost of the EAP so that the resident/fellow is not charged for services provided within the EAP.

Housestaff Mental Health Service [HMHS] 526-8286 is provided by the UAMS College of Medicine for residents. The HMHS assures timely access to a complete mental health program including diagnostic evaluation; medication management; counseling; and preventative programs. Services may be accessed through either the HMHS or the AEAP.

Employee Health/Student Preventive Health Services (EH/SPHS): The EH/SPHS provides the MMR vaccine, an annual TB skin test, an annual flu shot, and chemoprophylaxis medication if indicated following blood or body fluid exposures for residents. All residents must have a TB skin test and flu shot **annually** while in the program. COVID-19 vaccinations are required of all new UAMS employees.

ORIENTATION/REGISTRATION: All incoming residents/fellows are expected to attend Orientation/Registration scheduled the third week in June. The three-day orientation includes many important sessions about policies, communication and teaching skills, cost containment, and quality assurance, infection control, physician impairment, risk management, medical documentation, electronic medical records and benefits. All residents/fellows must complete the registration process on day three.

RESIDENT ORGANIZATION/RESIDENT COUNCIL: All residents/fellows are automatically members of the Resident Organization. The leadership body is the [Resident Council](#). The Chair and Vice-Chairs of the Resident Council are peer-elected and represent the Resident Organization on the Graduate Medical Education Committee.

Clinical Time: Friday afternoons will be dedicated to treatment planning sessions with faculty, both formal and informal, team meetings, evaluations, specific trainings, and other scheduled courses or events. The work week is typically over 40 hours.

DRESS CODE: All residents will look and dress professionally; white coats are required in hospital. One white coat per resident is provided by the program. All clinical faculty, staff, and residents wear black scrubs. Reasonable apparel selection is expected of the residents to maintain a professional appearance and demeanor. The hospital does provide scrubs while on rotations. Residents must abide by full universal protection at all times when treating patients.

CERTIFICATION: At the successful completion of the GPR program, each resident will receive a certificate of completion.

POLICIES

COMPLAINT POLICY

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES GENERAL PRACTICE RESIDENCY POLICY ON COMPLAINTS

In accordance with the Commission on Dental Accreditation (CODA) Complaint Policy, the following statements will be made available to students/residents via the Resident Handbook (paper and/or electronic copies) at least annually. The CODA Complaint Policy will also be published on the residency program website.

COMMISSION ON DENTAL ACCREDITATION COMPLAINT POLICY

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621- 8099 extension 4653.or visit the ADA website at: http://www.ada.org/sections/educationAndCareers/pdfs/coda_complaints.pdf.

RETENTION OF COMPLAINTS

In accordance with CODA requirements, the program will maintain a record of student/resident complaints received since the Commission's last comprehensive review of the program.

UAMS RESIDENT HANDBOOK

For more policies and procedures, please refer to the UAMS Resident Handbook: <https://medicine.uams.edu/gme/residents/handbook/>.

RADIATION HYGIENE AND PROTECTION, IONIZING RADIATION, HAZARDOUS MATERIALS, BLOODBORNE AND INFECTIOUS DISEASES

UAMS Policies on radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases can be found in their entirety at https://uams.edu/campusopsstaging/depts/ohs/safety_manual.

For a comprehensive list of all UAMS Medical Center policies please visit <https://inside.uams.edu/compliance/uams-policies/>.



POLICY: Distance Education Dental General Practice Residency Program

Effective Date: 04/13/2020

Purpose:

To comply with the Commission on Dental Accreditation and the United States Department of Education standards and policies.

Scope:

This policy applies to the Dental General Practice Residency Program under the direction of the Commission on Dental Accreditation (CODA) sponsored by the University of Arkansas for Medical Sciences College of Health Professions Oral Health Clinic.

Procedure:

The Commission's accreditation standards have been stated, purposefully, in terms which allow flexibility, innovation and experimentation. Regardless of the method(s) used to provide instruction, the Commission expects that each accredited program will comply with the accreditation standards.

Distance education means education that uses one or more of the technologies listed below to deliver instruction to residents who are separated from the instructor and to support regular and substantive interaction between the residents and the instructor, either synchronously or asynchronously. The technologies may include:

- 1) the internet;
- 2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- 3) audio conferencing; and/or audiovisual conferencing;
- 4) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed above.

A. Resident Identity Verification Requirement for Programs That Have Distance Education:

1) Programs that offer distance education must have processes in place through which the program establishes that the resident who registers in a distance education course or program is the same resident who participates in and completes the course or program and receives the academic credit. Programs must verify the identity of a resident who participates in class or coursework by using, at the option of the program, methods such as a secure login and pass code; proctored examinations; and/or new or other technologies and practices that are effective in verifying resident identity.

- a) Resident verification is confirmed by requiring a secure user- name and password log-in to the email system, educational module or schedule didactic session.
- b) For a virtual, scheduled didactic session, visual and/or audio verification confirms that the resident is logged-on and participating in the distance education curriculum via Zoom™ or other programs.

2) The program must make clear in writing that processes are used that protect resident privacy and programs must notify residents of any projected additional student charges associated with the verification of resident identity at the time of registration or enrollment.

- a) This policy documents to the participating residents that secure username and password log-in processes are in place to protect individual resident privacy.
- b) This policy documents that there is no charge associated with resident verification and participation in the distance education curriculum.



Due Process Protocols for GPR Resident Training

This document is intended to summarize the procedures constituting due process for resident remediation and retention in the UAMS General Practice Residency. Residents are required to acknowledge reading and understanding this section.

Withdrawals, Probations, Suspensions, Terminations and Extensions of Training Period

Withdrawal Procedure

1. A resident desiring to withdraw from the GPR must submit a request for withdrawal from the program to the Program Director.
2. When a resident wishes to voluntarily withdraw from training, a written request must be submitted to the Program Director. The request for withdrawal must include an effective date and the reason(s) for withdrawal. This information, along with comments and / or recommendations will be forwarded to the Executive Associate Dean of Graduate Medical Education for review and action.
3. Permission to withdraw from the program must be granted by the Program Director.

Probation Procedures

Criteria for Probation

Residents and fellows may be placed on probation for unsatisfactory performance based upon any of the following:

1. Failure to meet academic or technical performance standards or objectives of the program.
2. Lack of industry and application to duties.
3. Conduct considered unprofessional by the Program Director.
4. Inappropriate interpersonal relations which adversely affect the academic environment of the program or hamper patient care.
5. Behavior leading to a patient safety concern or event, including events that occurred or were prevented from occurring. Gross negligence and disregard for patient safety.

Notification of Probation

1. The resident will be notified that he/she will meet with the Program Director and other appropriate GPR leadership to discuss areas of concern. After the meeting, a decision will be made whether probation is warranted. A record of this notification will be maintained. The Program Director and GPR leadership (GPR Assistant Director, Primary Faculty, and the Executive Associate Dean of Graduate Medical Education) will conduct a majority vote to place an individual on probation.
2. An individual placed on probation will be notified by the Program Director who will include the reasons for this action and notify the resident of any ongoing investigations

that may be taking place. When an individual is placed on probation, he/she will receive counseling regarding areas of deficiency and appropriate corrective measures. The individual will be asked to acknowledge receipt of this notification. A copy of the notification will be maintained in the personnel file.

Extension of Probation

During the probationary period, which must be for at least 30 days, the individual will be given the opportunity to improve performance to a satisfactory level. The probationary period may be extended if corrective actions are deemed insufficient by the Program Director.

Removal from Probationary Status

A resident's probationary period will end when the individual has demonstrated satisfactory improvement to the Program Director and appropriate GPR leadership. The Program Director will notify an individual in writing when probation has been rescinded.

The Significance of Probation

A resident will only be placed on probation for deficiencies under their control. Probation is intended to stimulate a resident's performance in specific areas which the faculty feel are important enough to warrant this action. An individual placed on probation may not be entitled to certain benefits accorded to residents in good standing. The Program Director may decide to deny the resident access to Department sponsored events such as meetings and conferences. A resident on probation will be closely observed and suspension or dismissal from the program may follow if there is no improvement in performance.

Suspension of Training

Criteria for Suspension

Gross acts of negligence, willful misconduct, absence from a place of duty or infractions that endanger the well-being of patients are grounds for immediate suspension by the Program Director. Residents may also be placed on suspension if the resident fails to respond and improve his/her performance during a period of probation. When a resident is under suspension, he/she will not be permitted to take part in all Department activities.

Removal from Suspension Status

Following a review of the circumstances leading to suspension by the GPR leadership committee, a two thirds approval is required before recommending:

- a) Revocation of suspension
- b) Continuation of suspension
- c) A period of probation
- d) Termination from the residency program

The Program Director will notify an individual in writing when suspension has been rescinded.

Termination from the Residency Program

An individual may be terminated from the residency program by the Program Director or the Executive Associate Dean of Graduate Medical Education following a recommendation by the

Program Director and other GPR senior leadership. Termination may be based upon any of the following:

- e) Failure to satisfactorily progress toward correction of identified deficiencies while on probation
- f) Regression or failure to satisfactorily progress in training after removal from probationary status
- g) Acts of gross negligence or willful misconduct

Procedure for Termination of Residency Training

- 1) The resident shall receive notification of an intent to terminate him/her from the residency program. The reasons for this decision will be included. A written request for termination shall be submitted to the Executive Associate Dean of Graduate Medical Education by the Program Director, justifying the need for this course of action. All documentation of previous corrective efforts such as counseling and/or a probationary period will be reviewed. A copy of this information will be provided to the resident.
- 2) The Program Director and the Executive Associate Dean of Graduate Medical Education will meet with the resident and review the reasons for termination. The resident has the opportunity to clarify his/her actions. A two-thirds approval vote from the Program Director, Program Assistant Director, and Executive Associate Dean of Graduate Medical Education is required before a decision for termination can be made. A copy of the minutes of the meeting and the Program Director's original request will be retained for records. The resident will be provided this decision. Once a decision to terminate a resident's training is made, the resident will be given five working days to submit an appeal.
- 3) The resident's appeal statement must be submitted in writing to the Program Director and provide reasons why termination of training should not occur. A personal appearance with the Program Director or other GPR leadership may also be requested to discuss the case.
- 4) On the basis of a resident's appeal, the Program Director may request the Executive Associate Dean of Graduate Medical Education and other GPR leadership to reconsider the case.
- 5) The Department's decision for termination of a resident's training lies with the Program Director. The Director must provide his decision in writing with all supporting documentation to the resident in question and the GPR leadership and UAMS office of Graduate Medical Education's executive leadership.
- 6) If the resident wishes to pursue another lead of appeal, this will be submitted to the Graduate Medical Education, Office of Student Affairs. Since the General Practice Residency program is accredited by CODA, rules governing appeals will follow CODA guidelines and not ACGME.

Extension of Residency Training

If at the conclusion of a resident or fellow's normal cycle of training, the time and procedure requirements for graduate training have not been met, the Program Director may recommend to the GPR Leadership Committee that the individual's residency be extended. A formal written request for extension must be made to the Graduate Medical Education office's administration accompanied with proper justification. Residents who are undergoing an extension of their residency may not be entitled to a stipend or the usual resident benefits.

University of Arkansas for Medical Sciences
General Practice Residency
Program Handbook
2026-2027

Print resident name

Date

I have received and read a copy of the 2026-2027 General Practice Residency (GPR) Program Handbook.

My questions related to the content of the 2026-2027 General Practice Residency (GPR) Program Handbook, if any, have been satisfactorily answered.

I agree to abide by the policies and requirements as described or referenced in the 2026-2027 General Practice Residency (GPR) Program Handbook.

Resident signature

Date