STUDENT MANUAL
2017-2018

Pre-doctoral Programs
DOCTOR OF DENTAL MEDICINE
DOCTOR OF DENTAL SURGERY

Advanced Education Programs
CERTIFICATE IN PEDIATRIC DENTISTRY
CERTIFICATE IN GENERAL PRACTICE RESIDENCY
CERTIFICATE IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS IN CONJUNCTION WITH A MASTER OF SCIENCE IN ORAL BIOLOGY
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Dentist’s Pledge
As a student of dentistry and as a dentist, I will conduct myself with competence and integrity, with candor and compassion, and with personal commitment to the best interests of my patients.

I shall care for my patients, as I would be cared for. The health and well-being of my patients will be my first consideration. I shall obtain consultation when it is appropriate. I shall include my patients in all important decisions about their care.

I shall accept all patients in a non-judgmental manner, and use my skills to serve those in need. I shall respect the full human dignity of each individual regardless of their race, economic status or religion. I will provide absolute discretion and confidentiality for those who entrust me with their care.

The high regard of my profession is born of society’s trust in its practitioners. I will strive to merit that trust. I shall at all times and in all places conduct myself with honor and integrity.

I will strive to advance my profession by seeking new knowledge and by re-examining the ideas and practices of the past. I will attend to my own physical, mental, spiritual, intellectual and professional development in the best interest of serving others.

I pledge myself to the service of humanity, my patients, my community and my profession.

I promise to observe the code of ethics for the profession of dentistry from this day forward.

Note: Based on the Hippocratic Oath, the Prayer of Maimonides and the 1947 Declaration of Geneva.
I. Vision, Mission, Values, Goals, and Objectives

A. Vision statement

The UNLV School of Dental Medicine provides world class oral health education while providing for the dental needs of Nevada residents.

B. Mission statement

The UNLV School of Dental Medicine will be a driving educational force toward improving the health of the citizens of Nevada through innovative programs of oral healthcare services to the community, integrated biomedical, behavioral, and clinical curricula, and research.

C. Values

Integrity, Leadership, Teamwork, Communication

D. Goals

1. Patient Care and Service

Provide excellence in patient-centered clinical care, patient education, and statewide community outreach programs fostering an environment where individual differences are valued, clear communication provided in all interactions, and cross-cultural relations recognized to meet unique needs of our patients.

2. Education

Maintain a progressive, evidence-based, and innovative curriculum integrating biomedical, behavioral, and clinical sciences to support student academic success to ensure oral health literate, competent, contemporary oral health care professionals.

3. Scholarship

Provide an environment that fosters clinical and community engagement for the scholarship of faculty and students through inter-professional education experiences and research by developing mutual understanding of, and respect for, the contributions of various disciplines.

4. Professional Development

Providing opportunities, resources, and support to assist faculty and staff in achieving excellence in teaching and learning, ethics, patient-centered care, and professional success.
5. Alumni Relations

Engage and connect the University of Nevada, Las Vegas, School of Dental Medicine alumni in support of the school’s vision, mission, values, and goals while creating sustainable lifelong relationships.

E. Student Responsibility

The University of Nevada, Las Vegas, School of Dental Medicine (SDM) Student Manual (Manual) is a reference guide for dental students and others seeking information concerning the administrative policies, rules, regulations, and procedures of the SDM. In addition, this Manual contains procedural guidelines for areas such as academic and professional standards, progress and promotion, financial aid, student health insurance and academic and personal counseling. It is the responsibility of each student to read, understand, and comply with all policies, rules, regulations and/or procedures relating to their dental school program, the Graduate College, and UNLV. Each student is responsible for familiarizing themselves with the information contained in the Manual. The term student, as used throughout this Manual, includes pre-doctoral, postdoctoral or any individual enrolled at the SDM for academic credit. Failure to read the information will not be considered an acceptable excuse for non-compliance with any policy, rule, regulation, and/or procedure. In no case will any policy, rule, regulation, and/or procedure be waived or an exception granted, based on a plea of ignorance, or contention that the SDM program, Graduate College, or UNLV did not inform a student of the policy, rule, regulation, and/or procedure.

It is the responsibility of each student to read, understand and comply with the Manual, SDM program, Graduate College and UNLV policies, course rules, regulations, and requirements, as well as the general rules and regulations of the University as set forth by the University of Nevada, Las Vegas. It is the responsibility of each student to initiate timely action to clarify any doubt he/she may have concerning such policy, rule, regulation, and/or procedure.

All students must review the Manual, and subsequently read and sign the “Acknowledgement” section found in Appendix A. This form must be returned to SDM’s Office of Student Affairs (Office of Student Affairs) prior to the end of the first week of fall classes.

Nothing in this Manual constitutes a contract or creates a contractual obligation on the part of UNLV and/or SDM. UNLV and/or SDM reserves the right interpret and apply its policies, rules, regulations, and/or procedures, and to deviate from these guidelines, as appropriate, in the particular circumstance with the mission and goals of SDM.

UNLV AND SDM RESERVE THE RIGHT TO CHANGE POLICIES, RULES, REGULATIONS, AND/OR PROCEDURES, OR REVISE CURRICULA (DIDACTIC AND/OR CLINICAL) AND COMPETENCY REQUIREMENTS AS NECESSARY.
Questions regarding any policy, rule, regulation, and/or procedure and their interpretation should be addressed to the Office of Student Affairs.

Policy Disclaimer: All policies, procedures, rules, and regulations referenced in the Manual are subject to change and the most recently approved policies, rules, regulations and/or procedures will be followed. Updated policies can be found at: http://sdmsp/SitePages/Home.aspx.

II. Academic Performance Standards

A. Introduction and General Information

This Manual has been designed to provide all students with a readily available source of information about the pre-doctoral (DMD and DDS) and postdoctoral education programs, available services, and other items of interest. Further details regarding policies, rules, regulations and/or procedures are found on the SDM SharePoint website.

The educational goal of the SDM is to maintain a progressive, evidence-based, and innovative curriculum integrating biomedical, behavioral, and clinical sciences to support student academic success to ensure the graduation of oral health literate, competent, contemporary oral health care professionals. In this regard, the SDM provides an environment that fosters student learning of the knowledge and skills through the mentoring, advising and group interaction for learning, patient care, and making meaningful contributions to the profession. Graduation from an U.S. accredited dental program implies that the student, as a dental health practitioner, has acquired the knowledge and skills necessary to assume the responsibility for the protection of human life and health. Therefore, it is the responsibility of the SDM to specifically define the competencies required of its students. To this end, the faculty of SDM, as representatives of the dental profession and the dental school community, have defined Academic Performance Standards for dental students and created guidelines not only for the promotion of students from one academic year to the next but also for the culmination of graduating from the program with the granting of the Doctor of Dental Medicine (DMD) degree, Doctor of Dental Surgery (DDS) degree, or postdoctoral education degree/certificate, as applicable, based on satisfactorily meeting the performance standards established.

1. Accreditation

The programs offered by the SDM are accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA).

2. Complaint Policy

CODA will review complaints relating to a program’s compliance with the accreditation standards. CODA is interested in 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. **Complaints that Relate to Standards for Accreditation**

Complaints which are based in the Standards for Accreditation are addressed as per the CODA policy for reporting. A copy of the appropriate accreditation standards and/or CODA’s policy and procedure for submission of complaints may be obtained by contacting CODA at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099, extension 4653, or on their CODA website.

b. **Complaints that Do Not Relate to the Standards for Accreditation**

Complaints which are not based on the Standards for Accreditation include:

i. **Pre-doctoral (DMD/DDS)**

Student complaints may be reported to directors, department chairs, assistant and associate deans, and/or dean. Records regarding these will be maintained in the Office of Academic Affairs as to date, time, person making complaint, description of the complaint, and resolution.

ii. **Postgraduate Student Complaints**

Complaints by residents may be reported to their specific directors, assistant and associate deans, and/or the dean. Records regarding these will be maintained in the specific program director’s office as to date, time, person making complaint, description of complaint, and resolution.

iii. **Staff Complaints**

Staff complaints should be reported to Mr. Lorenzo Bethea. His office will maintain a record of these as to date, time, person making complaint, description of the complaint, and resolution.

iv. **Patient Complaints**

Patient complaints (Q/A) should be made to the Office of Clinic Administration. It will be the responsibility of this office to maintain a record of these as to date, time, person making complaint, description of complaint, and resolution.
v. Harassment/Hostile Environment Complaints

Complaints dealing with harassment and/or hostile environment should be reported to the UNLV School of Dental Medicine Harassment Officer. The log of these complaints will be maintained by the Harassment Officer as to date, time, person making complaint, description of complaint, and resolution.

Complaints against students by faculty, staff, or patients that deal with issues of academic integrity are referred to the Honor Council and/or the Student Progress Committee and are protected under FERPA as confidential.

3. General Information

The SDM offers two pre-doctoral programs, one 4-year degree program (DMD) and a special track program for graduates of non-U.S. accredited dental schools (DDS). The SDM also offers postdoctoral degree and certificate programs, which are designed for the dentists who wish to pursue advanced education. These programs include M.S. and Ph.D. programs in Oral Biology in conjunction with a certificate in Orthodontics and Dentofacial Orthopedics, Certificate in General Practice Residency, Certificate in Pediatric Dentistry, and fellowships. Additionally, the SDM offers two dual degree options in collaboration with other schools at UNLV. These include a Master of Business Administration (MBA)/DMD degree and Master of Public Health (MPH)/DMD degree. All graduate students must meet all eligibility requirements of UNLV Graduate College to be considered for admission for advanced degrees accompanying residency programs. These requirements can be found on the UNLV Graduate College website.

The SDM does not, expressly or implicitly, guarantee a license to practice dentistry upon admission to or graduation from the SDM. Licensure is the exclusive right and responsibility of the State Boards of Dentistry in each state. Students must satisfy the requirements of each state’s regulatory body independently of any college or school requirements for graduation.

B. Policies, Rules, Regulations, Procedures, and/or Requirements

NOTE: Postdoctoral students and fellows must review their specific program handbook/catalog for additional specific policies applicable to their respective programs in addition to those outlined in this Manual. Stricter policies, rules, regulations, procedures and/or requirements within a specific program handbook/catalog will prevail over general policies set forth in this Manual.

1. Attendance

The class attendance policy will be detailed in the course syllabus. All students at the SDM are expected to attend all scheduled programs, seminars, meetings, classes, and
clinical sessions regardless of date or time throughout the academic year, unless formally excused. It is the personal responsibility of the student to consult with the individual faculty member regarding absence(s) from class or clinic.

You are expected to notify the Office of Admissions and Student Affairs or Program Director in the case of postdoctoral programs (or Dean’s designee) by phone or e-mail prior to an absence. In the case of unexpected emergencies, notify the Office of Admissions and Student Affairs/Program Director (or Dean’s designee) as soon as possible afterwards.

Students with four (4) or more absences without prior notification can be dismissed.

Absences will be approved only for reasons of illness or emergencies of the student or immediate family, religious observance, jury duty, and participation in approved activities, such as those involving national organizations and professional activities. Family reunions, days off for recreation, travel, social events, additional vacation, etc., are not considered approved absence. Absences for pre-doctoral students (DMD and/or DDS) attending an employment interview and for postdoctoral residency interviews will be limited to no more than ten (10) days an academic year. Approval for absences relative to job interview and residency program interviews will be dependent on academic progress. Students, course directors, and team leaders should follow these guidelines.

In the event of a medical problem of a student or student’s family member, the student should contact the Associate Dean for Admissions and Student Affairs or Program Director (or Dean’s Designee), who will inform the appropriate faculty member(s). The course director, team leader, or Program Director, as applicable, will approve/disapprove the absence. At the discretion of the course director/Program Director, absence due to illness extending beyond three (3) days may require a physician’s letter. In addition to this section, please review the UNLV’s Voluntary Health Withdrawal Policy.

When in doubt about who to contact regarding an unexpected emergency, contact the Office of Admissions and Student Affairs.

Activities missed during an approved absence may be completed by the student based upon the discretion of the course director, team leader or Program Director, as applicable.

2. Religious Observance

It is the policy of the Nevada System of Higher Education (NSHE) to be sensitive to the religious obligations of its students. Any student missing class quizzes, examinations, or any other class or lab work because of observance of religious holidays shall be given an opportunity during that semester to make up missed work. The makeup will apply to the religious-holiday absence only. It shall be the
responsibility of the student to notify the instructor within the first 14 calendar days of the semester of his or her intention to participate in religious holidays that do not fall on state holidays or periods of class recess. This policy shall not apply if administering the test or examination at an alternate time would impose an undue hardship on the instructor or SDM that could not reasonably have been avoided. Any Student who is denied a make-up option after appropriately notifying the instructor shall have the right to appeal that decision through the normal appeal mechanism in place at that institution.” More information can be found in the UNLV Catalog and the NSHE Board of Regents Handbook, Title 4 Chapter 20, Section 3.

NOTE: Pre-doctoral students (DMD and DDS), post-graduate students/residents should submit their written notification requesting absence due to religious observance, to the Office of Admission and Student Affairs or Program Director, where applicable.

3. Educational Opportunities outside the Continental U.S.
Pre-doctoral students who wish to participate in dental educational opportunities outside the continental U.S. must receive approval from the SDM Associate Dean for Academic Affairs, SDM Associate Dean for Admissions and Student Affairs, and the UNLV Office of International Programs. SDM approval must be received before making any plans. Review SDM Extramural Educational Experience/Underserved Patient Care Trip Request Procedure and review requirements outlined on the Office of International Programs website. NOTE: Please be advised that this process could take up to six or more months to complete (Appendix B).

4. Educational Opportunities within the Continental U.S.
Pre-doctoral students who wish to participate in extramural educational opportunities at other dental schools, hospitals, public health facilities, private dental offices, etc. within the continental U.S. must receive approval from SDM Associate Dean for Academic Affairs and SDM Associate Dean for Admissions and Student Affairs before making any plans. NOTE: An educational affiliation agreement must be in current with the host facility prior to solidifying any plans and starting any external educational experience. NOTE: Please be advised that this process could take up to six or more months to complete (Appendix B).

5. Syllabus
All courses are subject to the course policies as outlined in this Manual. The syllabus for each course will be required to individually list the course policy for each of the following, as they are SDM policies which apply to all courses as outlined in the Minimum Criteria for Syllabi—Academic Year 2017–2018 as outlined in memo dated July 11, 2017 from Office of the Executive Vice President and Provost.

6. Disability Resource Center (DRC) Request for Accommodation
UNLV complies with the provisions set forth in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, offering reasonable accommodations to qualified students with documented disabilities. Students who have a documented disability that may require academic accommodations are responsible for contacting the UNLV Disability Resource Center who provides resources for students with documented disabilities.

The DRC is the official office to review, and house disability documentation, and determine a student’s eligibility for services based on the presented information and offer reasonable adjustments or accommodations to support the eligible student’s college learning. In turn, the DRC will provide an eligible student with an official Academic Accommodation Plan to present to their faculty. In addition, a student needs must also promptly inform the Office of Student Affairs of any determination made by the DRC.

Faculty can only provide accommodations when they are in receipt of an Academic Accommodation Plan. Faculty cannot provide a student with academic accommodations unless they are in receipt of this plan. Students registered with the DRC must submit a request for accommodations each semester.

The DRC is located on the main campus in the Student Services Complex (SSC), Room 137, and the contact numbers are: VOICE (702) 895-0866, TTY (702) 895-0652, FAX (702) 895-0651. For more information about the DRC, please visit their website.

7. Essential Functions and Minimum Technical Standards for Admissions and Matriculation

All accepted candidates must certify that they have read and understand their responsibility of meeting the essential functions as outlined in the SDM Minimum Technical Standards for Admission and Matriculation (referred to as “Essential Functions” or “Technical Standards”) (Appendix C).

8. Evaluation and Assessment Mechanisms

a. Foundational Self-Assessment

Self-Assessment will allow a student to identify strengths and weaknesses within a specific area of study. This will provide direction to the student to correct deficiencies or to establish mentoring roles within student teams and seminar groups.

b. Apply Fundamental Knowledge
The ability to apply fundamental knowledge will be evaluated on the basis of group presentations, individual contributions through the use of case studies, and oral examinations in the clinical setting.

c. **Team Performance**

Assessment of team performance will accompany self-assessment and instructor evaluation.

d. **Oral and Written Examinations**

Oral and written examinations will allow the instructor to assess fundamental knowledge within a given topic area.

9. **Examination Administration**

Examinations for Pre-doctoral Students (DMD/DDS) and Post-Doctoral Students will be administered on the dates listed in each syllabus, and any rescheduling of an examination date will be announced in class by the course director and/or Program Director.

a. **Requested Changes in Examination Dates First 2 Weeks of Start of Class**

Possible changes in examination dates requested by students must be submitted to the course director by the Class President/Chief Resident (or designee) within the first two weeks of beginning of class. The course director and/or Program Director, as applicable, may approve or disapprove the proposed change. If the change request is approved by the course director, the class will be required to vote on the change, with 100% student response and most of the students must vote in favor of the proposed change or the original examination date will stand. The Office of Academic Affairs will administer the voting process.

b. **Requested Changes in Examination Dates After First 2 Weeks of Start of Class**

Possible changes in examination dates requested by students after the first two weeks of beginning of class must be submitted to the by the Class President/Chief Resident (or designee). The course director and/or Program Director, as applicable, may approve or course director disapprove the proposed change. If the change request is approved by the course director, the class will be required to vote on the change, with 100% student response and 100% in favor of the proposed change or the original date will stand. The Office of Academic Affairs will administer the voting process.

c. **Emergency Situations**
In the event of an emergency that prevents a student from taking an examination must notify the Office of Admissions and Student Affairs and the course director and/or Program Director by email or by telephone before the examination is given. There will be no make-up examinations given without a valid excuse (such as a doctor’s note, etc.). If students wish to request an alternate examination for other reasons (i.e., professional activities, jury duty, etc.) a request must be submitted in writing to the course director and to the Office of Admissions and Student Affairs as soon as possible before the examination is administered. Make-up examinations will cover the same content as the original examination, but may be in another format, for example, an oral examination instead of a written examination.

10. Examination Conduct Protocol at SDM

a. Written Examinations

i. Testing Environment

Student doctors may not bring anything into the testing area except bottled water (except for the simulation classroom in which no food or water is permitted), a pencil or required examination materials. Everything else, including hats, and all electronic devices, such as cell phones, PDAs, iPods, etc., must be left by the wall of the classroom or in a locker.

ii. Once Examination Begins

Once the examination begins and for the duration of the examination, NO verbal communication will be allowed between students.

iii. Proctor

The examination environment is proctored by faculty (or his/her designee).

iv. Completion of Examination

Upon completion of the examination, students should turn in their test booklets and answer sheets (if applicable) and immediately leave the room. Proctoring faculty will collect these sheets.

v. No Questions during Examination

No questions will be answered during the examination. Test questions will be addressed after the examination.
vi. **Seating**

Seating may be assigned, and as much as possible, be random and spaced apart from adjacent students.

vii. **Restroom Breaks**

Only one person at a time will be allowed to use the restroom during an examination.

viii. **Time Limits**

Beginning and ending times of the examination are defined and strictly enforced.

ix. **Approved Absences**

Only students with approved absences will be allowed to make up missed exams.

b. **Pre-doctoral Clinical Competency Examinations**

i. **Competency Examinations**

Competency examinations must be clearly marked on the clinical faculty schedule by the scheduler.

ii. **Scheduling Competency Examinations**

Per faculty and where possible, multiple competency exams are scheduled in adjacent cubicles.

iii. **Clinical Protocol**

The approved Clinical Sciences protocol for administration and evaluation of student competencies are followed in all teams.

iv. **No Assistance or Advice during Examination**

No assistance or advice is provided during a competency examination, other than to alleviate an emergency or correct a significant patient treatment error.

v. **Competency Forms**

Students will use approved competency forms.
vi. Use of Dental Assistants

Assistants may be used during competencies, when available. However, unauthorized use of the assistant (i.e., coaching) will be grounds for immediate failure.

vii. Faculty Assignment

Students must only work with the faculty assigned for the examination. Consultation with faculty not assigned to the competency examination will result in immediate failure.

c. Pre-Clinical Practical Examinations

i. Academic Integrity

The same level of academic integrity as with written and clinical competency exams is expected.

ii. Proctored

Examinations will be proctored by faculty (or his/her designee).

iii. Faculty Will Not Provide Assistance during Examination

Faculty will remain silent during the examination, no advice or assistance will be provided.

11. Grading policy

The course director is responsible for distributing to students and the Curriculum Committee a syllabus which includes the criteria and policies used for testing and determination of grades. The syllabus will be distributed on WebCampus/Canvas (UNLV Learning Management System [LMS]) at the beginning of each course.

The course director is also responsible for making grades available to each student on any examination or graded work assignment within ten (10) working days of the examination or project. However, due to lengthy grading procedures, exceptions to this policy will be stated in the course syllabus. In addition, the course director is responsible for reporting the final course grade for each student listed on the class report form per University guidelines to MyUNLV. Any final course grade of I or F must be accompanied by a recommendation to the Student Progress Committee and Associate Dean for Academic Affairs (or Dean’s designee) or, (in relation to postgraduate students) Program Director (or Dean’s designee) of how the I grade may be resolved and if the F grade may be remediated.
The following grading system for final course grades complies with NSHE campus grading policy and will be used in all SDM courses that are not specifically designated as Satisfactory/Unsatisfactory (S/U) courses:

**a. Grading System**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Grade Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>superior</td>
<td>4.0</td>
</tr>
<tr>
<td>B</td>
<td>above average</td>
<td>3.0</td>
</tr>
<tr>
<td>C</td>
<td>average</td>
<td>2.0</td>
</tr>
<tr>
<td>F</td>
<td>failure</td>
<td>0.0</td>
</tr>
</tbody>
</table>

The above grades are the final course grades. Other terminology may be used within the individual course grading system, such as, performance at grade level, exceeds expectations, average, no grade = pass, needs improvement, deficient performance, etc. For the final course grade, each student must pass all dental school courses with a C or better grade, or a Satisfactory grade in courses using the S/U grading method. NOTE: In a Certificate program, each student must pass all dental school courses with a C or better grade and maintain at least a 3.0 overall GPA, or a satisfactory grade in courses using the S/U grading method. For graduate programs (i.e., Master and/or Ph.D.), a “B” or better is required for all courses.

**b. Grading Symbols**

Other Grading Symbols Required by the NSHE Grading System:

- S  Satisfactory
- U  Unsatisfactory
- V  Incomplete
- X  In-Progress (research projects/courses extending beyond one semester)
- AD Audit
- W  Withdrawal
- NR Not Reported - Assigned by registrar

Non-cognitive or “professional” factors such as performance under stress, integrity, initiative, interpersonal relations, ethical and professional characteristics will also be considered. A student’s professionalism performance may positively or negatively impact a course grade. A passing grade will NOT be awarded to a student whose performance in these non-cognitive areas is unacceptable.

Professional standards are discussed in Section II, Subsection 19, Professionalism and Section III, SDM Code of Professional Responsibility (Honor Code), Subsection B. Professional Conduct in Patient Care.
It is the responsibility of the student to always know his/her academic standing with regard to grades and academic progress. If you feel you are in danger of failing a course, please contact the Office of Student Affairs (or Program Director for postgraduate students) for help. Early intervention will make it easier for you and the faculty to overcome a problem in a course.

12. Privacy Policies


FERPA protects the privacy of all educational records directly related to a student and maintained by the institution. In fact, FERPA applies much more broadly to all records directly related to a student that are maintained by the institution, including non-academic disciplinary records, financial aid records, documents related to NCAA investigations, general correspondence from students, and even a student’s employment file at the university so long as the employment is the result of the individual’s status as a student. Information from a student’s educational records will not be made available to persons on or off campus unless one of the exceptions under the FERPA applies or the student authorized such release in writing. More information about UNLV’s institutional FERPA policy can be found on the [UNLV Office of the Registrar Website](#).

In addition, students have a responsibility under FERPA to maintain the privacy of other students’ educational records of other students. Educational records are defined as those records that are: (1) directly related to a student; and (2) maintained by an educational agency or institution, or by a party acting for the agency or institution. Distribution of such records by any means is expressly forbidden.

The policy for releasing of education records provides exceptions to the above general points. Students should read the full UNLV policy for details, exceptions, and compliance requirements. This can be found on the [UNLV Office of the Registrar’s website](#). Detailed FERPA information can be obtained from the [U.S. Department of Education website](#).

b. The Health Insurance Portability and Accountability Act (HIPAA)

(HIPAA requires the SDM to adopt standards to safeguard and protect the confidentiality, integrity, and availability of electronic health information and to have written privacy and security procedures for the SDM community to follow. The SDM conducted a risk assessment to determine our vulnerabilities and prepared the required policies and procedures as outlined in the [SDM HIPAA Privacy Rule Protocol](#) and the [SDM Clinical Operating Manual](#) located on the [SDM SharePoint](#). The Privacy Compliance Protocol, as well as all SDM clinical policies and procedures are reviewed annually and updated when applicable. Students may also read more information on the [U.S. Department of Health and...](#).
Human Services (HHS) website. All students are required to complete HIPPA training. The training, which addresses the School’s specific privacy policies and procedures, is held annually.

13. Review of Academic Performance

At the end of each academic term, or more frequently as needed, the academic performance of each student will be reviewed by the applicable SDM Review Committee. Regarding pre-doctoral students, the applicable committee is the SDM Student Progress Committee (SPC), along with the Associate Dean for Academic Affairs (or Dean’s designee) who review and make recommendations regarding student performance. Regarding postdoctoral students, the Advanced Education Committee (AEC) and Associate Dean for Advanced Education review and make recommendations regarding student performance. The SPC and/or AEC make recommendations to the Associate Dean for Academic Affairs and/or Dean regarding student status and progress.

a. Satisfactory Progress

The SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) determines the academic standing of all students each semester. All students must be in good academic standing to be eligible for promotion from each academic year. For pre-doctoral students, “good academic standing” is defined as receiving passing grades (C or better) in all required courses, with no imposed sanctions. For postdoctoral students, “good academic standing” is defined as receiving passing grades (C or better average in Certificate program and in graduate programs courses in graduate programs (i.e., Master and/or Ph.D.), a “B” or better in all required courses, with no imposed sanctions.

To hold class office, student body office, or represent the SDM at regional and national meetings, pre-doctoral and postgraduate students must be in good academic standing and/or be without current letters of academic warning.

b. Unsatisfactory Progress

Unsatisfactory progress is defined as having failed to achieve a 2.00 grade point average for the semester, or having received grades of I or F in a semester, or having been placed on academic probation or other involuntary academic status modifications. The SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) will make recommendations to the Dean regarding resolution of I and F grades. To achieve good academic standing, any courses with I grades must be completed with a passing or satisfactory grade.
c. Other Specific Criteria

Other specific criteria for promotion and graduation, as applicable, including National Board Dental Examination scores, will be discussed in the following sections. Consideration for graduation of pre-doctoral program/postgraduate programs, or successful completion of certificate programs can occur only when a student has completed all required courses with passing grades, any additional requirements (i.e., research requirements for certificate and postgraduate programs), and no imposed academic sanctions.

14. Promotion

All students should be in good academic standing and make satisfactory progress to be eligible for promotion from each academic year. Recommendations for promotion will be made by the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee), subject to approval by the Dean.

a. Pre-doctoral Students

A pre-doctoral student must be in good academic standing at the end of the fall semester of the second year (DS2), subject to review and recommendation by the SPC and Associate Dean for Academic Affairs (or Dean’s designee), to be approved by the Dean (or Dean’s Designee) as eligible to sit for the National Board Dental Examination (NBDE), Part I.

DS2 students must take NBDE, Part I by the end of summer session of their second year of dental school. DS2 students who do not take the exam by this time will be subject to evaluation and action by the SPC and Associate Dean for Academic Affairs (or Dean’s designee). Action may include, but is not limited to, placement on academic probation, clinical retraining, clinical reassignment, and/or change in academic status.

Students that fail NBDE, Part I the first time are permitted to enroll in DS3 courses but will be subject to academic sanctions. These students will be required to pass NBDE, Part I the second time or be subject to suspension. The second time (first retake) must be completed by the end of the fall semester of the third year (DS3). SDM must receive notification that the student has successfully passed NBDE, Part I before the start of the DS3 spring semester or the student will be suspended. The suspension due to failure of the first retake will allow the student to study for a second retake examination. Fees, tuition assessment, and SDM access will be subject to university regulations. No suspended student will be readmitted until he/she has passed Part I. Terms of readmission will be set when the student is readmitted. However, suspended students will be required to repeat the DS3 year. Students who have been suspended for greater than 24 months will be dismissed.
b. **Postgraduate Students**

A student must be in good academic standing to continue in the program.

15. **Graduation Requirements**

A student must complete all required courses, pass all competency assignments, complete all clinical responsibilities, and be in good academic standing to be eligible to graduate from the SDM.

a. **Pre-doctoral Students**

In addition to the requirement listed above, a pre-doctoral student must also pass NBDE, Parts I and II to be eligible to graduate from SDM. The Dean (or Dean’s designee) will authorize students in good academic standing who have completed the prerequisite coursework and who are considered prepared and eligible to take the NBDE Part II.

DS4 students must pass the NBDE Part II by before graduation. The Dean’s Office receives official notification of the results of the NBDE. Upon receipt of the official notification, the Dean will inform the following individuals regarding students who fail to pass the NBDE: Chairman of the SPC; Associate Dean for Academic Affairs (or Dean’s designee) and the Associate Dean for Admissions and Student Affairs. The SPC and Associate Dean for Academic Affairs (or Dean’s designee) will take appropriate action.

DS4 students who do not pass the NBDE, Part II by the end of the DS4 spring semester are subject to evaluation and action by the SPC and Associate Dean for Academic Affairs (or Dean’s designee). Such students may be subject to action which may include, but is not limited to being required to enroll in the subsequent semesters and completing remedial coursework. Students will not receive a diploma until they successfully pass Part II.

Recommendations for graduation will be made by the SPC and Associate Dean for Academic Affairs (or Dean’s designee), subject to approval by the Faculty and Dean.

b. **Postgraduate Students**

The AEC will review the academic standing of all postdoctoral students and make recommendations to the Dean concerning graduation. A student must be in good academic standing to successfully complete the program.

16. **Awards and Distinctions**
A Dean’s List of students demonstrating high academic performance shall be published annually and include the top 10% of the class as calculated from the total grade point average (GPA) for each semester. Each Advanced Education program may make special awards for students as determined by the Program Director. Awards for research will be determined by the AEC or their designee.

17. Course Remediation/Competency Re-evaluation

Three methods of course remediation/competency re-evaluation may be applied in didactic and clinical courses. These include:

a. In-course Remediation

In-course remediation is not automatically afforded but rather it may be permitted at the discretion of the course director. In-course remediation applies in any course in which two or more evaluation exercises or examinations are provided for in the course syllabus. The following are the policies outlined for in-course remediation:

i. Student Receiving F Grade

A student receiving a grade of F on any examination or evaluation exercise, excluding the final, may be permitted to remediate that evaluation exercise or examination prior to taking the next scheduled examination at the course director’s discretion. If a course director elects to change a grade as part of the successful completion of the in-course remediation process, that grade cannot be higher than a C grade. For postdoctoral students, if a course director elects to change a grade as part of the successful completion of the in-course remediation process, that grade must at least be satisfactory according to the requirements of the Advanced Education Program.

ii. In-Course Remediation

If the course director permits in-course remediation, it is the responsibility of the course director to contact the student to schedule the remediation activity. There shall be no limit to the number of courses in which a student may complete in-course remediation.

b. Post-course Remediation

i. Pre-Doctoral Students

Post-course remediation may only be permitted with approval from the SPC and Associate Dean for Academic Affairs (or Dean’s designee). If post-course remediation is approved by the SPC and Associate Dean for
Academic Affairs (or Dean’s designee), the following are the policies outlined for post-course remediation:

(a) When Student Receives F Grade

When a student receives a final grade of F in any course, post-course remediation may be permitted in accordance with (b) and (c) below.

(b) Limit on Post-course Remediation

Post-course remediation shall be limited to two (2) courses per academic year and a total of three (3) courses during a student’s dental school career. More than two (2) course failures per academic year will result in Academic Expulsion (dismissal). More than three (3) course failures during a student’s school career will result in Academic Expulsion (dismissal). The post-course remediation limits apply to all required SDM courses; elective courses are exempt from these limitations.

(c) Timing of Post-Course Remediation

Post-course remediation should not begin until the course director receives notification from the SPC and Associate Dean for Academic Affairs (or Dean’s designee). The course director will schedule the post-course remediation activity that should correspond with any guidelines recommended by the SPC and Associate Dean for Academic Affairs (or Dean’s designee).

(d) Successful Post-Course Remediation

Successful post-course remediation, as defined by the course director, will result in a maximum grade of C. A change of grade form will be sent to the Department Chair. The form will list the change of grade to a “C Remediated” and will be noted on the transcript as such.

(e) Failure of Post-Course Remediation

If a student fails to successfully post-course remediate a given course, the original F grade will stand as the final grade for the course. The student may be suspended or required to repeat the entire academic year, if the student is permitted to continue in the program.

ii. Postgraduate Students

Post-course remediation may only be permitted with approval from the AEC and Associate Dean for Academic Affairs (or Dean’s designee). If
post-course remediation is approved by the AEC and Associate Dean for Advanced Education (or Dean’s designee), the following are the policies outlined for post-course remediation:

(a) Unsatisfactory Grade

When a student receives an unsatisfactory grade in any course, post-course remediation may be permitted.

(b) Limit on Post-Course Remediation

Post-course remediation shall be limited to one (1) course per academic year and two (2) courses during a student’s dental school career. More than two (2) course failures during a student’s school career will result in Academic expulsion (dismissal).

(c) Timing of Post-Course Remediation

Post-course remediation should not begin until the course director receives notification from the AEC and Associate Dean for Advanced Education (or Dean’s designee). The course director will schedule the post-course remediation activity, which should correspond with any guidelines recommended by the AEC and Associate Dean for Advanced Education (or Dean’s designee).

(d) Successful Post-Course Remediation

Successful post-course remediation, as defined by the course director, must result in a satisfactory grade. Academic Probation and remediation will also be noted in the transcript.

(e) Failure of Post-Course Remediation

If a student fails to successfully post-course remediate a given course, the original unsatisfactory grade will stand as the final grade for the course. The student may be suspended or required to repeat the entire academic year, if the student is permitted to continue in the program.

18. Repeat Course/Academic Year

If the course director determines that the student failed the coursework to such an extent that post-course remediation activities would be inadequate to attain an acceptable level of academic achievement in the course material, the course director may recommend to the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) that the student
repeat the course as the remedial activity. Repeating the course may result in suspension or repeating the entire academic year.

Students who fail post-course remediation, but whose academic performance does not warrant Academic Expulsion (as determined by the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education [or Dean’s designee], subject to the Dean’s approval) may be required to repeat the entire academic year or may be placed on Academic Suspension.

Students who repeat the year will be placed on Academic Probation until the failed course is successfully passed the second time, and the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee), as applicable, remove the student from Academic Probation status. Additional conditions may be required at the time of placement on Academic Probation. The student repeating the year may be required to satisfactorily repeat all courses and competencies for a grade. When a course is repeated, both grades will be shown on the student transcript, and the two grades averaged for GPA calculation. However, the grade achieved in the repeated course will be the grade considered in decisions regarding student promotion.

19. Remediation and Resolution of Recorded Failures

Upon approval of the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee), a student must satisfactorily complete post-course remediation (see Section 17, Course Remediation/Competency Re-evaluation) for any course in which they have received a grade of F in order to be promoted or graduate.

The SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) will consult with individual course directors regarding all final course grades of F in order to recommend an appropriate course of action. An appropriate course of action, may include, but is not limited to, the possibility of post-course remediation. Post-course remediation of courses in which a final grade of F or unsatisfactory grade has been received shall not begin without approval of the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee).

If approved, the student will meet with the course director to develop a post-course remediation plan. The post-course remediation activities are at the discretion of the course director. Faculty are available to assist students preparing for post-course remediation, but the responsibility for learning the material resides solely with the student. The time and place of the post-course remediation will be arranged individually. Please note that if the course director determines that the student failed the coursework to such an extent that remedial activities would be inadequate to attain an acceptable level of academic achievement of the course material, the course director may recommend to the SPC/AEC and Associate Dean for Academic
Affairs/Associate Dean for Advanced Education (or Dean’s designee) that the student repeat the course. Repeating the course may require repeating the entire academic year.

The course director will report the outcome of the post-course remediation of the F grade or unsatisfactory grade to the Chair of the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) and appropriate action will be taken.

20. Clinical Reassignment, Clinical Retraining, Clinical Interdiction

a. Clinical Reassignment

i. Pre-doctoral Students

Clinical reassignment includes a designation of the academic status modification of Academic Warning. Clinical reassignment is designed to assist students in the remediation of clinical performance deficiencies. Areas requiring remediation may include but are not limited to: unsatisfactory clinical technique, inability to describe procedures or inability to exhibit critical thinking about procedures being performed, poor patient pool management, non-compliance with school protocols, unprofessional demeanor, or unethical behavior. Clinical reassignments are issued, but not limited to Clinical Sciences faculty, Team Leaders, and the Office of Clinical Services.

Clinical reassignment may result in the removal of the student from all clinical patient care or specified disciplines until remediation is complete. Most clinical reassignments will be 1-2 weeks in duration, but longer periods may be required, based on the remediation needed. A clinical reassignment document will be generated by the Chair of Clinical Sciences or his/her designee for the affected student. A copy of the clinical reassignment document will be sent to the Associate Dean for Academic Affairs, Co-Associate Deans for Clinical Services, Assistant Dean for Admissions and Student Affairs, Associate Dean for Admissions and Student Affairs, Chair of the SPC and Team Faculty. The Clinical Reassignment document will list the clinical performance deficiencies and detail the remedial activities that must be completed. Remedial activities may involve, but are not limited to clinical simulation, written papers and/or meetings with mentors or other faculty. Monitoring by designated faculty beyond the end of the clinical reassignment may be required on a case-by-case basis.

Clinical reassignment is formal notification of unsatisfactory academic performance, but is not retained in the student’s academic record. Failure to comply with the requirements of the clinical reassignment or continued
unsatisfactory clinical performance may result in further sanctions or change in academic status, including but not limited to Academic Probation, Repeating the Year, or Academic Expulsion (dismissal).

ii. Postdoctoral Students

Clinical reassignment is designed to assist students in the remediation of clinical performance deficiencies. Areas requiring remediation may include, but are not limited to, unsatisfactory clinical technique, inability to describe procedures or inability to exhibit critical thinking about procedures being performed, poor patient pool management, non-compliance with school protocols, unprofessional demeanor, and unethical behavior. Clinical reassignments are issued by the Program Director or his/her designee, with input from program faculty.

Clinical reassignment may result in the removal of the student from clinical patient care until remediation is complete. Most Clinical Reassignments will be 1-2 weeks in duration, but longer periods may be required, based on the remediation needed. The Program Director will construct a clinical reassignment document which will list the clinical performance deficiencies and detail the remedial activities that must be completed. Remedial activities may involve, but are not limited to, clinical simulation, written papers, or meetings with mentors or other faculty. Monitoring by designated faculty beyond the end of the clinical reassignment may be required on a case-by-case basis.

The Program Director or his/her designee will generate a Letter of Academic Warning for clinically reassigned students. This Letter of Academic Warning is formal notification of unsatisfactory academic performance, but is not retained in the student’s academic record. Failure to comply with the requirements of the clinical reassignment or continued unsatisfactory clinical performance may result in further sanctions or change in academic status, such as, Academic Probation, Repeating the Year, or Academic Expulsion (dismissal).

b. Clinical Retraining

Clinical retraining is designed to assist students in the remediation of clinical performance deficiencies. Areas requiring retraining may include, but are not limited to unsatisfactory clinical technique, inability to describe procedures or inability to exhibit critical thinking about procedures being performed, poor patient pool management, non-compliance with school protocols, unprofessional demeanor, and unethical behavior. The difference between clinical retraining and clinical reassignment has to do with the severity or frequency of the deficiency, as determined by full-time faculty. The Team Leader (or his/her faculty designee) or Program Director, or SDM faculty issues clinical retraining.
Students assigned clinical retraining may be: 1) removed from clinic during their retraining, 2) removed from clinic only in specified disciplines during their retraining, or 3) not removed from clinic during their retraining. This will be determined by the Team Leader, clinical faculty or Program Director, as applicable, on a case-by-case basis.

Most clinical retraining will be 1-2 weeks in duration, but longer periods may be required, based on the retraining needed. A Clinical Retraining document will be generated for the student. In relation to pre-doctoral students, a copy of the Clinical Retraining document will be sent to the Associate Dean for Academic Affairs, Co-Associate Dean for Clinical Services, Chair of Clinical Sciences, Director of Comprehensive Care, Chair of SPC, and the Team faculty. In relation to postdoctoral students a copy of the Clinical Retraining document will be sent to the Associate Dean for Academic Affairs and Associate Dean for Advanced Education. The document will list the clinical performance deficiencies and detail the retraining activities that must be completed. For pre-doctoral students retraining activities may involve, but are not limited to, clinical simulation, written papers and/or meetings with mentors or other faculty. For postdoctoral students, retraining activities may include but are not limited to clinical simulation, written papers, or meetings with mentors or other faculty.

Monitoring by designated faculty or a qualified professional beyond the end of the clinical retraining may be required on a case-by-case basis. Clinical retraining is not recorded on the student’s transcript or part of their academic record.

Failure to comply with the requirements of the clinical retraining or continued unsatisfactory clinical performance may result in further sanctions or change in academic status, including but not limited to Academic Warning, Academic Probation, Repeating the Year, or Academic Expulsion (Dismissal).

c. **Clinical Interdiction**

Students whose clinical performance is deemed to place patients at risk of immediate harm will be interdicted during the procedure and will receive immediate correction, including but not limited to, the instructor completing the procedure. The clinical instructor will report the incident to the course director and Team Leader or Program Director (as applicable), for determination of clinical reassignment or clinical retraining.

**21. Professionalism**

The professional development of dental students is an essential part of dental education. The Honor Code, contained in Section III of this Manual, outlines the required and expected behavior expected of all students attending SDM. The following section underscores the professionalism requirements and places certain
aspects of professional behavior under the purview of Academic Performance Standards. Students are expected to meet the SDM standards of professional behavior as part of their professional development.

a. **Grades**

Course grades, clinical course evaluations, and daily clinical grades may be affected by unprofessional behavior. Additionally, any student with a grade that is affected by unprofessional behavior may be subject to action by the SPC/AEC. The Associate Dean for Academic Affairs/Associate Dean for Advanced Education (as applicable), in consultation with the Associate Dean for Admissions and Student Affairs will determine if student unprofessional behavior will be reviewed by the SPC/AEC or the Honor Council.

b. **Unprofessional Behavior**

Unprofessional behavior includes, but is not limited to, the following:

i. Approaches patient care in an unethical manner.

ii. Displays unprofessional behavior toward patients, students, staff, faculty, or other individuals.

iii. Is unprepared to provide clinical care and/or disregards instructions.

iv. Willfully or repeatedly violates infection control standards or other clinical protocols.

v. Renders or attempts to render dental treatment without proper authorization.

vi. Neglects or abandons the care of patients.

vii. Does not comply with the SDM Honor Code section regarding appearance and/or demeanor.

viii. Does not comply with SDM clinical protocols.

c. **Reporting Student Unprofessional Behavior**

Faculty, students, staff and patients may report witnessed unprofessional student behavior to the Associate Dean for Academic Affairs or Associate Dean for Admissions and Student Affairs. The Associate Dean for Academic Affairs and the Associate Dean for Admissions and Student Affairs will meet and determine if the unprofessional behavior will be reviewed by the SPC or the Honor Council.
C. Involuntary Academic Status Modifications

1. Academic Warning

Academic Warning is a formal notice to the student whose progress shows a trend toward unsatisfactory performance. Academic warning does not appear on the student’s transcript or their permanent record. Notice and conditions of Academic Warning shall be recommended to the Dean by SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) and department heads (or their designees). The SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) and department heads (or their designees) with the Dean’s approval, shall provide the student with written notification of the Academic Warning, outlining all related conditions, and specifying any mandatory remedial procedures.

If a student is found to be in violation of a course or administrative policy, the student may receive a written warning, such as, clinical reassignment. The warning notice may state that continued or repeated violation of the policy, continued unsatisfactory performance, or failure to comply with remedial requirements may result in further sanctions or change in academic status, including, but not limited to, Academic Probation, Mandated Repeat of Course or Academic Year or Academic Expulsion (Dismissal).

2. Unauthorized Withdrawal

If a student does not comply with the policy on withdrawal, either by failure to submit a letter to the Associate Dean for Academic Affairs (or Dean’s designee) or Program Director and Associate Dean for Advanced Education (or Dean’s designee) (for postdoctoral students) stating the reasons for the decision to withdraw from the SDM or by withdrawal after the tenth week of classes, the student may be ineligible for reinstatement. Furthermore, there will be no refunds of tuition or fees if withdrawal occurs after the sixth week of classes. See UNLV’s Cashiering & Student Accounts Refund and Withdrawal Policy at https://www.unlv.edu/cashiering/refunds.

3. Academic Probation

The SPC/AEC and Associate Dean for Academic Affairs/ Associate Dean for Advanced Education (or Dean’s designee) shall recommend notice and conditions of academic probation and forward to the Dean of the SDM. Academic Probation is a formal notice to the student by the Dean (or Dean’s designee) that his/her academic progress is deemed unsatisfactory. Grounds for Academic Probation include, but are not limited to the following:

a. student has not satisfied the conditions of Academic Warning; or
b. student has received a final course grade of F; or

c. student has not satisfied stated program requirements.

The Dean (or Dean’s designee) shall provide the student, SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) with written notification of Academic Probation, indicating all related conditions and specifying any mandatory remedial procedures. The Academic Probation action shall appear on the student’s academic record. Any student placed on Academic Probation shall meet with the Dean or Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee), to discuss his/her status and accompanying conditions. Failure to meet the specific conditions of Academic Probation may result in action, which includes, but is not limited to a recommendation of repeating the year or academic expulsion.

4. Terms for Removal from Academic Probation

Removal from probationary status while attending the SDM will occur upon a student’s successful completion of all prescribed conditions delineated in the formal, written notification of probation for unsatisfactory performance. The course director(s)/Program Director responsible for supervising the student during the probationary period will provide the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) with written notification of satisfactory completion of the conditions established for the specific academic probation. Upon receipt of this notification the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) will notify the Dean (or Dean’s designee) of a student’s successful completion of the conditions of Academic Probation. The Dean (or Dean’s designee) will inform the student of his/her removal from probationary status in writing. The student remains on Academic Probation until this notice is received.

5. Mandated Repeat of Course or Academic Year

A recommendation for repeat of course or academic year may be made to the Dean by the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) when a student fails to meet the conditions of Academic Warning or Academic Probation, but is not recommended for Academic Expulsion.

The Dean (or Dean’s designee) shall provide the student, SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) with written notification indicating all conditions of the action. Any student recommended for Repeating the Year shall meet with the Dean (or Dean’s designee) to discuss the action. Additional grounds for repeating the year include, but are not limited to:
a. failure to satisfactorily pass all required courses (for post-doctorate students, failure to satisfactorily pass all required courses with an acceptable GPA); or

b. failure to meet the conditions of Academic Probation or Academic Warning; or

c. failure to pass National Board Dental Examination;

d. failure to satisfy stated program requirements.

e. failure to satisfactorily complete the requirements of Repeating the Year normally shall result in a recommendation for Academic Expulsion.

6. Suspension

a. Disciplinary Suspension

Violation of the UNLV Student Conduct Code or SDM policies, rules, regulations, and/or procedures may lead to the termination of student status for a specified academic term or terms with possible reinstatement thereafter. The student will be notified, in writing, of any such suspension. Recommendations for academic suspension may be initiated by, but not limited to, academic faculty of the SDM to the Dean for disciplinary reasons.

The official transcript of the student shall be marked “Disciplinary Suspension Effective, Date to Date.” After the suspension period has elapsed, the student will be placed on disciplinary probation for a period of time that is equal to the amount of time that the student was suspended. At the end of the successful probationary interval, the student will be classified as being in “good standing” provided that no further UNLV Conduct Code violations or violation of SDM policies, rules, regulations, and/or procedures have occurred.

b. Academic Suspension

Academic Suspension is the result of unsatisfactory performance as deemed by SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) and approved by the Dean. It entails involuntary removal from the SDM or from the regular curriculum for a specified period of time, and continues until stipulated conditions are met.

Any consideration for reinstatement requires that any imposed conditions be met and that the student request reinstatement in writing to the Dean not less than forty-five (45) calendar days preceding the start of the academic year or as previously specified in writing in the student's terms and conditions of suspension. The SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) shall determine the
recommendation for Academic Suspension and the conditions of Academic Suspension and submit to the Dean for review and action.

The Dean or Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) shall:

i. Meet with the student to discuss the recommendations for Academic Suspension, conditions for reinstatement, including duration of Academic Suspension, status of student if duration period is exceeded, remedial procedures, if any, and re-entering level into the program.

ii. Provide the student with written notification of the Academic Suspension and set forth specific conditions.

Grounds for Academic Suspension include, but are not limited to:

i. failure to satisfactorily pass all required courses;

ii. failure to meet the conditions of Academic Probation or Academic Warning;

iii. failure to pass NBDE;

iv. failure to meet the conditions related to an authorized leave of absence;

v. failure to satisfy stated program requirements.

c. Academic Expulsion (Dismissal)

Title 2, Chapter 11 of the NSHE Code provides that “system institutions, professional schools and individual programs may establish written policies, procedures and sanctions for program dismissals that may be used in lieu of the procedures of Title 2, Chapter 11 of the NSHE Code, subject to prior review by Office of General Counsel and approval by the President of UNLV.” In accordance with the authorization granted in the Code, SDM has adopted written policies, procedures and sanctions for program dismissal of students in their dental programs which are outlined below and in the Academic Appeals Process, section D. This policy does not replace or supplant any section of the BOR Handbook other than BOR Handbook Title 2, Chapter 11.

Regarding Academic Expulsion from SDM for an indefinite period, any consideration for reinstatement requires that any imposed conditions be successfully completed and that the student reapply for admission to SDM in accordance with the rules and regulations pertaining to the normal admissions process of the school.
i. **Recommendation**

A recommendation for Academic Expulsion shall be submitted by the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) to the Dean for review and action. The Dean or Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) shall:

2. meet with the student to discuss the recommendation for Academic Expulsion and conditions for reinstatement.

3. provide the student with written notification of the Academic Expulsion indicating related conditions.

**ii. Grounds for Academic Expulsion** include, but are not limited to:

(a) failure to satisfactorily pass all required courses;

(b) failure to satisfactorily complete the requirements of a school year within two (2) consecutive academic years;

(c) failure to complete the DMD Program Degree requirements within six (6) academic years of initial matriculation;

(d) failure to meet the conditions of Academic Probation or Academic Warning;

(e) failure to meet the conditions of Special Program Status;

(f) failure to successfully Repeat the Year;

(g) unauthorized withdrawal from a course or the program;

(h) failure to satisfactorily complete the first two (2) years of the DMD Program within three (3) academic years;

(i) failure to satisfactorily complete the last two (2) years of the DMD Program within three (3) academic years;

(j) failure to meet conditions of Academic Suspension; and

(k) exceeding the maximum number of courses that may be remediated.

7. **UNLV Health Withdrawal Policy**
a. **Involuntary Health Withdrawal**

Click here to review the UNLV Involuntary Health Withdrawal Policy

b. **Voluntary Health Withdrawal**

SDM students may apply for a Voluntary Health Withdrawal (a separation of the student from the university) if they experience medical or psychological conditions that significantly impair their ability to function successfully and safely in their role as a student. Visit the Voluntary Health Withdrawal page for more information.

c. **Emergency Removal Clause**

As set forth in the UNLV Conduct Code, when there is cause to believe a student endangers the health, safety, or welfare of the University community or its property, the Vice-President for Student Affairs or his/her designee may order the immediate removal of a student, with accompanying prohibition from University property and activities, for an interim period pending a conduct “show cause” hearing. The Office of Student Conduct shall conduct a “show cause” hearing within seventy-two (72) hours of this emergency removal, or on the earliest college working day thereafter identified by the student. The sole purpose of the “show cause” hearing is to make a recommendation as to whether the student may return to the campus pending conclusion of the conduct process. Simultaneous with such removal, the Vice-President for Student Affairs or his/her designee shall refer the charges to the Office of Student Conduct, who shall process such charges in the manner and within the time limits required by the Conduct Code.

8. **Administrative Drops**

If a student does not comply with SDM policies, rules, regulations, and/or course requirements, or obstructs the functioning of the class, the instructor may initiate an administrative drop as outlined in the UNLV Catalog, Administrative Drop Procedures. Additional information can be found on the UNLV Academic Policies webpage.

D. **Academic Appeals Process**

All students have the right to appeal a grade or academic decision made by a faculty member, or the Associate Dean for Academic Affairs.

1. **Academic Appeals Committee (AAC)**

AAC is responsible for hearing appeals relating any academic decision made by the SPC, Associate Dean for Academic Affairs and/or AEC. The AAC shall consist of three (3) faculty members appointed by the Dean (or Dean’s designee). The Dean (or
Dean’s designee) will appoint the chair of the AAC. The Associate Dean for Academic Affairs (or Dean’s designee) and Associate Dean for Admissions and Student Affairs (or Dean’s designee) will be ex-officio members.

2. Appeal of Final Course Grade

Students who believe that a grade or academic decision rendered by a faculty member is not representative of their performance or academic policies were violated, may elect to appeal the grade or academic decision rendered by a faculty member. Please note calculations of timeframes are made in calendar days which exclude recess and/or holidays.

The student must submit an appeal in writing to the faculty member no later than five (5) calendar days (excluding recess and/or holidays) after the UNLV Registrar posts grades. The faculty member must respond to the student’s appeal in writing within five (5) calendar days (excluding recess and/or holidays) after receipt of appeal.

If the faculty member determines that the original grade (or academic decision) is correct, the student may then appeal in writing to the faculty member’s Department Chair/Program Director (as applicable) within five (5) calendar days (excluding recess and/or holidays) after receiving the faculty member’s decision. The Department Chair/Program Director (as applicable) must respond to the student’s appeal in writing within five (5) calendar days (excluding recess and/or holidays).

If the student wishes to appeal the Department Chair/Program Director’s decision, they must submit the appeal in writing to the SDM AAC through the Dean’s Office within five (5) calendar days (excluding recess and/or holidays) after receiving the Department Chair/Program Director's decision. The AAC will meet and prepare a written recommendation regarding the student’s appeal and forwarded to the Dean within ten (10) calendar days (excluding recess and/or holidays) after receiving the student’s appeal. The Dean will review the recommendation and make a final decision regarding the student’s appeal. The Dean may approve, amend, modify, or reject the recommendation of the AAC. The Dean will make a final decision and notify the student within five (5) calendar days (excluding recess and/or holidays) after receiving the AAC’s recommendation. The decision of the Dean in all review matters shall be final.

3. Appeal of Mandated Repeat of Course or Academic Year, Academic Suspension, or Academic Expulsion (Dismissal)

In situations where a student does not meet the criteria for satisfactory progress, the Dean (or Dean’s designee) will consider all evidence and recommendations from the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) prior to meeting with the student and issuing a written decision. A student may appeal the Dean’s (or Dean’s designee’s) decision.
Pre-doctoral student/postdoctoral Student must The student must submit their appeal in writing through the Dean’s Office to the AAC within five (5) calendar days (excluding recess and/or holidays) of receiving the written decision from the Dean (or Dean’s designee). During the appeal process the student will be removed from all classes and clinic participation. The AAC will review all evidence and make a recommendation to the Dean within ten (10) calendar days (excluding recess and/or holidays) from the date of receiving the student’s appeal. The Dean will review the recommendation from the AAC. The Dean may approve, amend, modify, or reject the recommendation of the AAC. The Dean will make a final decision and notify the student within five (5) calendar days (excluding recess and/or holidays) after receiving the AAC’s recommendation. The decision of the Dean in all review matters shall be final.

4. **Academic Appeals Hearing**

During any academic appeal hearing, the student may have one advisor present (e.g. an attorney, family member, fellow student, or faculty member). The student has the right to be assisted by any advisor they choose, at their own expense. The student is responsible for presenting his/her own information, and therefore, an advisor is NOT permitted to speak on behalf of the student and thus not allowed to be both advisor and witness on their behalf). If a student requests an advisor, the student will be required to complete a FERPA Privacy Waiver and the advisor may be required to sign a confidentiality agreement.

5. **Extension of Time Limits**

It is intended that the all-academic appeals be addressed quickly, and where reasonably possible the time limits in this process should be met. However, there may be circumstances where more time is required to conduct a thorough review, accordingly, the AAC conducting the review or the appealing student may request an extension of the time limits. Any extensions must be in writing and signed by the student and the Associate Dean of Academic Affairs (or Dean’s designee).

E. **Voluntary Academic Status Modifications**

1. **Program withdrawal**

Students who seek to voluntarily withdraw from SDM must submit a written letter to the Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee) stating the reasons for the decision to withdraw. This should be accomplished before the 10th week of classes has been completed to be eligible for reinstatement. Students who withdraw will receive a refund based on the tuition refund schedule in UNLV’s Bulletin and Registration materials. UNLV and Student Activity fees are not refundable.
2. Voluntary Leave of Absence

   a. Student Request

      A student who seeks to voluntarily leave the program for a specified period shall make such request in writing to the Dean of SDM and include the following:

      i. reasons supporting the request;

      ii. provide specific information as to the desired date of effect and duration; and

      iii. accompanied by evidence that all obligations to SDM and UNLV have been satisfied.

   b. Conditions of Approval

      After reviewing the above documentation, the Dean has the discretion to grant or deny the petition. A voluntary leave of absence approved by the Dean shall be accompanied by a letter stating the following:

      i. duration of approved leave of absence;

      ii. specific conditions for reinstatement and re-entering level into the program (following consultation with the SPC/AEC [as applicable]);

      iii. status of the student if the approved voluntary leave of absence duration is exceeded; and

      iv. all missed time and required work of postdoctoral students must be reconciled with the Program Director.

3. Reinstatement after Withdrawal or Absence

   SDM may reinstate any matriculated student with an authorized withdrawal after petition for reinstatement within the period of withdrawal. A written petition, stating the reason(s) for requested reinstatement, shall be submitted to the Dean. The Dean may request a recommendation from the SPC/AEC and Associate Dean for Academic Affairs/Associate Dean for Advanced Education (or Dean’s designee).

   A condition of reinstatement may include the student repeating the entire academic year. If permission is granted to repeat all courses previous grades will not be removed from the transcript. New grades will be noted on the transcript as repeat work. Notification of reinstatement shall include conditions and class standing. All missed time and required course work must be made up in accordance with program requirements.
III. SDM STUDENT CODE OF HONOR AND PROFESSIONAL RESPONSIBILITY (the “Honor Code”)

A. Introduction and General Information

The professional development of pre-doctoral (DMD/DDS) and postgraduate dental students is an essential part of dental education. Students are expected to meet the Honor Code standards of professional behavior as part of their professional development.

SDM complies with the policies outlined by the Office of Student Conduct relative to the UNLV conduct code, misconduct policy, and other student policy enforcement as published and revised by the University. The Honor Code applies to all students, pre-doctoral (DMD), postdoctoral, or any individual enrolled at the SDM for academic credit (certificate programs).

SDM demands a high level of scholarly behavior, academic honesty, and professional integrity on the part of students, faculty, staff, and administrators. All students are expected to instill and promote the qualities and characteristics contained within the Dentist’s Pledge (in the preface of this Manual), which each makes upon matriculation to dental school. No form of academic dishonesty is acceptable. While maintenance of an atmosphere of academic integrity is the responsibility of all, the faculty is principally responsible for enforcement of these standards. Academic dishonesty includes any act that violates the academic processes of the university. Examples include, but are not limited to, cheating on an examination; stealing examination questions; substituting one person for another at an examination; falsifying data; destroying, tampering with, or stealing a computer program or file; and plagiarizing (using as one’s own the ideas or writings of another).

As future health professionals, students assume new obligations and responsibilities upon their enrollment into the programs at the SDM. Stringent professional constraints are required of students, faculty, and staff in the dental school setting and in the community. Students at the SDM must comply with the Honor Code reproduced in its entirety in this Manual.

B. Professional Conduct Philosophy at the SDM

Acceptance into the SDM represents much more than just admission to the study of an intellectual and scientific discipline. It represents the first step toward full participation in a profession entrusted with the health and welfare of the public. The privilege of admission comes with a unique set of responsibilities not only to fellow students, but to the SDM, to the dental profession, and to the public. The dental profession demands the highest degree of trustworthiness, honesty, and integrity. As future members of the profession, all students of SDM are bound to observe principles that reflect the same high standards that govern the practice of dentistry. Students must abide by long-established principles of honor and integrity of the profession. This Honor Code establishes standards for student professional responsibility and sets forth conduct that is
unacceptable and prohibited. The standards of conduct in this Honor Code are in addition to standards set forth in the UNLV Conduct Code, UNLV Misconduct Policy, and the SDM Manual. Violations of the Honor Code will be subject to the procedures and sanctions outlined in the SDM Honor Code.

SDM provides an environment that fosters respect, tolerance, understanding, and concern for others by mentoring and developing interpersonal skills necessary for learning, for patient care, and for making meaningful contributions to the profession. To that end, this Honor Code is intended to foster an atmosphere of professionalism, trust, mutual respect, and accountability. Upon admission, all students become part of the SDM community and share in its mission, vision, values, and goals.

Upon matriculating at the SDM, students accept the responsibilities set forth by this Honor Code, including the responsibility to participate in its implementation. The failure to uphold these responsibilities violates the terms on which the community is based and may result in disciplinary action. Depending on the conduct, action, or occurrence, a referral may be made to the SDM Honor Council for alleged Honor Code violation(s) and/or to the UNLV Conduct Code Office for alleged Conduct Code or Academic Misconduct policy violations.

C. SDM Honor Council

The Honor Council is a committee that is comprised of students and faculty representatives charged with the responsibility of ensuring a fair disciplinary process for students. There shall be one Honor Council, which is the established committee to receive, review, and process referrals relating to Honor Code violation allegations.

1. Composition of the Honor Council

The Honor Council shall consist of four (4) faculty members, which is composed of three (3) faculty members from the pre-doctoral programs (DMD/DDS) and one (1) faculty member representing the postdoctoral/certificate programs, and an Honor Council Chair. The Dean (or Dean’s designee) appoints the faculty members and Honor Council chair. The Honor Council Chair shall preside over all Honor Council meetings. The composition of the faculty membership and Chair remain the same regardless of whether the allegations relate to a pre-doctoral or postdoctoral student, however the student membership will change as outlined below:

a. Pre-doctoral Programs (DMD/DDS)

Four (4) pre-doctoral students will serve as regular members, and four (4) additional pre-doctoral students will serve as alternates for a total of eight (8) pre-doctoral students. Each class will vote in 2 members (one (1) regular member and one (1) alternate member). All eight (8) student members will attend the first meeting of any incident; however an alternate will only serve if there is an identified conflict of interest of a regular member. Student members will be voted
in during their first year (DS1) and remain on the Honor Council until they graduate or voluntarily resign their position.

b. Postdoctoral Education Programs

The postdoctoral student membership will be comprised of one (1) representative from each postdoctoral/certificate program [with no less than a total of four (4) postdoctoral students] and will be appointed by the Associate Dean of Advanced Education (or designee).

c. Substitution of Honor Council Members

Where circumstances warrant, the Dean (or Dean’s designee) may replace an Honor Council faculty member by appointing a substitute member of the SDM faculty or a UNLV faculty member from outside the SDM. Should a situation arise during the period following graduation until the new pre-doctoral class begins or a new postgraduate class begins, the Associate Dean for Academic Affairs (or Dean’s designee) will appoint two (2) pre-doctoral student members (one (1) regular member and one (1) alternate member) to serve on the Honor Council. These students may be selected from either the previous graduating class or the upcoming DS4 class. Representation from the postgraduate programs will be appointed by the Associate Dean of Advanced Education (or designee).

2. Honor Council Chair

The Honor Council Chair is individual responsible for organizing, scheduling, presiding, and providing oversight over all Honor Council meetings and/or hearing. In this role, the Honor Council Chair is responsible for sending all notifications/notices in accordance with the Honor Council Procedure, gathering information relevant to a reported violation of the Honor Code, and maintaining the confidential investigative file relating to the reported incident.

3. Advisor(s)

The Associate Dean for Academic Affairs (or Dean’s designee) serves as advisor to the Honor Council and not voting members. In the event an allegation involves a student from an Advanced Education program, the Associate Dean for Advanced Education (or designee) serves as an advisor to the Honor Council and is not a voting member.

The Associate Dean for Admissions and Student Affairs (or Dean’s designee) serves as an advisor to the student(s) and is not a voting member.

4. Voting Rights
Each of the four (4) faculty members and the four (4) pre-doctoral regular student members (or alternate if replacing a regular member) are voting members and have one (1) vote. In the case of postdoctoral programs, each postdoctoral student is a voting member and has one (1) vote. The Honor Council Chair and all advisors are non-voting members.

D. Conduct Prohibited

The UNLV Conduct Code and UNLV Misconduct Policy set forth prohibited conduct, which may result in disciplinary action, including expulsion. Additionally, the following conduct is prohibited and may result in disciplinary action, including expulsion, from SDM:

1. Academic Misconduct. Includes but not limited to:
   
   a. Cheating

   Cheating is an act of fraud or deception by which a student gains or attempts to gain a benefit or an advantage, or attempts to provide a benefit or advantage to another student; or

   b. Plagiarism

   Plagiarism is copying the words or ideas of another and representing them to be one’s own. Plagiarism can occur even though the student did not intend to plagiarize the words of another.

2. Misrepresentation. Includes, but is not limited to:

   a. Furnishing material information in SDM application process that the student knows to be false;

   b. Falsely representing one’s qualifications on a resume, in an interview, or in an application for employment or subsequent academic studies;

   f. Altering patient records, transcripts, or other university documents;

   g. Falsely signing a faculty member’s name or another student’s name;

   h. Falsely authorizing an entry in the patient’s record through use of a faculty’s name or authorization code;

   i. Knowingly making a false accusation that a student committed acts that may be in violation of the Honor Code, or
j. Any misrepresentation by which the student gains or attempts to gain an unfair advantage from the university, faculty, students, or staff.

3. **Wrongful use or procurement of goods, services, or information.** Includes, but is not limited to:

   a. Stealing, destroying, or damaging university property and/or the property of other students, including laboratory projects, clinical instruments, or supplies; or

   b. Unauthorized use of on-line resources.

4. **Mistreatment of Patients**

   This can include, but is not limited to: knowingly and deliberately missing an assigned clinic session, treating patients outside of regularly-scheduled clinic times, knowingly and deliberately delaying a patient’s treatment without reasonable cause, or patient abandonment.

5. **Unlawful Conduct**

   This includes, but is not limited to the commission of any felony, gross misdemeanor, or misdemeanor (except for misdemeanor traffic violations) whether defined by federal, state, or local law. Such conduct may result in disciplinary action. All students have an obligation to disclose to the Office of the Associate Dean for Admissions and Student Affairs any conviction resulting from the commission of a felony, gross misdemeanor, or misdemeanor, as defined by federal, state, or local law.

6. **Failure to Report Violations of the Honor Code**

   Each member of the University and SDM community, including students, have the responsibility to report incidents they reasonably believe violate this Honor Code including, but is not limited to, witnessing or hearing about some conduct of another student.

7. **Unprofessional Behavior**

   This includes, but is not limited to behavior that is not consistent with the high standards of the dental profession. Any behavior that reflects poorly on the SDM, University or the dental profession will be considered unprofessional.

8. **Unlawful Practice of Dentistry**

   Unlawful practice of dentistry in accordance with the Nevada State Board of Dental Examiners regulations and failure to abide by the SDM Clinical policies, procedures or safety protocols. This includes, but is not limited to failure to follow and abide by
SDM Clinical policies, procedures, or safety that are intended to promote the health and safety of individuals within the clinics

E. **Reporting Honor Code Violations**

Any person (including students, faculty, staff, and/or patients of SDM) knowing of an incident that may constitute a violation of the Honor Code and/or the Conduct Code, must report the incident to an Honor Council Faculty Representative, the Associate Dean for Academic Affairs (or Dean’s designee), the Associate Dean for Admissions and Student Affairs, Program Director, or any member of the SDM faculty. Any SDM faculty who receive reports of potential violations must report them to the Associate Dean for Academic Affairs (or Dean’s designee). Reports must be made as follows:

1. **Written Reports**

   a. in writing, dated, and signed by the person making the report;

   b. provide, to the extent possible, the date, time, place, name of person(s) involved and the circumstances of the alleged violation should be specified; and

   c. include the name(s) of any person(s) who may have witnessed the alleged prohibited conduct should be listed.

Once the report is submitted in writing, the person filing the report should be cautioned from speaking about the incident to students, faculty, staff, and/or patients until a disposition is rendered regarding the reported incident, other than to members of the Honor Council during the investigation or when testifying at an Honor Council hearing.

F. **Investigation of the Reported Honor Code Violation**

When the Associate Dean for Academic Affairs (or Dean’s designee) receives a report of an incident that may constitute a violation of the Honor Code, he/she will immediately refer the matter to the Honor Council Chair for him/her to schedule an initial meeting of the Honor Council to review the report.

G. **Review of an Honor Code Report**

Upon receipt of a written report, the Honor Council Chair (or Dean’s designee) will convene a meeting of the Honor Council to review the report. This “initial meeting” will be convened within five (5) calendar days (excluding recess and/or holidays) of receipt of the report.

1. **Initial Meeting**

The Honor Council will review the report and determine if an investigation is necessary to make an informed decision.
a. Determination an Investigation is Necessary

If the Honor Council determines an investigation is necessary, a student member will be elected by the Honor Council. This individual will assist the Honor Council Chair through the disposition of the report. The Honor Council Chair will schedule subsequent meetings, provide notifications of formal hearings, and any written communication(s), where applicable. The Honor Council Chair will notify the student that a report has been submitted and provide a copy of the report to the student.

b. Determines an Investigation is Not Necessary

If the Honor Council determines an investigation is not necessary, the Honor Council Chair will notify the Dean in writing the decision and reasons for making the decision.

H. Records/Documents

All documentation provided by the Honor Council Chair to the Honor Council during its meetings is confidential. Members are required to maintain confidentiality of all documents and information regarding each reported incident. The Honor Council Chair is charged with maintaining the official file on the reported incident including all documentation about, concerning, and/or relating to the reported incident until the matter is resolved.

I. Notice of Alleged Honor Code Violation

The Honor Council Chair shall state in writing the grounds upon which the alleged violation is based and written notice of such reported incident will be provided to the student within three (3) calendar days (excluding recess and/or holidays) of the Honor Council’s initial meeting. The Honor Council Chair will work with the Office for Student Affairs to ensure written notice is provided to the student in accordance with the above period. The student will be required to sign for the written notification. If the student is unavailable to sign, a copy will be sent via certified mail to the most current mailing address on file with the school. The student will be advised that an administrative hold may be placed on his/her academic records pending investigation and resolution of the complaint. The written notice will describe the alleged violation(s), and include any applicable reference to the SDM Honor Code and/or the UNLV Conduct Code and UNLV Misconduct Policy.

J. Investigation of Honor Code Violation

The Chair of the Honor Council (with assistance from a student member who will serve as the Vice-Chair) will review the case and make recommendations to the Honor Council regarding individuals that he/she may need to speak with and/or documentation that
he/she may seek to review in order to gather information relevant to the allegations in the report. The Honor Council Chair has the authority to contact and meet with any persons believed to have information relevant to the complaint and encourage them to discuss the allegations in the report.

During the information gathering process, a “No Contact Order” may be requested or required if it is determined by the Honor Council, the Dean (or Dean’s designee), or Associate Dean for Academic Affairs (or Dean’s designee) that it is in the best interest of the investigation or protection of individuals involved. Failure to comply with a “No Contact Order” may result in further disciplinary proceedings and may result in a referral to law enforcement or external legal proceedings. All documentation related to the investigation should be kept in a secure location in accordance with NSHE Procedures and Guidelines Manual, Chapter 18. In cases resulting in expulsion, records will remain permanently; in all other disciplinary cases, records should be maintained for FY graduation + 7 years or FY last term of attendance + 7 years).

The Honor Council will have ten (10) calendar days (excluding recess and/or holidays) from the date of their initial meeting to conduct their investigation relating to allegations in the report. Prior to the conclusion of the ten (10) calendar days (excluding recess and/or holidays), the Honor Council may convene to evaluate the information obtained during the investigation to determine whether a formal hearing is or is not required. If the Honor Council determines a formal hearing is required, the formal hearing process set forth below shall apply. If the Honor Council determines a formal hearing is not required, the Honor Council Chair shall prepare a recommendation to the Dean setting forth the reasons a formal hearing is not required.

K. Notice of the Hearing

If the Honor Council decides a formal hearing is warranted, the Honor Council Chair shall prepare and provide a written notice to the Associate Dean for Academic Affairs (or Dean’s designee) and the student, a minimum of ten (10) calendar days (excluding recess and/or holidays) prior to a hearing.

1. Contents of Notice

   a. the date, time, and place of the hearing;

   b. specific misconduct the student is charged with committing;

   c. name of the individual who reported the alleged Honor Code violation;

   d. specific details, to the extent possible, of the time, place, person(s) involved and circumstances of alleged prohibited conduct and names of witnesses to the alleged prohibited conduct;
e. the student’s right to bring witnesses and provide documentary evidence at the hearing;

f. the student’s right to review and examine evidence obtained during the investigation, which will be part of the hearing file;

g. the student’s right to have a single advisor present (e.g. an attorney, family member, fellow student, or faculty member). Both the reporting party and the charged party have the right to be assisted by a single advisor of their choosing and at their own expense. The Honor Council Chair and the charged student are responsible for presenting their respective information including witnesses and evidence in relation to the alleged Honor Code violation;

h. the student’s right to question any witness called; and

i. the date by which the Honor Council Chair and the student must exchange with each other a written list of witnesses each intends to call at the hearing and a list of documents that each intends to introduce at the hearing. This exchange shall occur at least five (5) calendar days (excluding recess and/or holidays) prior to the hearing. The charged student must also provide the Honor Council Chair of copy of any documents that are not already included in the hearing file. Notices shall be either delivered directly to the person charged or sent by certified/registered mail to the student’s mailing address on file with the SDM. Notices sent by mail are considered delivered when sent, provided that three (3) additional calendar days (excluding recess and/or holidays) shall be added to the ten (10) day time (excluding recess and/or holidays) period set forth for minimum notice.

NOTE: Individuals selected by the student as an advisor cannot also be called as a witness in the same case (e.g., faculty member or fellow student). If a student requests an advisor, they are required to complete and sign a FERPA Privacy Waiver. The advisor may also be required to sign a confidentiality agreement.

L. No Communications outside Honor Council Meetings and/or Hearings

Members of the Honor Council shall not have any communication, oral or written, with anyone outside the Honor Council meetings and/or hearings regarding any Honor Council matter including with any decision makers (e.g. Dean, UNLV Vice-President of Student Affairs, UNLV Appeal Panel members). This mandate is to ensure the confidentiality of all matters and to preclude any actual and/or perceived attempt to somehow influence, directly or indirectly, the outcome of any Honor Council matter. However, this does not include scheduling and status inquiries or requests for information that are procedural in nature.

M. Hearings
The Honor Council Chair will preside over all hearings unless there is a perceived conflict of interest. In the case of a conflict of interest, the Dean (or designee) will appoint another academic or administrative faculty member to preside over the hearing. Unless the Honor Council Chair determines that a different procedure is required, the Honor Council Chair shall present a summary of the evidence supporting the allegations first, after which the charged student(s) will present a summary of his/her side of the case. The Honor Council Chair may present individual witnesses and/or documentation to support the allegations. The charged student(s) then present their witnesses and/or documentation in support of his/her case. The members of the Honor Council and the student(s) shall have an opportunity to examine all witnesses and any evidence that is presented. NOTE: Advisors (on either side) are NOT permitted to speak during the hearing. Should an advisor have a question, they may ask for a recess or submit the question to an honor council member or charged student.

In situations where the reporting individual is present as a witness, the student will submit his/her questions for the reporting individual in writing to the Honor Council to ask the question (or some form of the question). However, if the question appears to be not relevant to the allegations, the Honor Council may ask the charge student to explain, how the question is relevant to their defense. If after hearing the charged student(s)’ response, the Honor Council shall decide whether or not to allow the question to be presented to the witness.

The Honor Council will establish before the beginning of the hearing the time limit given for each student and witnesses. The Honor Council may consider all evidence that is relevant to the allegations. All findings of fact, recommendations, and decisions must be based solely on the information made available for use at the hearing, including all information made available to the charged student as part of the Honor Code hearing file.

A single hearing may be held for more than one student charged in cases arising out of a single or multiple occurrences. The Associate Dean for Academic Affairs (or Dean’s designee) makes such a determination, subject to review by the Dean (or Dean’s designee). However, each accused student retains the right to have his/her case heard individually.

A recording will be made of the hearing for the purpose of review by any Appeals Panel. The recording shall be the property of UNLV and will be maintained as part of the Honor Code file in accordance with NSHE Procedures and Guidelines Manual, Chapter 18. Upon written request by the charged student, a copy of the tape shall be made available to the student, at the student’s expense, by the Associate Dean for Academic Affairs (or Dean’s designee), within ten (10) calendar days (excluding recess and/or holidays) of the request subject to and in accordance with FERPA. Confidentiality of recordings from closed hearings shall be maintained by all parties and their representatives. All hearings are closed unless the student charged requests an open hearing and such request is approved by the Dean (or Dean’s designee). Relaxed evidentiary standards apply in all hearings, as they are not legal proceedings.
N. **Standard of Proof**

At the conclusion of the hearing proceedings, the Honor Council shall deliberate and consider whether there is sufficient evidence to determine whether a student is or is not responsible for the alleged Honor Code violation(s). The vote will be conducted by secret ballot. The Honor Council may affirm by majority vote that the student is or is not responsible for Honor Code violation(s) on the basis of whether it is more likely than not that the student violated provisions of the Honor Code.

O. **Written Recommendation**

The Honor Council, via the Honor Council Chair, shall prepare a written recommendation, which may include dissenting views. All formal hearings conducted by the Honor Council require a majority vote to find a student responsible for violating the Honor Code. The Honor Council shall furnish its written recommendation to the Dean (or Dean’s designee) within five (5) calendar days (excluding recess and/or holidays) of the conclusion of the formal hearing. The Honor Council’s recommendation may include a recommendation regarding possible sanctions but it is not mandatory.

P. **Final Decision**

The Dean (or designee) shall review and consider the Honor Council’s recommendation. The Dean may uphold or modify/amend the Honor Council’s decision. If a recommendation finding a student responsible of Honor Code violations is upheld, the Dean (or designee) will determine the applicable sanctions. The Dean (or designee) will notify the Honor Council if any amendments or modifications were made to the recommendation. If the Dean (or designee) requests additional information in relation to the Honor Council’s decision, the Dean (or designee) will notify the Honor Council in writing within five (5) calendar days (excluding recess and/or holidays) and the Honor Council shall have five (5) calendar days (excluding recess and/or holidays) within which to provide the additional requested information to the Dean (or designee). The Dean (or designee) will notify the student, in writing, of the final decision and sanction(s) within five (5) calendar days (excluding recess and/or holidays) of receiving the Honor Council’s recommended decision or from the date the additional requested information was received by the Dean (or designee), whichever is later. If there is no appeal, the decision of the Dean (or designee) shall be final.

Q. **Appeal Rights**

The Appeals rights and procedures afforded in the Conduct Code shall apply.

1. The charged student found responsible for a violation of the SDM Honor Code or the UNLV Conduct Code has the right to appeal that decision and any sanctions imposed to the UNLV Vice President for Student Affairs or his/her designee. A request for appeal must be filed within five (5) calendar days (excluding recess and/or holidays) from the charged student’s receipt of findings;
2. The right of appeal is the right to seek review of a formal hearing decision or other action by a higher University authority; it is not a right to a new hearing;

3. To prepare the appeal request, the charged student and the advisor have the right to review the student’s Honor Code or judicial hearing file, including any recording of the hearing; and

4. Any sanction imposed as a result of a hearing shall not become effective during the five (5) calendar days (excluding recess and holidays) during which an appeal may be filed, or until any such appeal has been decided, except that the Vice President for Student Life or his/her designee has the authority, in his/her absolute discretion that extenuating circumstances exist, to immediately impose the sanction.

R. Extension of Time Limits

All reports of Honor Code violations shall be investigated and resolved quickly, and within the time limits as set forth herein. However, there may be circumstances where additional time is necessary to conduct a thorough investigation, including but not limited to, the absence of or inability to contact a reporting individual, applicant, student, or a necessary witness. Accordingly, the Honor Council conducting the investigation or the charged student may request an extension of the time limits if this does not unfairly interfere with the ability of the student to respond to the allegations. Any extensions must be in writing and signed by the student and the Associate Dean of Academic Affairs (or Dean’s designee).

S. Sanctions

Depending upon the severity of the violation, and whether a repeat or multiple violations are involved, sanctions for Honor Code violations may be imposed by the Dean (or Dean’s designee). In addition to the sanctions identified below, and in the University’s sole discretion, a student may be required to perform restitution service, to complete counseling or other specialized treatment or support services, and/or be required to participate in an activity or program whose purpose is to redirect behavior.

Any violation of the Honor Code or UNLV Conduct Code that is motivated by race, ethnicity, religion, gender, sexual orientation, age, creed, national origin, disability, or veteran status may subject the student to the imposition of a sanction more severe than would be imposed in the absence of such motivation.

Failure to comply with any such sanction or requirements will constitute an additional violation of the Honor Code or UNLV Conduct Code, and may result in additional and increased sanctions in accordance with the procedures set forth in Honor Code or UNLV Conduct Code. The sanctions for an Honor Code violation which may be imposed in any order or combination include but are not limited to:
1. **Warning**

Notice, oral or written, that continued or repeated violations of SDM or UNLV policies and/or regulations may be cause for further conduct action. These actions would normally be in the form of censure, loss of privileges, exclusion from activities, probation, suspension, or expulsion.

2. **Restrictions, Loss of Privileges, and Exclusion from SDM and UNLV Activities**

Exclusion/restriction from participation in privileges and extracurricular activities or holding office. Loss of use privileges for designated University facilities, denial of the use of a vehicle on campus, and/or other restrictions consistent with the violation committed.

3. **Restitution Payment or Service**

The requirement to provide restoration/restitution for a loss due to violations including, but not limited to: defacement, damage, fraud, theft, and/or misappropriation of property. Restitution may be imposed either exclusively or in combination with other sanctions. Restitution may take the form of monetary payment or appropriate services to repair or otherwise compensate for damages.

4. **Conduct Probation**

The terms of probation will be determined at the time the probation is imposed. Probation may include exclusion from participation in privileges or extracurricular activities. The student placed on probation shall be notified in writing that the commission of prohibited acts will lead to additional and/or increased conduct sanctions.

5. **Deferred Suspension**

If a student is found in any further violation(s) of the SDM Honor Code or UNLV Conduct Code for the duration of a deferred suspension period, the suspension takes effect immediately. Additional SDM Honor Code sanctions appropriate to the new violation also may be taken. A student that has been issued a sanction of Deferred Suspension is deemed “not in good standing” involving conduct with the University.

6. **Disciplinary Conduct Suspension**

This is the temporary separation of the student from SDM or UNLV for a specified period of time and/or until specific conditions, if imposed, have been met. A disciplinarily suspended student shall not participate in any University-sponsored activity and shall be barred from all University campuses and properties. The student will be notified in writing of the suspension. The official transcript of the student shall be marked “Conduct Suspension Effective (date) to (date).” The parent(s) or
legal guardian(s) of minor students shall be notified of the action. After the suspension period has elapsed, the student will be placed on disciplinary probation for a period of time that is equal to the amount of time that the student was suspended. At the end of the probationary period and written notification by the Dean, the student will be classified as being in “good standing” provided that no further Honor Code or UNLV Conduct Code violations have occurred.

7. Expulsion or Termination

Expulsion or termination is a permanent separation of a student from University. The expelled student shall not participate in any University- sponsored activity and shall be barred from all NSHE campuses and properties. The official transcript of the student shall be marked “Conduct Expulsion Effective (date).” The parent(s) or legal guardian(s) of a minor student shall be notified of the action.

8. Required Educational/Restitution Activities

Student(s) may be required to participate in educational activities or programs of community restitution service on campus or in the community, as approved.

9. Administrative Conduct Hold

A status documented in the Registrar’s official file that precludes the student from registering for classes and/or accessing official transcripts until clearance from the Associate Dean for Academic Affairs (or Dean’s designee).

10. Intake/Assessment/Treatment Referrals

A student may be referred to UNLV Student Counseling and Psychological Services (CAPS) to complete an intake and assessment involving alcohol, controlled substance, or other identified issues arising from a violation. In the University’s discretion, proof of participation or completion of treatment may be required. When appropriate, CAPS may refer the student to an off-campus provider for such services at the student’s expense.

11. Academic/Misconduct Sanctions

Potential sanctions for academic misconduct include, but are not limited to, the following, either singularly or in any combination:

a. Academic Sanctions

i. Resubmitting an assignment

ii. Reduction of points / letter grade for the assignment
iii. Dropping a class

iv. Reduction of points / letter grade for class

v. Failing grade for assignment

vi. Failing grade for class

b. Conduct Sanctions

i. Transcript notation

ii. Academic Integrity Seminar

iii. Reflection letter of understanding

iv. Disciplinary warning or probation

v. Removal from program, school or college

vi. Suspension

vii. Expulsion

viii. Withdrawal of credit for previously accepted course or requirement

These sanctions apply to a student in his or her capacity as a student of the SDM. Any violation of the Honor Code can be referred for further and/or additional action under the Conduct Code.

T. Adoption and Amendment

The Honor Code and any amendments thereto become effective upon the approval of the Dean (or designee) subject to prior review by UNLV’s legal counsel and to the approval of the UNLV President. Any person may petition to amend the Honor Code. The petition shall be submitted to the Honor Council for consideration and recommendation to the students and faculty.

U. Professional Conduct

This section specifies professional behavior expected of students at SDM. This list is given as examples of expected professional behavior, but is not limited to the following:

1. students shall interact with patients, their families, visitors, faculty, staff, and peers in a courteous, considerate manner that displays respect and appropriate professional
courtesy. Adult patients shall be addressed by title and surname unless permission is granted by the patient to use a more informal form of address;

2. students have an obligation to be respectful of the cultural, religious, ethnic, racial, and life-style diversity of individuals in the dental school;

3. community and the community in which the school exists;

4. the use of abusive, obscene, derogatory or profane language or gestures will not be tolerated;

5. the privacy of the patient and the confidentiality of every patient record shall be maintained;

6. the privacy of the professional activities of any extramural site visited shall be maintained;

7. behavior reflecting the dignity, responsibility, and service orientation of dental professionals shall be practiced by all individuals;

8. no dental student shall perform clinical treatment without direct supervision from appropriate faculty;

9. no student shall perform clinical treatment that in any way compromises the safety of the patient;

10. no patient shall deliberately neglect or intentionally subject a patient to unnecessary treatment, stress or anxiety;

11. students shall maintain neat and clean personal grooming and shall dress appropriately, following the guidelines published in the Student Manual;

12. students observing or knowing of incompetent, unethical, or illegal conduct that endangers a patient’s health or general welfare shall report this abuse to the Co-Associate Dean from Clinical Services;

13. students should refrain from sharing personal problems, frustrations, or negative comments about colleagues, faculty, or the institution with patients or patients’ families;

14. students shall not make any misstatement or act of intentional commission or omission in official records for purposes of misrepresentation; and

15. students shall not engage in any argument or altercation in the presence of or with patients, family, visitors, staff, or faculty.
V. Health and Safety

1. Dental students shall maintain compliance with all Health and Safety regulations, including all required immunizations and annual testing for tuberculosis.

2. Dental students shall be familiar with and in compliance with UNLV and SDM safety policies including:
   a. Radiation Safety
   b. Infection Control
   c. Biohazard Exposure Control
   d. Latex Allergy

3. Dental students shall attend all required training sessions, including annual updates when applicable, in the areas of the UNLV and SDM safety policies listed above.

W. Implementation and Enforcement

1. Implementation of the Honor Code and reporting activities for violations are the responsibility of the Co-Associate Dean for Clinical Services.

2. Enforcement actions shall be consistent with protocols established in the Honor Code and UNLV Conduct Code.

3. The Co-Associate Dean for Clinical Services and/or the Chair of Clinical Science may remove any dental student from the patient care setting to protect patient safety.

4. Reinstatement of a student from the patient care clinics shall be determined by the Co-Associate Dean for Clinical Services upon recommendation of the Chair of Clinical Sciences and/or the assigned clinical Team Leader.

5. Non-compliance with Health and Safety requirements (as set forth above) will result in delay in registration for the semester and suspension of all preclinical and clinical activities until the student provides written documentation of compliance.

X. Falsification of Documents or Other Information

The Honor Code and UNLV Conduct Code prohibit the forgery and falsification of any documents or records. This includes, but is not limited to the forging, altering, misusing, providing or causing any false information to be entered on ANY University or SDM PRINTED OR ELECTRONIC documents, records (including patient records), or identification cards. The falsification of data, improper assignment of authorship of school work or other scholarly activity, claiming another person’s work as one’s own,
unprofessional manipulation of experiments or of research procedures, or misappropriation of research funds will not be tolerated. Commission of any act of forgery or falsification as described will result in disciplinary action and sanctions as stated in the Honor Code and UNLV Conduct Code.

Y. Timeline for Report Process

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Description</th>
<th>Calendar Days*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Initial meeting</td>
<td>Receipt of written report of potential Honor Code violation</td>
<td>5 days</td>
</tr>
<tr>
<td>2</td>
<td>Notice of Violation</td>
<td>If an investigation is determined by honor council, the student will be notified.</td>
<td>3 days</td>
</tr>
<tr>
<td>3</td>
<td>Investigation</td>
<td>Conduct investigation relating to allegations in the report.</td>
<td>10 days</td>
</tr>
<tr>
<td>4</td>
<td>No Formal Hearing Required</td>
<td>If Honor Council determines no hearing is necessary, the Dean will be notified in writing.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Formal Hearing Required</td>
<td>Student will be notified in writing, providing a 10 or more day notice.</td>
<td>10 days or more</td>
</tr>
<tr>
<td>6</td>
<td>Written Recommendation</td>
<td>Furnish its written recommendation to the Dean from the date of the hearing</td>
<td>5 days</td>
</tr>
<tr>
<td>7</td>
<td>Additional Information</td>
<td>The Dean may request additional information in relation to the Honor Council’s decision</td>
<td>5 days</td>
</tr>
<tr>
<td>8</td>
<td>Collection of Additional Information</td>
<td>The honor council has additional time to collect the information</td>
<td>5 days</td>
</tr>
<tr>
<td>9</td>
<td>Final Decision</td>
<td>Dean’s will provide in writing to the student the final decision</td>
<td>5 days</td>
</tr>
<tr>
<td>10</td>
<td>Appeal by Student</td>
<td>If the student choses to appeal, they will submit to the UNLV Vice President for Student Affairs</td>
<td>5 days</td>
</tr>
</tbody>
</table>

* excluding recess and/or holidays; Note the Honor Council conducting the investigation or the charged student may request an extension of the time limits if this does not unfairly interfere with the ability of the student to respond to the allegations.
IV. SDM Computer Policy

Working within the guidelines as outlined on the UNLV Office of Information Technology (OIT) policies and procedures, NevadaNet, the NSHE System Computing Services Policy, and the SDM IT Policies for using networked resources under the guidance of the SDM are as follows:

A. Purpose

SDM information technology (IT) infrastructure supports mission-critical and business-critical services for patient care, education, public service, research, and administration. Staff, researchers, clinicians, students, and faculty depend on the SDM IT infrastructure for the electronic classroom, telemedicine, healthcare, clinical and administrative database applications, high-speed data and image exchange, and collaborative initiatives with both internal and external entities. The purpose of this document is to institute an enforceable policy to protect the performance, integrity, security, reliability, and continuity of vital services that rely on the SDM IT infrastructure through good citizenship and legal and ethical use.

B. Applicability

This policy applies to any person or any device that connects to the IT infrastructure and is meant to augment, but not replace, any existing policy, laws, or regulations that currently refer to computing and networking services to which SDM connects.

All IT infrastructure strategic decisions shall be in concert with the appropriate leadership in the affected areas.

UNLV OIT provides management and operation of most of the IT infrastructure in partnership and cooperation with the major divisions UNLV, one of which is the SDM. All SDM IT infrastructure designs will be coordinated and approved by OIT.

The owner of a SDM user ID shall be held accountable for any violations associated with that ID, regardless of the ownership or the location of the equipment where the violation may have occurred.

C. Definitions and Terms

1. Authorized Use

Use of the IT infrastructure must be consistent with the instructional, research, public service, patient care, and administrative goals of SDM, and for the express purpose of conducting business related to one’s job duties.

2. Authorized User
Staff, student, faculty, contractor, vendor, or entity that has an official affiliation with SDM and has been assigned a network user ID and/or has been specifically authorized to use an infrastructure resource by the group responsible for operating the resource.

3. **Business Use/Need**

That which is consistent with one’s role in the organization.

4. **Office of Information Technology (OIT)**

This group provides IT services that are used by the entire UNLV organization such as the network infrastructure, administrative applications, and web services.

5. **Information Technology Infrastructure**

IT is a compilation of products and services that turn data into functional, meaningful, available information. The IT infrastructure is the network, the communication physical media, the protocols, the associated software/applications/firmware, the hardware devices that provide connectivity, and all the equipment attached thereto regardless of ownership or location.

6. **Network**

A network is that system of products and services by which all computers and peripherals are connected. Due to the current need for high-speed networking, it is critical that cables and wiring adhere to industry wiring standards to provide reliable service.

7. **Network User ID**

A network account provides authentication and access to many network resources and applications on the IT infrastructure. A user must fill out an account application and sign a statement attesting to having read and understood the proper use of his/her ID and password.

D. **Policy Statement**

Use of the SDM IT infrastructure is a revocable privilege granted to those with an official affiliation with SDM. Access to specific services on the IT infrastructure is based on a business or academic need. Access to the IT infrastructure, and any components on the infrastructure, requires authorization. SDM IT infrastructure must be used in a manner consistent with protecting patient information and the critical business and academic functions of the organization. No one should perform any activity on the IT infrastructure that undermines the public’s confidence in SDM to fulfill its mission.
E. Online Privacy Statement

Interconnected computer networks can, and do, provide the means to effectively and efficiently enable collaboration and exchange all types of information among the users of the network. All SDM users will respect the privacy of other users and not inspect the contents of files or communication unless clearly necessary to protect system and/or network operations, or there is reasonable evidence of the violation of appropriate use of policies and procedures. While personal privacy is always respected, all users are advised that with regard to sending and receiving information via the internet that they should have no expectation whatsoever of privacy as to any transmission/communication or image generated, received by, sent by, or stored in a computer. SDM IT cannot guarantee the privacy or security of transmission over the network and encourages the use of legal and appropriate means (such as encryption) to protect the privacy of transmissions. On occasion it may be necessary for authorized SDM IT staff to access any device connected to the SDM network such as a computer, its hard drives and component parts, and to monitor traffic to resolve any functional/operational problems that may be reported or that arise.

F. Acceptable Use Statement

All users of the IT infrastructure are expected to exhibit responsible behavior and shall:

1. Comply with all federal and state laws, NSHE, UNLV and SDM policies, rules, and/or regulations, terms of computing contracts, and software licensing terms.

2. Obtain authorization to use UNLV and SDM computing resources.

3. Be held responsible for the use of their assigned user ID. Sharing of user IDs and passwords is prohibited. See UNLV OIT Policies and Standards.

4. Obtain proper authorization prior to accessing or sharing UNLV or SDM data.

5. Actively participating and cooperate with IT and NevadaNet in the protection of the IT infrastructure against threats. For example, not opening E-mail from an unknown source, safeguarding passwords, reporting any violations of the acceptable use statement, and cooperating with the local support staff to keep security patches up to date on applications and computers.

6. Take reasonable precaution to avoid introducing computer viruses into the network. For example, files downloaded from the Internet, received from E-mail or brought in from outside must be scanned with approved virus-scanning software. Anyone suspecting they may have a computer virus should contact IT support staff immediately.

G. All users of the IT infrastructure shall NOT:
1. Engage in any activity that jeopardizes the availability, performance, integrity, or security of the IT infrastructure. Examples would be not installing personal FTP servers or web servers without consultation with IT staff; not using peer-to-peer (P2P) applications that take up bandwidth for the downloading of music, games, and video; not releasing computer viruses or worms; installing software or devices that would allow external access into the SDM network such as wireless access points; and not deliberately or recklessly overloading access links or switching equipment through the use of streaming media such as web radio and other mechanisms.

2. Alter, change, reconfigure user account settings including, but not limited to security rights and user accounts.

3. Modify PC or laptop host names or domain/work group membership.

4. Uninstall, modify or install software which conflicts with the existing Symantec corporate anti-virus software.

5. Modify, alter or re-locate any SDM IT equipment including but not limited to staff and operatory PCs, printers, and computer peripherals such as mice, desktop switches, and network patch cables.

6. Use computing resources in a wasteful manner that creates a direct cost to UNLV and/or SDM. Some examples of waste are unnecessary backgrounds on E-mail taking up valuable storage space, spending time on the Internet for personal use, playing computer games, engaging in non-business related online chat groups, or printing multiple copies of documents.

7. Use of IT resources for personal monetary gain or commercial purposes not directly related to UNLV and/or SDM business or for functions that are not related to one’s job.

8. Install, copy, or use any software in violation of licensing agreements, copyrights, or contracts.

9. Send copies of documents or include the work of others that are in violation of copyright law in electronic communications.

10. Obtain or attempt to access the files or electronic mail of others unless authorized by the owner or as required for legitimate business need, security issues, or investigative purposes. Disclosure of any information obtained must abide of existing policy, laws, and regulations.

11. Harass, intimidate, or threaten others through electronic messages.

12. Construct a false communication that appears to be from someone else.
13. Send or forward unsolicited E-mail to lists of people you do not know. It places considerable strain on the E-mail system. Bulk mailing of information can be selectively used for business-related communication but must be approved at a level appropriate to scope and content of information.

14. Send, forward, or reply to E-mail chain letters.

15. “Reply to all” mass E-mail mailings.

16. Retransmit virus hoaxes.

17. Create or transmit (other than for properly supervised and lawful research purposes) any offensive, obscene or indecent images, data or other material, or any data capable of being resolved into obscene or indecent images.

H. SDMail USAGE

SDMail is the SDM’s communication tool between faculty, staff, and students. This email system is not to be used for personal solicitations of any type. Students must check their email at least once a day for important announcements or updates.

I. Password Standards and Guidelines

Passwords must be seven (7) characters or more. They must be changed every ninety (90) days. The new password cannot be one that was previously used. A user cannot recycle the previous ten (10) passwords in succession.

J. Amendments and Revisions

This policy shall be amended or revised as the need arises.

K. Enforcement of Policy

Non-compliance with this policy may result in disciplinary action up to and including termination of employment, dismissal from an academic program, and civil or criminal liability.

L. Non-SDM Equipment

Non-UNLV equipment may be used by a visiting presenter or when SDM does not have equipment available to meet a specific business requirement. Any non-SDM computer cannot be connected to the network no matter what the antivirus or patch level installed on that computer.

M. Copyright and Fair Use Statement
The University requires all members of the University Community to become familiar with and to follow copyright and fair use requirements. You are individually and solely responsible for violations of copyright and fair use laws. The University will neither protect nor defend you nor assume any responsibility for employee or student violations of fair use laws. Violations of copyright laws could subject you to federal and state civil penalties and criminal liability as well as disciplinary action under University policies. To familiarize yourself with copyright and fair use policies, the University encourages you to visit the UNLV Copyright website.

The information provided to you throughout this curriculum at SDM in the form of handouts, outlines, synopses, PowerPoint presentations, tests, etc., are the intellectual property of the individual faculty. These materials are provided for student use only within the domain of SDM. Use of this material by students outside the University setting or distribution of this material to anyone not affiliated with the SDM constitutes a copyright violation.

The NBDE are administered and copyrighted by the Joint Commission on National Dental Examinations (JCNDE) of the American Dental Association (ADA). Individuals, who obtain, share, solicit, sell and/or purchase unreleased test questions violate the copyright of the JCNDE. “Unreleased” examination items represent confidential material obtained without authorization of the JCNDE through methods such as memorization, recording, copying, etc. Use of sharing of confidential examination materials violates examination regulations.

J. Laptop Rebuild Policy

Starting Fall 2015, SDM Administration instituted a laptop operating system rebuild policy. The policy pertains to laptops requiring an operating system rebuild due to infection from a virus/malware/spyware. If a student’s laptop is found to be infected with a virus/malware/spyware that student will be provided with a free operating system rebuild. If the laptop again becomes infected with a virus/malware/spyware, a fee of $50 will be charged for each additional operating system rebuild.

1. The SDM Admissions department will take all payments

2. The SDM IT department will keep a log of each student/laptop rebuild.

3. The SDM IT department will have the final decision whether the issue with the laptop is infected with a virus/malware/spyware and not just a “run of the mill” Windows operating system error.

Depending on the circumstances the rebuild process can take anywhere from two hours to the entire day. Students will need to pay the fee prior to the laptop being rebuilt. Once a receipt is presented to the SDM IT helpdesk the rebuild process will begin. The SDM IT helpdesk is located in building B room 247. For more information, the SDM Laptop Rebuild Policy is located in SharePoint.
V. SDM Professional Dress Code

A professional, neat, and clean physical appearance is essential for all dental students. This facilitates the creation of a necessary level of confidence and trust between the patient and their student health care provider. Additionally, students must communicate through their appearance that they assume their professional responsibilities in a serious manner.

The following dress code guidelines have been designed for students enrolled in SDM. The intent is to encourage an environment of professionalism as well as promote health safety for students, patients, and staff. It is essential that students be in compliance with these guidelines at all times.

A. Personal Grooming

1. Good personal and oral hygiene is expected.

2. Appropriate hand hygiene guidelines should be followed as outlined by the Centers for Disease Control and Prevention (CDC) Hand Hygiene in Healthcare Settings. This includes:
   a. do not wear artificial fingernails or extenders during pre-clinical or clinical activities so that glove integrity may be protected;
   b. keep natural nails tips less than 1/4-inch long; and
   c. Ensure that nail polish is neat and not chipped.

3. Hair, including facial hair, must be clean, neat, and well groomed. All hair must be secured in a way that does not interfere with the dental operating field or touch a patient during clinical or laboratory procedures. This is necessary for enforcement of mandatory infection control guidelines.

4. All clothing must be clean and wrinkle-free.

5. Jewelry

   Only non-dangling earrings are acceptable in pre-clinical laboratories and patient care (clinic) environments. Rings and watches which may penetrate rubber gloves should not be worn. Facial, nasal, and tongue piercings, with accompanying jewelry, are not acceptable.

B. Attire for Pre-Clinical and Clinical Patient Care Settings

1. A standardized uniform policy has been established for scrubs. Each class will be assigned a scrub color as outlined below.
a. Class of 2018 – Maroon
b. Class of 2019 – Grey
c. Class of 2020 – Tan
d. Class of 2021 – Black

2. Clean, non-wrinkled, matching, well-fitting scrub tops and scrub pants will be worn in all pre-clinical laboratory and clinical patient care environments [Non-scrub professional business attire in clinic for DS3 and DS4 students will be allowed periodically at the discretion of the Chair of Clinical Sciences].

3. T-shirts may be worn under scrub tops if they are white or a complimentary color and are logo free.

4. Full length disposable gowns will be worn over scrub outfits during all patient care activities. These gowns must be removed and properly disposed of when departing patient treatment areas.

5. Gowns must be changed when they are visibly soiled and a new gown must be worn for each patient.

6. Clean and conservative close-toe shoes must be worn in simulation clinics and clinical patient care settings. This includes athletic shoes but does not include hiking style boots. Socks must be adequate length to cover skin in the sitting position or hose must be worn with shoes.

C. Attire for Off-Campus Educational Experiences

1. Official white coats must be worn to all extramural experiences unless otherwise instructed.

2. White coats must be worn over clean, matching scrub sets.

3. Clean and conservative shoes, including athletic shoes, are considered appropriate footwear for these experiences.

D. Attire for all other Settings within the Academic Environment

1. Clean, unwrinkled matching scrub tops and scrub pant

2. Clean and conservative shoes, including athletic shoes

3. Business casual attire includes suits, pants, jackets, shirts, skirts and dresses that, while not formal, are appropriate for a business environment. Examples of
appropriate business attire include a polo shirt with pressed khaki pants; a sweater and shirt with corduroy pants; and a jacket, sweater, and skirt. Tank tops, bare midriff tops/shirts, and flip flops are not appropriate. The wearing of logo shirts unless authorized is not permitted. UNLV and SDM logo apparel will be permitted.

4. Students are expected to demonstrate good judgment and professional taste.

5. Courtesy to fellow students, staff and faculty and your professional image to patients should be the factors that are used to assess that you are dressing in business attire that is appropriate.

E. Non-Compliance of Professional Dress Code

The purpose of the dress code is to ensure the health and safety of students, patients and faculty in the clinical environment and install a sense of professionalism in non-clinical settings. Failure to abide by the dress code may result in removal from clinic, pre-clinic, off-campus educational experiences, and all other academic environment settings and referral pursuant to the Conduct Code or Honor Code.

When student non-compliance of the dress code is observed within a course, faculty and/or staff will notify the appropriate course director or Team Leader. The student’s course grade may be affected by non-compliance. Students should be aware that professional behavior, including appropriate dress, is expected at all times and that continuing non-professional behavior may result in a referral pursuant to the Conduct Code or Honor Code.

VI. Access to Campus Buildings

Permitting access to and use of SDM facilities to visitors, former students, friends, family, and minor children after normal working hours without prior permission is prohibited. Students are issued an electronic access card (Proximity Card) for after-hours access to only permit registered cardholders.

<table>
<thead>
<tr>
<th>A Building</th>
<th>B Building</th>
<th>D Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-F 6:30 am–9pm</td>
<td>M-Sat 6am-11:59pm</td>
<td>M-Sun 7am-6:30pm</td>
</tr>
<tr>
<td>Sat-Sun 8 am–5 pm</td>
<td>Sun 9am-10pm</td>
<td></td>
</tr>
</tbody>
</table>

*Times might change during exam weeks or recess/holidays.

VII. University Policies and Resources

A. UNLV Student Conduct Code and UNLV Misconduct Policy
SDM complies with the policies outlined by the Office of Student Conduct relative to the UNLV Conduct Code, UNLV Misconduct Policy, and other student policy enforcement as published and revised by the University.

B. Policy against Discrimination and Sexual Harassment

A copy of the UNLV Sexual Harassment Policy can be found on the UNLV website.

C. Financial Aid

The SDM Office of Financial Aid supports higher education access and persistence by providing financial assistance to eligible students. Eligible dental students are offered financial assistance up to the full cost of attendance (COA) regardless of a student’s estimated family contribution (EFC). However, outside resources, specifically for tuition and other school expenses through scholarships or grants, may reduce the amount of aid in which a student is eligible.

<table>
<thead>
<tr>
<th>New Dental</th>
<th>Annual Nevada</th>
<th>Per Semester</th>
<th>Per Month</th>
<th>Annual Out-of-State</th>
<th>Per Semester</th>
<th>Per Month</th>
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<tbody>
<tr>
<td>Tuition</td>
<td>$56,301.00</td>
<td>$18,767.00</td>
<td>$0.00</td>
<td>$95,517.00</td>
<td>$31,839.33</td>
<td>$0.00</td>
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<tr>
<td>Books</td>
<td>$8,218.00</td>
<td>$2,306.00</td>
<td>$576.50</td>
<td>$8,218.00</td>
<td>$2,306.00</td>
<td>$576.50</td>
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<tr>
<td>Room</td>
<td>$15,228.00</td>
<td>$5,076.00</td>
<td>$1,269.00</td>
<td>$15,228.00</td>
<td>$5,076.00</td>
<td>$1,269.00</td>
</tr>
<tr>
<td>Board</td>
<td>$6,147.00</td>
<td>$2,049.00</td>
<td>$512.25</td>
<td>$6,147.00</td>
<td>$2,049.00</td>
<td>$512.25</td>
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<tr>
<td>Personal</td>
<td>$5,316.00</td>
<td>$1,772.00</td>
<td>$443.00</td>
<td>$5,316.00</td>
<td>$1,772.00</td>
<td>$443.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$3,558.00</td>
<td>$1,186.00</td>
<td>$296.50</td>
<td>$3,558.00</td>
<td>$1,186.00</td>
<td>$296.50</td>
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<tr>
<td>Loan Fees</td>
<td>$1,941.00</td>
<td>$647.00</td>
<td>$0.00</td>
<td>$1,941.00</td>
<td>$647.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$98,963.00</td>
<td>$32,987.66</td>
<td>$0.00</td>
<td>$138,179.00</td>
<td>$46,059.66</td>
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<tr>
<td>Living Expenses Budget</td>
<td>$42,662</td>
<td>$14,220.66</td>
<td>$3,555.16</td>
<td>$42,662</td>
<td>$14,220.66</td>
<td>$3,555.16</td>
</tr>
</tbody>
</table>

* Please note these costs are for an average dental student living off campus. Total includes mandatory health insurance and computer purchase allowance.

1. How to Apply for Financial Aid at UNLV

Follow these steps to ensure you get the most out of your financial aid.

   a. Complete the FAFSA

   Complete the correct Application for Federal Student Aid (FAFSA) online. UNLV’s school code to complete your FAFSA is 002569. Complete and sign your FAFSA with your FSA ID. UNLV’s priority financial aid consideration
deadline is November 1st of each year. You may still apply for financial aid after November 1st, however, there may be limited funding from other aid programs.

b. Enroll in Direct Deposit

If your financial aid funds exceed your semester tuition and fee costs, you will receive a financial aid refund for the difference to help pay your other educational costs. You are highly encouraged to enroll in the free direct deposit program so the UNLV Cashiering and Student Accounts Office can post funds directly to your bank account. You may sign up via MyUNLV. Click on Finances and enroll in Direct Deposit.

c. Award Notification

Fall 2017, Spring 2018 & Summer 2018 Applicants: Students who complete the 2017-2018 FAFSA will not be notified of their financial aid award using the UNLV issued Google E-mail account until April 1, 2017. There are software and programming changes each year within financial aid based upon mandatory U.S. Department of Education updates. These updates dictate the timing of UNLV’s awarding schedule.

d. Other Important Information

Although the Admissions Office does not require a social security number on your application for admission, you will need to provide your social security number (SSN) if you plan to complete the Application for Federal Student Aid (FAFSA).

If you have already applied for admission and have not reported your SSN on your admission application, you may update your information with the Office of the Registrar located in the Student Services Center, Building C.

You must be a U.S. citizen or eligible non-citizen to complete the FAFSA. If you are a continuing student, you must be making satisfactory academic progress. You must be enrolled in a degree seeking or qualified certificate program. If you are a male and 18 years of age or older, you must have registered with the Selective Service. Determine if you are considered a “dependent” or “independent applicant” by the U.S. Department of Education. If you have previously attended another institution during the same academic year, and received financial aid at that institution, it is your responsibility to inform the UNLV’s Office of Financial Aid & Scholarships at UNLV. Receiving aid at another institution during the same academic year may impact your awards at UNLV, and may even result in you having to repay financial aid funds to UNLV.

Students are required to complete a FAFSA application every year.
If you have questions about completing the FAFSA or need further assistance, please contact the Director of Financial Aid, Dr. Christopher A. Kypuros at (702) 774-2526 or via email at christopher.kypuros@unlv.edu. You may also contact the main UNLV Office of Financial Aid & Scholarships for assistance at (702) 895-3424.

e. **Federal Direct Loan Programs** can be found on the UNLV Office of Financial Aid and Scholarships.

f. **Scholarships**

The school is pleased to have the ability, based upon donor funding, to award annual scholarships to pre-doctoral students pursuing a degree at the School of Dental Medicine SDM. Scholarships are awarded based upon factors as established by the private donor and UNLV. These factors for scholarship awarding can include GPA, financial need, ethnicity, class rank, and gender.

Additional scholarship opportunities can be found by visiting the main page for UNLV Financial Aid and Scholarships. In addition, other non-university scholarship opportunities are posted below throughout the year.

Dr. Christopher Kypuros, Director of Financial Aid & Scholarship, will send an email out annually to all students to invite them to apply for scholarships that are awarded by the institution.

g. **Words of Advice**

i. Develop a spending plan to accommodate daily, weekly, monthly, quarterly, and annual expenses. Evaluate spending plan for items that can be reduced or eliminated.

ii. Keep expenses to the bare minimum while in school.

iii. Eliminate or reduce consumer debt as much as possible. Don’t take on any new consumer debt that requires payment while in school.

iv. Understand terms and conditions of your loans and expected repayment amounts.

v. Borrow as little as possible.

vi. Review student loan borrowing history online through the National Student Loan Data System at least two times a year: http://www.nslds.ed.gov/. Obtain and review free credit reports from each
of the three major credit bureaus each year through Annual Credit Report.com: http://www.annualcreditreport.com/.

D. Health Services

The UNLV Student Recreation and Wellness Center (SRWC) provides ambulatory health care, health education, immunizations, pharmacy, laboratory, testing, and fitness testing. The following are services offered by the SRWC. Please visit the SRWC website for all the student services offered.

E. Health Insurance

The Student Health Insurance Plan was developed specifically for SDM students. Student participation in this plan is mandatory as approved by the Board of Regents, unless the student shows proof of equivalent insurance coverage. Students are automatically enrolled in the program prior to the fall semester. The annual premiums are billed with your fall tuition. Students can elect to have their COA budget adjusted to help cover this cost.

Eligible students may also enroll their dependents into the plan. Premiums can be paid monthly. Students will be provided with full policy information, and may also visit the Graduate College Health Insurance webpage for further information. Inquires may also be directed to Associated Insurance Plans International, Inc. at 1-800-452-5772.

F. Immunizations and Tuberculosis (TB) Test Requirements

Healthcare professionals, including, students-in-training, are at a higher risk than the general population for acquiring communicable diseases such as measles, mumps, rubella, varicella (chicken pox), Hepatitis B, and tuberculosis. In order to protect yourself, colleagues and patients, prior to enrollment, students are required to provide evidence of immunization or immunity against these diseases. UNLV SDM complies with the Nevada Administrative Code (NAC) in relation to the State of Nevada vaccination requirements for university students.

G. Psychological Services

All currently enrolled students at UNLV are eligible for counseling services via UNLV Student Counseling and Psychological Services (CAPS). Services are provided free of charge, except for psychological testing. Confidential services offered to assist students manage the adjustment demands and personal challenge of college. For list of services and counseling appointment times/hours, please visit the Student Recreation and Wellness Center webpage or call 702-895-3627.

H. UNLV Library
The UNLV Libraries provide special services and resources for the students, faculty, and staff at the Shadow Lane Campus. These services include on-line access to more than 800 journals of dental, medical and biomedical sciences interest; assistance with literature searches; direct contact with a librarian dedicated to the Shadow Lane campus; electronic document delivery, and physical delivery of hard copy items. These services can be accessed through the Shadow Lane Library for Dental Medicine.

I. Parking and Transportation Services

Permits are required for parking on campus from 7 a.m. to 7 p.m. Monday – Thursday and from 7 a.m. to 5 p.m. Fridays. Students are required to purchase parking permits before school beings (including orientation week). Students are encouraged to purchase their parking permit via the web at https://unlv.t2hosted.com. Students are required to park in the appropriate designated student parking spaces. However, After 5 p.m., students may park in faculty/staff spaces. However, students are prohibited from parking in patient designated spaces. New parking permits must be purchased each year; annual fees are set by category of user and subject to increase. The following are the 2017-2018 parking permit fees.

1. Student Annual Permit - $137.00, valid from 8/16/17 to 8/15/18

2. Student Monthly Permit - $12.50

3. Student Weekly Temporary Permit - $8.00

4. Student Daily Temporary Permit - $4.00 *(valid 8-16-2015 through 8-15-2016)

Students are required to purchase parking permits before school beings (including orientation week). Parking Services is located in Building C on Shadow Lane Campus or through the UNLV Parking Portal.

J. After Hours Safety Information

If you would like an escort to your vehicle after dark, you may contact UNLV Police Dispatch at call (702) 895-3668 and a police officer will walk you to your vehicle for assistance.

K. Campus Recreational Services

The UNLV Campus Recreational Service provides services from personal training, group exercise, intramural sports, swim lessons, and open recreational opportunities. These services are available to UNLV students who are registered for at least 4 or more credit hours during the current semester.

L. Identification Badges
The RebelCard is the official identification card for all members of the UNLV campus community. The RebelCard can be used to check books out in the Library. Each enrolled student’s first RebelCard is free with photo identification, such as a driver’s license or passport. Replacement cards cost $20.00. Cards can be obtained at Moyer Student Union, Room 160, (702)-895-2351, or through website.

In addition, all students, faculty, and staff are issued a SDM Medicine ID badge. This badge MUST be worn at all times on campus and MUST be visible.

M. Student Organizations

There are many opportunities for students to become involved in student activities. A list of student organizations at SDM are located on the SDM website.

N. International Programs

The Office of International Programs (International Programs) is centralized academic support unit which assists UNLV in the planning and development of cooperative agreements, programs abroad, faculty exchange, field study projects, and other initiatives which foster internationalization. UNLV faculty, staff, and student activities with an international component which include must contact the UNLV Office of International Programs during the initial planning stages for information regarding NSHE and UNLV polices, rules, regulations, and procedures for foreign study, research, or travel. International Programs is located in CBC B 325 or can be reached at (702)895-3896.

O. UNLV Office of Diversity Initiatives

The UNLV Office of Diversity Initiatives provides leadership and support for UNLV’s diversity mission: to nurture equity, diversity, and inclusiveness that promotes respect, support, and empowerment. It is imperative that the SDM reflects the community that we serve. Diversity makes our university vibrant and more responsive to the needs of our students and community. UNLV and the SDM are committed to providing an inclusive and humane environment where all individuals feel valued, respected, and affirmed.

Because a culturally-competent dental professional is more sensitive to the needs of patients and better able to interact with individuals from different walks of life, our curriculum includes cultural competency coursework beginning with our first year students. Dr. Christopher A. Kypuros, Director of Diversity at the SDM teaches DEN 7157, Patient Communication and Cultural Competency and DEN 7161, Research and Professionalism. Dr. Kypuros serves as the Title IX Deputy Coordinator and works closely with the UNLV Office of Compliance.
UNIVERSITY OF NEVADA, LAS VEGAS

Advanced Education Program in Pediatric Dentistry

2017-2018 Handbook
I. Introduction

UNLV, School of Dental Medicine’s (SDM), Advanced Education Program in Pediatric Dentistry, is a continuous, 24 month postgraduate, certificate program. The program integrates biomedical sciences, clinical sciences, research and professional studies. The mission of the program’s administration, faculty, and staff is to educate pediatric dentists who possess the current knowledge, skills, values and diversity to practice pediatric dentistry as practitioners committed to life-long learning. Our postgraduate students strive toward improving the oral health of the pediatric population of the State of Nevada by providing excellent pediatric oral health care utilizing the latest evidence based treatment methods. The Pediatric Dental Postgraduate Program received initial accreditation on July 31, 2008 from the American Dental Association (A.D.A.) Commission on Dental Accreditation (C.O.D.A) and full accreditation on August 5, 2010.

This handbook is designed to give you specifics as they relate to the Advanced Education Program in Pediatric Dentistry. As a Program within UNLV SDM, adherence will be given to the rules and regulations as outlined by the University.

Policies and procedures, standards of conduct, postgraduate student responsibilities, and rights related to students and academic affairs are found in the following document:

- UNLV SDM Student Handbook (To be referenced for all SDM and University policies not covered in the Pediatric Dentistry Handbook. These can be found on the University Website (UNLV Student Conduct Code, UNLV Misconduct Code) and on the SDM SharePoint.

This document, plus the Clinic Operating Manual, SDM Honor Code, and Clinical Protocol Manuals are also available on UNLV School of Dental Medicine’s intranet located at http://sdmnet/.

II. Faculty and Staff

<table>
<thead>
<tr>
<th>Administration</th>
<th>Pediatric Dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen P. West, DMD, MPH</td>
<td>Cody Hughes, DMD, MSD</td>
</tr>
<tr>
<td>Ronald R. Lemon, DMD</td>
<td>Todd Baggaley, DMD*</td>
</tr>
<tr>
<td>Christine Ancajas, DDS</td>
<td>William Buhler, DDS</td>
</tr>
<tr>
<td>William Davenport, PhD</td>
<td>Chad Ellsworth, DMD*</td>
</tr>
<tr>
<td></td>
<td>Bibiana Ezeanolue, DMD*</td>
</tr>
<tr>
<td></td>
<td>Ashley Hoban, DMD*</td>
</tr>
</tbody>
</table>

Dean, School of Dental Medicine  
Associate Dean, Advanced Education Programs  
Associate Dean for Admission and Student Affairs  
Associate Dean for Academic Affairs  
Program Director, Pediatric Residency Program  
Faculty (PT)  
Faculty (PT)  
Faculty (PT)  
Faculty (PT)  
Faculty (PT)
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Arlene Joyner, DDS, MPH</td>
<td>Faculty (PT)</td>
</tr>
<tr>
<td>Owen Sanders, DDS*</td>
<td>Faculty (PT)</td>
</tr>
<tr>
<td>Michael Saxe, DDS, MS</td>
<td>Faculty (PT)</td>
</tr>
<tr>
<td>William Waggoner, DDS</td>
<td>Faculty (PT)</td>
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<tr>
<td>Stephen Wilson, DMD, MA, PhD*</td>
<td>Faculty (PT)</td>
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<tr>
<td><strong>Orthodontics</strong></td>
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<tr>
<td>James K. Mah, DDS, MS, DMSc*</td>
<td>Program Director</td>
</tr>
<tr>
<td>Bob M. Martin, DDS*</td>
<td>Clinical Director</td>
</tr>
<tr>
<td>Tanya Al-Talib</td>
<td>Assistant Professor-in-Residence</td>
</tr>
<tr>
<td>Clifford C. Seran, DMD*</td>
<td>Associate Professor-in-Residence</td>
</tr>
<tr>
<td>Kim T. Mai, DDS</td>
<td>Associate Professor-in-Residence</td>
</tr>
<tr>
<td>Calvin K. Heinrich, DDS</td>
<td>Associate Professor-in-Residence</td>
</tr>
<tr>
<td>Walter J. Babula, DDS, MScO</td>
<td>Associate Professor-in-Residence (PT)</td>
</tr>
<tr>
<td><strong>Endodontics</strong></td>
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<tr>
<td>Ronald R. Lemon, DMD*</td>
<td>Associate Dean, Advanced Education Programs</td>
</tr>
<tr>
<td><strong>Oral and Maxillofacial Surgery</strong></td>
<td></td>
</tr>
<tr>
<td>Daniel Orr II, DDS, PhD, JD, M</td>
<td>Professor-in-Residence</td>
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<tr>
<td><strong>Oral Pathology</strong></td>
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<tr>
<td>Ed Herschaft, DDS, MA*</td>
<td>Professor</td>
</tr>
<tr>
<td>Victoria Woo, DDS*</td>
<td>Professor-in-Residence</td>
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<tr>
<td><strong>Radiology</strong></td>
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<tr>
<td>Robert Danforth, DDS*</td>
<td>Associate Professor-in-Residence</td>
</tr>
<tr>
<td><strong>Biomedical Science Faculty</strong></td>
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<tr>
<td>Ed Herschaft *</td>
<td>Professor and Interim Chair Biomedical Sciences</td>
</tr>
<tr>
<td>Brian Chrzan</td>
<td>Associate Professor and Orthodontist</td>
</tr>
<tr>
<td>William Davenport, PhD</td>
<td>Professor</td>
</tr>
<tr>
<td>Stan Hillyard, PhD</td>
<td>Professor</td>
</tr>
<tr>
<td>Katherine Howard, PhD</td>
<td>Associate Professor-in-Residence</td>
</tr>
<tr>
<td>Karl Kingsley, PhD, MPH</td>
<td>Professor</td>
</tr>
<tr>
<td>Lawrence Zoller, PhD</td>
<td>Professor</td>
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<tr>
<td><strong>Behavioral Sciences Course Instructors</strong></td>
<td></td>
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<tr>
<td>Connie Mobley, PhD, RD</td>
<td>Professor</td>
</tr>
<tr>
<td><strong>Pediatric Clinical Staff</strong></td>
<td></td>
</tr>
<tr>
<td>Patricia Williams (774-2416)</td>
<td>Administrative Assistant –</td>
</tr>
<tr>
<td>Roxanne Barajas (774-2417)</td>
<td>Clinical Manager</td>
</tr>
<tr>
<td>Front Desk Reception – (774-2415)</td>
<td>Answer phones</td>
</tr>
<tr>
<td>Dispensary – (774-2443)</td>
<td></td>
</tr>
</tbody>
</table>

* Board Certified

PT = Part-time Faculty
FT = Full-time Faculty
III. Program Goals & Objectives

A. Vision

Leading Pediatric Dentistry, by integrating innovation, tradition, and service.

B. Mission

The UNLV, School of Dental Medicine Advanced Education Program in Pediatric Dentistry will develop outstanding dental specialists through the use of advanced technology, an integrated curriculum of biomedical and professional sciences; research, community service, and excellence in the delivery of patient care.

C. Goals

1. Recruit well-qualified applicants including those from underrepresented minorities and disadvantaged backgrounds.

2. Increase access to high quality care for Nevada children including those with special needs and those from financially disadvantaged families.

3. Cultivate a faculty of excellence through a unique program of professional academic opportunities, internal development, recruitment, and retention.

4. Develop a pool of graduates from diverse backgrounds who are culturally competent to provide quality pediatric dental care that is inclusive of all sectors of society.

D. Objectives

1. Train a diverse class of academically and clinically qualified postgraduate students who is competent in providing both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

2. Provide an evidence-based integrated curriculum comprised of biomedical, professional, and clinical sciences.

3. Develop postgraduate students with outstanding diagnostic and clinical skills to allow quality pediatric oral health care and community service.

4. Prepare postgraduate students for American Board of Pediatric Dentistry (ABPD) certification, educational endeavors, leadership roles and scholarly activities.

5. Cultivate excellence among faculty in the areas of teaching, scholarly activities, and service.
6. Promote the importance of medical and dental, interdisciplinary cooperation, in order to provide the best pediatric oral health care, achievable.

7. Provide experiences to enhance cultural sensitivity to underserved populations.

E. **Postgraduate Student Learning Outcomes**

1. Demonstrate in-depth knowledge of biomedical, professional, and clinical sciences in relation to pediatric dentistry.

2. Develop outstanding clinical skills to allow quality patient care and service.

3. Achieve competencies required for ABPD certification.

4. Demonstrate competence in the provision of didactic and clinical instruction for educational purposes.

5. Develop and demonstrate the ability to complete a quality research project.

6. Demonstrate cultural sensitivity, when serving underserved populations in the State of Nevada.

IV. **Planned Assessments (Methods, Instruments, & Analysis)**

<table>
<thead>
<tr>
<th>Assessment Instrument</th>
<th>Learning Outcome(s) Assessed</th>
<th>Expected Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Course Grades</td>
<td>1, 2, &amp; 5</td>
<td>* Satisfactory completion of all didactic courses Grade of P in Pass/Fail courses; no grade below “C” and maintain “B” average</td>
</tr>
<tr>
<td>*Clinical Evaluations</td>
<td>1, 2, &amp; 6</td>
<td>*Average or above average clinical evaluation scores from faculty (Above 50%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*All postgraduate students completing adequate numbers of special needs patients (minimum of 5/year/postgraduate student)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Completion of adequate numbers of OR cases per C.O.D.A. (Minimum of 20 OR cases within the 24 month period)-10 completed and 10 observed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*All postgraduate students providing quality care in a timely manner (Individual postgraduate student procedure production within 20% of average postgraduate student procedure production during each year of residency)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Completion of Sedation cases per the A.D.A., C.O.D.A. (minimum of 50 sedation cases within the 24 month period)</td>
</tr>
</tbody>
</table>
|                        |                             | 1. Postgraduate students must complete 20 nitrous
oxide/oxygen analgesia patient encounters as primary operator; and

2. Postgraduate students must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide/oxygen (but may include nitrous oxide/oxygen in combination with other agents) are used. The agents may be administered by any route.
   a. Of the 50 patient encounters, each postgraduate student must act as operator in a minimum of 25 sedation cases.
   b. Of the remaining sedation cases (those not performed as the primary operator), each postgraduate student must gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring.
   c. Postgraduate students must observe 10 moderate sedation cases prior to acting as the operator. To qualify as an observation, the postgraduate student must be present during the patient work up and delivery of medication. The student must also be present during the procedure and act as the monitor, completing the records portion of the sedation form for vitals during the procedure.

<table>
<thead>
<tr>
<th><em>Presentation</em></th>
<th>1</th>
<th><em>Completion of quality assigned presentations in didactic courses by all of the postgraduate students</em></th>
</tr>
</thead>
</table>
| *Participation* | 3, 4, & 6 | *All the postgraduate students participating in A.A.P.D. or local dental association meetings*  
*All the postgraduate students participating in teaching roles in clinical or didactic training sessions (At least 5% of total program time)*  
*Postgraduate students participating in community service activities (Minimum of 5/year/postgraduate student)*  
*Postgraduate student completion of assigned community clinical rotations encompassing provision of care to underserved populations (100% of the postgraduate students completing rotations)* |
| *Hospital/Off-site/Rotation* | 2 | *All the postgraduate students functioning satisfactorily in the hospital/surgery center setting* |
The 24-month program begins the first week of July. The length may be extended dependent upon the proficiency of each postgraduate student, time missed, or to allow completion of the research requirement. Each postgraduate student must complete an original research project relevant to the pediatric dental profession. Each postgraduate student must submit a research paper for publication, during the 24-month period and receive confirmation, from the chosen journal, confirming receipt for peer review.

Distribution of time during residency will be divided into the following four categories. Each of these categories will consume the APPROXIMATE percentage of time:

- Clinical Training = 65%
- Didactic Education = 25%
- Research = 5%
- Teaching = 5%

The time division is intended as a guide and is an average that applies to the total certificate program of 24 months. The program is designed to offer a broad spectrum of didactic, clinical, research and teaching experience in the field of pediatric dentistry. An emphasis of the program is to prepare the graduate for successful completion of the board examinations required for board certification by the American Board of Pediatric Dentistry.

The program trains the postgraduate student to have a broad knowledge and understanding of growth development, diagnosis and treatment planning, craniofacial anomalies, interdisciplinary dentistry, restorative treatment methodology, behavior management techniques and guidelines, hospital dentistry, age appropriate orthodontic therapy, research methodology, and classic and current literature relevant to pediatric dentistry. Patient care is conducted in the pediatric post graduate dental clinic, community clinics, and at University Medical Center (UMC) Hospital/Children’s Trauma Center, and in affiliated surgical centers. Patient cases represent a cross-section of the cases encountered in private...
practice to ensure the postgraduate student’s preparedness to practice pediatric dentistry in a diverse population.

The curriculum includes: clinical seminars, clinical pediatric dentistry, clinical orthodontics, diagnosis and treatment planning, case presentations, biomedical sciences, clinical sciences, professional studies, research and literature reviews, and hospital rotations. Postgraduate student evaluations will be given every six months to ensure that each postgraduate student is progressing in the program and to provide constructive feedback.

A. Program Expense*

Tuition: $25,000/per year
Residency Program Fees: $5,000/per year due at the beginning of each year
*Subject to Change

B. License

The Nevada State Board of Dental Examiners (NSBDE) requires all dental postgraduate students obtain either a “Limited License” or an unrestricted license to practice dentistry in the State of Nevada. For detailed information, please contact the NSBDE at 800-DDS-EXAM or nsbde@nsbde.nv.gov. Upon matriculation, the issuance of a Limited License, will be provided, for ninety (90) days, until all of the licensing requirements are provided to the NSBDE. During the ninety (90) day period, you must provide all of the necessary documentation, for the completion of licensure, with the NSBDE. Should you not be credentialed by the NSBDE, within the ninety (90) days, your UNLV SDM, Advanced Education Program in Pediatric Dentistry, clinic privileges and other licensed related activities in the program, will be suspended, until you have the required license.

C. Accreditation

UNLV, School of Dental Medicine, Advanced Education in Pediatric Dentistry, was awarded “Initial Accreditation” from C.O.D.A., on July 31, 2008 and full accreditation, on August 5, 2010. C.O.D.A. is the specialized accrediting body of the A.D.A. and is recognized by the United States Department of Education. For more information regarding this process you may contact C.O.D.A. at (312)440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

V. Program Requirements

Completion of the pediatric postgraduate program involves acceptable performance in four areas of the curriculum. These include:

A. Clinical Training = 65%
Postgraduate students will receive clinical training and experience in the pediatric dental postgraduate clinic located in the UNLV SDM, in the Children’s Specialty Center at UMC, in operating rooms at affiliated facilities and at the “Children’s Specialty Center of Nevada”.

Postgraduate students are required to maintain complete patient records, within accordance to School of Dental Medicine clinic guidelines. Patient records are systematically reviewed for quality assurance. Postgraduate students are to make certain that the patient’s parents/legal care-givers know the postgraduate student’s name, and provide the parent/legal care-giver, with necessary contact information.

1. Clinical Requirements

   a. Postgraduate students must attend all scheduled seminars and/or courses.

   b. Postgraduate students provide treatment under the supervision of the assigned pediatric dental faculty.

   c. Patients remain the responsibility of the assigned pediatric clinic faculty, who work closely with the postgraduate students in the diagnosis, treatment planning and implementation of pediatric patient oral health care.

   d. Postgraduate students must comply with the directions of the attending pediatric dental faculty and adhere to the program policies while providing oral health care to all pediatric patients in the out-patient clinic, operating room, and other clinical settings.

   e. Postgraduate students are expected to prepare all patient records according to the established protocols of the American Academy of Pediatric Dentistry (A.A.P.D.), and discuss treatment plans with the parent/legal care-giver, prior to obtaining signatures for all consents. Consent Forms must be signed electronically and entered into the patient chart prior to initiating all treatment. Signed medical histories by the parent/legal care-giver must be entered into the axiUm patient record. Medical histories shall be reviewed and updated at each patient encounter. Parents should sign confirmation of the medical history at least annually. The postgraduate student is responsible to obtain the parent/legal care-giver’s signature for the patient’s medical histories and all consents for treatment prior to the patient’s departure from the clinic treatment area.

   f. Postgraduate students will be assigned to the Nevada Early Intervention Services Craniofacial Clinic during their second year on a rotation basis.

   g. Postgraduate students should complete the majority of the cases they begin to ensure continuity of care. In addition, postgraduate students must participate in twenty (20) general anesthesia pediatric dental, oral rehabilitation cases and
must personally complete at least ten (10) general anesthesia cases, during their postgraduate program.

h. Postgraduate students must maintain detailed records for each case, in which they participate.

i. Postgraduate Students must complete fifty (50) sedation cases per the A.D.A., C.O.D.A. (Minimum of 50 sedation cases within the 24-month period):
   i. Postgraduate students must complete 20 nitrous oxide/oxygen analgesia patient encounters as primary operator; and
   
   ii. Postgraduate students must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide/oxygen (but may include nitrous oxide/oxygen in combination with other agents) are used. The agents may be administered by any route.

j. Of the 50 patient encounters, each postgraduate student must act as operator in a minimum of 25 sedation cases.

k. Of the remaining sedation cases (those not performed as the primary operator), each postgraduate student must gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation.

l. Postgraduate students must observe 10 moderate sedation cases prior to acting as the operator. To qualify as an observation, the postgraduate student must be present during the patient work up and delivery of medication. The student must also be present during the procedure and act as the monitor, completing the records portion of the sedation form for vitals during the procedure.
   
   i. Postgraduate students must maintain detailed records for each case in which they participate.

   ii. All postgraduate students must have necessary immunizations and periodic TB testing as determined by SDM in order to work in the clinic.

   iii. Postgraduate students are required to have current BLS and OSHA certification and maintain current PALS certification. Failure to comply will result in suspension of clinical privileges.

   iv. All funds, regardless of source, generated from a graduate student’s clinical activities in connection with his/her participation in the academic programs shall accrue solely to the benefit of SDM. Graduate students are not employees of SDM and, as such, are not eligible for
wages, workers’ compensation or other benefits otherwise available to SDM employees in connection with their participation in the graduate program.

B. Didactic Education = 25%

1. Program Courses, Lectures, and Seminars

   a. Competence in Pediatric Dentistry requires knowledge of the biomedical sciences and other topics as related to the specialty. Materials in research, biostatistics, as well as other areas are provided in the programs so that the postgraduate student will be able to apply important biomedical concepts and principles that govern acceptable clinical procedures.

   b. The curriculum is intended to broaden the postgraduate student’s overall background to sharpen the intellect for critical analysis and to provide an opportunity to gain depth in all areas pertinent to pediatric dentistry.

   c. The subject matter will be presented in a variety of fashions. Information will be conveyed through applied courses, seminars, reading assignments, clinical settings, hospital rotations, laboratory assignments, and selected local and distant conferences, generally sponsored by the American Academy of Pediatric Dentistry (AAPD). Specific presentation style will depend on the individual instructor. The 24 month curriculum is designed to provide the postgraduate student with a comprehensive understanding of contemporary and classic articles covering a broad range of material relevant to pediatric dentistry and pediatric medicine. Postgraduate students will report on these articles with purpose, methods, results, and conclusions.

   d. Postgraduate students will be assigned numerous presentations to be presented in the didactic courses. In a formal and comprehensive manner, postgraduate students will also present selected cases of special interest for review in treatment planning seminars and are critiqued by members of the pediatric faculty. These presentations will follow a predetermined protocol and the faculty will direct the postgraduate students with the format.

C. Research = 5%

UNLV SDM Pediatric Dental Postgraduate program is designed to train academic clinicians. This requires the development of research skills necessary for independent research. The development of new knowledge is also a mission of the university and a priority of the specialty of pediatric dentistry. In fact, as noted above, the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry specify that “students must initiate and complete a research project to include critical review of the literature, development of a hypothesis and the design, statistical analysis and interpretation of data.”
Consistent with the UNLV SDM pediatric dental residency program objectives and the A.D.A. C.O.D.A. standards, the following research requirements have been established:

1. An original research project must be completed by each postgraduate student, including a publishable quality manuscript submitted and approved by the Program Director and Director of Research, before completion of the 24-month program.

2. The manuscript must be submitted and approved prior to receiving the pediatric dental postgraduate certificate.

3. Publishable quality refers to all aspects of the work, including the scientific quality of the research project itself, the clarity and grammatical correctness of the writing, the interpretation of findings, and the quality of illustrations and graphical data presentation. Manuscripts that fall short of the standard will be revised and resubmitted until the standard is met.

4. Postgraduate students must submit the manuscript for publication and demonstrate its publishable quality by having it reviewed and accepted by a journal’s editorial board of peer reviewers. The journal’s acceptance for review must be acknowledged by a confirmation receipt. It is the responsibility of the postgraduate student to provide the Program Director with written documentation, to place on file, for the A.D.A. C.O.D.A., accreditation documentation.

5. The Research Director will maintain records of the postgraduate student’s progress.

6. The required independent research project is the minimal requirement for successful completion of the pediatric dental postgraduate program at the UNLV SDM, Advanced Education Program in Pediatric Dentistry. Postgraduate students are expected to remain engaged in scholarly activities throughout their residency training.

7. Expected Timeline for research activities:
   a. End of September Y1 – Determine research question and acquire mentor, start literature review
   b. End of November Y1 – Complete literature review, finalize question and prepare IRB application
   c. End of January Y1 – IRB application submitted
   d. End of September Y2 – Data collection complete, manuscript development continues
   e. End of November Y2 – Manuscript first draft submitted to mentor for review
f. January Y2 - Apply to participate in AAPD research poster competition*

h. April Y2 – Manuscript complete and submitted; send confirmation of submission to Program Director

*Note that the program will, as funds permit, cover travel and lodging expenses to the annual AAPD meeting to participate in the research poster competition IF all data has been collected and analyzed by January of Y2.

D. Teaching= 5%

The ADA accreditation program requires postgraduate students to spend a certain amount of time teaching. Through teaching, post graduate students will gain deeper insights into various disciplines and subjects, learn interpersonal skills, and develop organizational abilities and presentation skills. Postgraduate students will have responsibilities for teaching and producing material which may vary during the 24-month program. Regarding clinical supervision of pre-doctoral students in the pre-doctoral pediatric clinic, post graduate students will act as and with the authority of faculty, having the capacity to authorize treatment and treatment plans. While serving in this capacity, pediatric dentistry faculty will be readily available on site for consultation and/or intervention as needed. Pre-doctoral responsibilities will be coordinated with the Pre-doctoral Course Director. These responsibilities may include, but are not limited to the following:

1. Postgraduate students will prepare and present a minimum of one didactic lecture or one presentation for a preclinical laboratory session.

2. Postgraduate students will provide clinical guidance and supervision, and evaluate the performance of pre-doctoral students in the pediatric clinic. This will include a rotation during Y2 to cover the pre-doctoral pediatric clinic.

3. Second year postgraduate students (PGY2) will periodically prepare, present, and lead discussions for first year postgraduate students (PGY1), in the Clinical Seminars courses.

VI. Rotation Information

A. Craniofacial Rotation

The Southern Nevada Cleft Palate and Craniofacial Clinic provides an interdisciplinary team approach, including assessments and follow-up for children ages birth to 18 years of age, with craniofacial conditions. The team includes specialists in the areas of audiology, dentistry, otolaryngology, plastic surgery, orthodontics, oral and maxillofacial surgery, pediatrics, social work, and speech pathology.
The fourth Tuesday of each month, starting in August, two PGY2 postgraduate students will attend the rotation. The pediatric dental postgraduate students will shadow the attending pediatric dentist assigned to the clinic. It is extremely effective for the pediatric postgraduate students to see numerous orofacial syndromes, as well as cleft lip and palate cases and be able to discuss with the interdisciplinary experts their treatment recommendations. The rotation is from 8:00 a.m. – 12:00 p.m. You are required to return to the UNLV SDM pediatric dental clinic for patient care upon completion.

Postgraduate students will receive an email from the Craniofacial Clinic Coordinator two (2) weeks prior to the assigned rotation. Postgraduate students can review the craniofacial syndromes, prior to their attendance and be prepared for any questions the interdisciplinary team or attending pediatric dentist might ask of you. Postgraduate students are required to report their experiences to the other postgraduate students during the following Thursday afternoon treatment planning seminar.

Southern Nevada Cleft Palate and Craniofacial Center
1161 S. Valley View
Las Vegas, NV 89102
(702) 486-9228
Contact: Rachel Bonaparte, DS III, MSW
Email: rbonaparte@health.nv.gov

B. Hematology/Oncology Rotation

The hematology/oncology rotation is a method to learn about children with blood dyscrasias, neoplasias and other immunocompromised conditions. PGY2, postgraduate students, will attend this rotation for 2 weeks. A screening form has been made for postgraduate students to take to the rotation for screening of each child. Also, a referral form for the dental program should be given to the parents/legal care-givers, of each patient while they are being treated at the hematology/oncology facility.

1. Hematology/Oncology Comp Clinic

Usually on Tuesdays, two-three afternoons each month, from 12:30 pm – 5:00 pm and very few Fridays, from 8:00 am – 12:00 pm. This is an interdisciplinary experience for the pediatric hematology and oncology patients.

Children’s Specialty Center of Nevada
3121 South Maryland Parkway
Las Vegas, NV 89109-2307
(702) 732-1493 – Main
Contact: Laura Clauson
(702) 732-0634
Email: lclauson@cure4thekids.org
John Bernstein, M.D. Medical Director
C. Lied Clinic Rotation

An opportunity for a PGY1 or PGY2, from 1:00 – 5:00 pm, on Wednesdays and Thursdays, to perform pediatric oral evaluations. A screening form should be completed and given to the parents/legal care-givers of each patient seen. It is the responsibility of the dental postgraduate student to obtain parent/legal care-giver’s contact information and call the parent/legal care-giver to make an appointment for their child to be seen if the patient does not have a pediatric dentist or dental home. Referral forms from the UNLV SDM pediatric dental program should be given to the parent/legal care-giver at the screening visit.

UMC Lied Pediatric Outpatient Center
1524 Pinto Land, 3rd Floor
Las Vegas, NV 89106
(702) 383-3642
Contact: Scott Denton, M.D. Director

D. Surgery Center/Hospital OR Rotations

Hospital cases are treated at UMC. The postgraduate student must complete their hospital dentistry orientation and become credentialed at each facility, in order to treat patients at these locations. In anticipation of the PGY1 postgraduate students providing oral rehabilitation on their own patients, one or two PGY1 postgraduate students will observe one PGY2 postgraduate student treating their oral rehabilitation cases, according to the rotation schedule, during the fall semester. By the spring semester, the PGY1 postgraduate student will begin to treat their own hospital cases. They will initially split the day with a PGY2 postgraduate student. Cases should be reviewed with the attending faculty 2 weeks prior to the surgery date. The hospital cases start at 7:00 a.m., so arrive early enough to be dressed and ensure the room is prepared and ready for the patient by 6:45 a.m. At this time, you will review the cases with the attending and talk with the patient’s family prior to surgery. The facilities have scrubs into which to change.

University Medical Center
Out-Patient Surgery
1800 W. Charleston Blvd.
Las Vegas, NV 89102
(702) 383-2000

E. Anesthesia Rotation

The PGY1 postgraduate will complete an Anesthesia Rotation during their first year for four weeks.

University Medical Center
F. Pediatric Medicine Rotation

The PGY1 postgraduate students will complete the Pediatric Medical Rotation at UMC for two weeks.

Samrat V. Das, Director
Chief Residents Office (702) 671-6444
Email: chiefpedslv@gmail.com
University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102

G. Emergency Medical Rotation

The PGY1 postgraduate students will complete the Emergency Pediatric Medicine rotation at the University Medical Center (UMC) for two (2) weeks.

David D. Nelson, M.D., Director
(702) 449-9903
Email: ddnelson@cox.net
University Medical Center
1800 W. Charleston Blvd, Las Vegas, NV 89102
(702) 671-6444

H. Emergency Room (ER)/Emergency Department (ED) On-Call

We have an affiliation with UMC, Pediatric Emergency Department. For all pediatric dental emergency cases, a PGY2 and PGY1 postgraduate student will be responsible for one week of On-Call at a time. The ER/Department will call the “first call” postgraduate student and it is the responsibility of this postgraduate student to contact the “second call” postgraduate student and the Attending on call, if necessary. The postgraduate student(s) must call back within ten (10) minutes. Arrive at the UMC, Emergency Room (ER)/Emergency Department (ED) within 30 minutes of receiving the initial phone call when appropriate.

A dental box is placed in the doctors’ lounge in the department. There is a handout in the dental box that can be used as a guide for the dental exam and diagnosis portion of the examination. Please make a copy and place in the dental box if you use the last handout.

The pediatric dental postgraduate student must identify and obtain the necessary contact information, if the patient has a local pediatric dentist, or general dentist, to be notified of the emergency details. The pediatric dental postgraduate student must offer patient follow-up care for all trauma cases and for all other cases, without a dental
home. The pediatric dental postgraduate student must give the patient and parent/legal care-giver, a copy of our referral form, to be seen within the next day or two. A copy of the progress note from the ED visit must be faxed to Roxanne and the pediatric clinic before leaving the ED, 702-774-2587. Also, please return any used dental instruments to the dental box within 48 – 72 hours.

If the On-Call, pediatric dental postgraduate student, cannot be available during their assigned On-Call days, it is the responsibility of the On-Call postgraduate student to coordinate a time in which they and another pediatric dental postgraduate student can exchange their assigned On-Call times. This exchange must be made four (4) weeks prior to their assigned call. The On-Call postgraduate student must immediately notify the Chief Postgraduate Student by email to ensure that the UMC ER/ED is informed, as well as the other pediatric dental postgraduate students, of the change(s). There are not additional considerations provided for those postgraduate students who are On-Call for holidays and any other special days.

I. Private Practice Observation Rotation

There are opportunities to visit UNLV SDM pediatric dental faculty practices to learn about the management and operation of a pediatric dental practice.

VII. Pediatric Patient Flow

A. Emergency Visit

1. Parent/legal care-giver arrives at main reception on 1st floor UNLV SDM.

2. If the patient is 0-16 years of age, the front administrative personnel contact the Pediatric Dental Clinic receptionist.

3. The patient is placed into the schedule. If the clinic is not active, the postgraduate students On-Call are contacted to see the patient.

OR

1. Parent/legal care-giver calls the Pediatric Clinic. The Receptionist schedules an emergency appointment

2. The parent/legal care-giver and patient are escorted to the pediatric dental clinic.

3. The parent/legal care-giver completes the patient information, medical and dental history forms, as well as provides written informed consent for treatment.

4. The parent/legal care-giver pays the emergency fee
5. The patient is evaluated for the specific problem. Necessary radiographs are obtained for limited, specific emergency treatment.

6. The definitive treatment for the day is discussed with the parent/legal care-giver and treatment is approved by the parent/legal care-giver and attending pediatric dental faculty.

7. The patient’s information is entered into the axiUm software system. All paper forms and consultations, non-digital/electronic radiographs and photographic images, will be scanned into the system.

8. When patient treatment is complete, the postgraduate student must complete all electronic treatment notes and schedule a follow-up visit, as indicated. The next visit note must be detailed to ensure ease of preparation by the dental assistant and postgraduate student, who sees the patient, for the subsequent appointment.

9. A clinic evaluation form is given to the parent/guardian and collected by the receptionist.

B. New Patient Visit

1. Parent/legal care-giver contact the front desk UNLV SDM

2. If the patient is 0-16 years of age, the front administrative staff person contacts the Pediatric Dental Clinic Receptionist and transfers the call or gives the parent/legal care-giver the telephone number of the Pediatric Dental Clinic

   OR

1. Parent/legal care-giver calls the pediatric Residency Clinic. The Receptionist schedules a New Patient Visit.

2. The receptionist schedules a New Patient Visit.

3. The appointment is confirmed the day before.

4. When the patient arrives for their appointment to the front desk at UNLV SDM, the staff personnel checks the axiUm software schedule to verify their appointment and changes their status to “arrived.”

5. The parent/legal care-giver and patient are escorted to the Pediatric Dental Clinic.

6. The parent/legal care-giver completes the patient information and medical and dental history forms as well as consent for treatment.

8. The patient is evaluated with the parent/guardian present. Necessary radiographs are obtained.

9. A definitive treatment plan is presented to the parent/legal care-giver as well as treatment options.

10. The Patient Treatment Plan is approved by the parent/legal care-giver and the attending pediatric dentist.

11. Appropriate consent forms are obtained for treatment.

12. If approved, a portion of the treatment is completed on the New Patient Visit.

13. The patient’s information is entered into the patient record and forms are scanned in.

14. When patient treatment is completed, the postgraduate student completes treatment notes and schedules a follow-up visit.

15. When all treatment is complete, the patient is scheduled for a 6-month recall appointment.

C. Hospital Visit

1. If a patient requires treatment under General Anesthesia, the parent/legal care-giver signs the consent form, is given written instructions for preparation and an H&P form to be completed by their pediatrician.

2. The postgraduate student reviews the instructions with the parent/guardian.

3. The patient is scheduled at the surgical facility by the office staff and given specific information regarding the facility.

4. The postgraduate student will call the patient the following post-op day to check on the patient’s condition.

VIII. Conscious Sedation Protocol

A. Pre-Sedation

1. Patients requiring conscious sedation are identified.

2. The patient’s weight and height is obtained to determine their BMI. Their physician’s name is verified with the parent/legal care-giver.
3. The completed pre-sedation record includes:

4. Medical History:
   a. Allergies and previous adverse drug reactions
   b. Current medications (including all OTC)
   c. Relevant diseases, physical/neurologic impairment
   d. Previous sedation/general anesthetic experience(s)
   e. Snoring, obstructive sleep apnea, mouth breathing symptoms and history
   f. Other significant finding (e.g. family history)
   g. Airway Assessment:
      h. Mouth Breathing
      i. Snoring nightly
      j. Obesity
   k. Limited neck mobility
   l. Micro/retrognathia
   m. Macroglossia
      n. Tonsillar hypertrophy obstruction
      o. Limited and difficult oral opening

5. Indications/Contradictions for sedation are noted.

6. ASA Classification is recorded.

7. Indications for medical consultation are recorded.

B. Pre-sedation Medical Consultation

If the postgraduate student dentist or attending pediatric dentist, suspects a medical problem, a pre-sedation medical consultation from the patient’s physician must be obtained. The requested medical consultation must be obtained. The requested medical
consultation must be received, prior to scheduling the procedure, unless an emergency situation exists that may cause permanent injury, if there is a delay in treatment.

1. The pre-sedation record is signed by the postgraduate student’s attending pediatric dentist and dated.

2. The signed informed consent is obtained from the parent/legal guardian and dated.

3. This form is also signed and dated by a pediatric dental staff witness.

4. The proposed treatment plan signed consent is obtained, if not already present in the patient’s record.

5. Oral sedation instructions are explained, in the appropriate language, and given to the parent/legal care-giver to take home, for their review, as well as an appointment card.

C. Day of Sedation

1. The patient comes to the clinic one hour prior to treatment time with the parent/legal care-giver and accompanying adult.

2. The postgraduate student dentist completes the assessment including:

   a. Medical History and Review of Systems

   b. NPO status

   c. Airway patency

   d. Pre-treatment check list

   e. Vital signs (heart rate, respiration rate, blood pressure, and temperature, if possible)

   f. Weight in pounds and kilograms

3. Cooperation level is indicated.

4. The parent/legal care-giver is provided an opportunity to ask questions and reaffirm their consent for sedation and planned treatment.

5. Correct drug dosage calculations are approved by the attending pediatric dental faculty; the medications are then entered in the drug log, in the medicine cabinet and witnessed.
6. The patient is given the medication and time is noted. The patient’s behavior is noted, regarding cooperation.

7. The patient is left in the treatment room with the parent/legal care-giver. The treating postgraduate student and a dental assistant will check on the sedated patient throughout the waiting period.

D. The Sedation Procedure

1. The assistant sets up the room with all the necessary equipment, supplies, and monitors. All monitors and equipment are tested prior to seating the patient.

2. The parent/legal care-giver is instructed to not leave the pediatric dental reception/waiting room, throughout the planned treatment. Name verification of the additional, accompanying adult is made and recorded.

3. The patient is seated and the time is noted on the sedation record.

4. Baseline vital are recorded.

5. All sedation agents and administration time(s) are recorded on the sedation record.

6. Consented immobilization devices are utilized, if necessary, in a way which does not restrict the airway or chest movement.

7. N2O/O2 analgesia is initiated; start time is noted, as well as both of N2O and O2 percentages delivered, as well as length of time administered, during the treatment.

8. The necessary dental procedures are completed, while being monitored, continuously, with a pulse oximeter and blood pressure cuff monitor, if possible, based on the patient’s behavior.

9. Caution is taken to prevent excess fluids from collecting in the mouth. A rubber dam or isolate must be used during sedations.

10. Vital signs are periodically documented on the sedation record in a time-based record.


12. Sedation level, effectiveness, and patient responsiveness, during the treatment are documented in the record.

13. For the patient’s safety, the following must be immediately available:

   a. A functioning back-up suction apparatus must be present.
b. A functioning back-up power source must be present

c. Auxiliary personnel must be certified in basic cardio-pulmonary resuscitation by the AHA and the facility must be properly equipped.

E. Post Treatment

1. The patient is observed in a recovery area until:

   a. Cardiovascular function is satisfactory and stable.

   b. Airway patency is satisfactory and stable.

   c. Patient is easily arousable.

   d. Responsiveness is near pre-sedation level.

   e. Protective reflexes are intact.

   f. Patient can talk (return to pre-sedation level).

   g. State of hydration is adequate.

5. Discharge vital signs are documented.

6. Post-operative instructions are given regarding the post-sedated patient’s head posture and reviewed with the parent/legal care-giver, along with any emergency contact telephone number.

7. The next appointment visit is scheduled.

8. The postgraduate student will contact the parent/legal care-giver, later in the day of treatment, to determine the post treatment status as well as record the findings in the patient’s Electronic Health Record (EHR)

IX. Postgraduate Student Curriculum

A. Year One: Fall Semester (July - December)

<table>
<thead>
<tr>
<th>*Course</th>
<th>Course Name</th>
<th>July – December</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORTHO 8001</td>
<td>Introduction to Orthodontics (Ortho Boot Camp)</td>
<td>JULY – DECEMBER</td>
<td>4</td>
</tr>
<tr>
<td>PEDO 8001</td>
<td>Introduction to Pediatric Dentistry (PALS) (Pedo Boot Camp)</td>
<td>JULY – AUGUST</td>
<td>10</td>
</tr>
</tbody>
</table>
### PEDO 8101
Clinical Seminars I  
September – December  
Credit hours: 4

### PEDO 8201
Postgraduate Clinic I  
(Includes community clinic rotations)  
July – December  
Credit hours: 17

### PEDO 8802
Literature Review I  
September – December  
Credit hours: 2

### PEDO 8910
Special Patient Care I and Board Review  
September – December  
Credit hours: 2

### PGDE 8402
Biomedical Sciences Core I  
September – December  
Credit hours: 2

### PGDE 8516
Advanced Radiology  
July-August  
Credit hours: 2

### PGDE 8701
Methods of Literature Review/Scientific Writing  
July – December  
Credit hours: 2

**TOTAL Y1 FALL CREDITS = 46**

*All courses are subject to periodic revision, as necessary, for continued curriculum development*

### B. Year One: Spring Semester (January - July)

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Name</th>
<th>Start</th>
<th>End</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDO 8101</td>
<td>Clinical Seminars I</td>
<td>January – April</td>
<td>Credit hours: 4</td>
<td></td>
</tr>
<tr>
<td>PEDO 8201</td>
<td>Postgraduate Clinic I</td>
<td>January – April</td>
<td>Credit hours: 17</td>
<td></td>
</tr>
<tr>
<td>PEDO 8802</td>
<td>Literature Review</td>
<td>January – May</td>
<td>Credit hours: 2</td>
<td></td>
</tr>
<tr>
<td>PEDO 8911</td>
<td>Board Review</td>
<td>January – April</td>
<td>Credit hours: 2</td>
<td></td>
</tr>
<tr>
<td>PEDO 8930</td>
<td>Anesthesiology Rotation</td>
<td>One month (4 weeks)</td>
<td>Credit hours: 5</td>
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<tr>
<td>PEDO 8940</td>
<td>Emergency Medicine Rotation</td>
<td>One two-week rotation</td>
<td>Credit hours: 2</td>
<td></td>
</tr>
<tr>
<td>PGDE 8950</td>
<td>Pediatric Medicine Rotation</td>
<td></td>
<td></td>
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</tbody>
</table>
One two-week rotation  
Credit hours: 2

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Name</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGDE 8312</td>
<td>Independent Research I</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>January – April</td>
<td></td>
</tr>
<tr>
<td>PGDE 8403</td>
<td>Biomedical Sciences Core II</td>
<td>2</td>
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<tr>
<td></td>
<td>January – April</td>
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</tr>
<tr>
<td>PGDE 8703</td>
<td>Research Methodology, Biostatistics &amp; Epidemiology</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>January – April</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL Y1 SPRING CREDITS = 42  
* All courses are subject to periodic revision, as necessary for continued curriculum development

C. Year Two: Fall Semester (July - December)

<table>
<thead>
<tr>
<th>*Course</th>
<th>Course Name</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDO 8102</td>
<td>Clinical Seminars II</td>
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</tr>
<tr>
<td></td>
<td>September – December</td>
<td></td>
</tr>
<tr>
<td>PEDO 8202</td>
<td>Postgraduate Clinic II</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>(Includes Hospital Dentistry &amp; community clinic rotations)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>July – December</td>
<td></td>
</tr>
<tr>
<td>PEDO 8803</td>
<td>Literature Review/Journal Club II</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>September – December</td>
<td></td>
</tr>
<tr>
<td>PEDO 8911</td>
<td>Board Review</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>September – December</td>
<td></td>
</tr>
<tr>
<td>PGDE 8313</td>
<td>Independent Research II</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>July – August</td>
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<tr>
<td>PGDE 8715</td>
<td>Practice Management</td>
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<tr>
<td>PGDE 8415</td>
<td>Advanced Biomedical Sciences</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>September – December</td>
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</tr>
</tbody>
</table>

TOTAL Y2 FALL CREDITS = 32  
*All courses are subject to periodic revision, as necessary, for continued curriculum development

D. Year Two: Spring Semester (January - June)

<table>
<thead>
<tr>
<th>*Course</th>
<th>Course Name</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDO 8102</td>
<td>Clinical Seminars II</td>
<td></td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Name</td>
<td>Duration</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>PEDO 8202</td>
<td>Postgraduate Clinic II</td>
<td>January – June</td>
</tr>
<tr>
<td>PEDO 8803</td>
<td>Literature Review</td>
<td>January – April</td>
</tr>
<tr>
<td>PEDO 8911</td>
<td>Board Review II</td>
<td>January – April</td>
</tr>
<tr>
<td>PGDE 8314</td>
<td>Independent Research III</td>
<td>January – April</td>
</tr>
<tr>
<td>PGDE 8503</td>
<td>Interdisciplinary Growth and Development</td>
<td>January – April</td>
</tr>
<tr>
<td>PGDE 8716</td>
<td>Practice Management</td>
<td>January – April</td>
</tr>
</tbody>
</table>

**TOTAL Y2 SPRING CREDITS = 31**

*All courses are subject to periodic revision, as necessary, for continued curriculum development

**TOTAL PROGRAM CREDITS = 155**

### X. Postgraduate Student Evaluation

Evaluation is a continuing process in the seminar and clinical setting. Informal feedback is provided to postgraduate students through their constant interaction with faculty. Reports of the postgraduate students’ clinical activities are reviewed on an end of semester, six-month basis, to ensure that the postgraduate student is making satisfactory progress during the program. At the beginning of each rotation, the postgraduate student is responsible to provide each rotation director or their designee, the specific evaluation form for each rotation. Each rotation evaluation form must be completed, by the rotation director or their designee and returned to the pediatric dental Program Director, upon completion of each rotation. A self-addressed, stamped envelope will be provided by the pediatric dental program’s Administrative Assistant. The envelope and evaluation form must be provided to the facility director or designee at the beginning of the rotation. Faculty evaluations and postgraduate student evaluations are completed, on a semi-annual basis. Postgraduate students have the opportunity to discuss these evaluations with the Program Director. These evaluations are meant to be a constructive and informative dialogue, between the Program Director and postgraduate student.

Overall postgraduate student performance in the program will be examined biannually. Attendance is mandatory for all class and clinical sessions. Postgraduate students must pass all courses. Postgraduate students may discuss the results of these reviews with the Program director. Unsatisfactory performance can result in remediation, informal or formal probation and/or dismissal from the program. Previous program(s) coursework cannot be
applied as a supplement or replacement for the course requirements in the completion of the UNLV SDM, Advanced Education Program in Pediatric Dentistry. The UNLV SDM, Advanced Education Program in Pediatric Dentistry coursework, is specifically designed for the program.

XI. Attendance Policy

The Program Director has established an attendance policy that is to be followed by all postgraduate students attending any Advanced Education Program at UNLV SDM. Attendance is required at all activities scheduled by the program. Please note that some required activities such as clinic, classes and rotation are scheduled on weekends. If a lecture is scheduled, it will be mandatory for all postgraduate students to attend, unless they have received permission to be absent from the Program Director. There are community out-reach programs, on some Saturdays, that postgraduate students will attend, on a rotating basis, except, “Give Kids A Smile” (GKAS), which is attended by all postgraduate students. Non-UNLV employment is prohibited from Monday through Friday, between 8:00 a.m. to 5:00 p.m., as well as any required additional times, as specified for lectures, continuing education courses and scheduled, Saturday, community out-reach programs.

A. Personal Days/Sick Leave

Each postgraduate student is allowed up to eight (8) personal days per academic year, in addition to designated holidays, when not “On-Call”. Beginning July 1st of each year, personal days that are not used in one academic year will not be carried over to the following academic year. “Personal Days” are primarily for vacation or interviews as well as for illness, medical and other family/personal emergencies. Completed and accurately-dated Leave Request Forms must be turned in to the Pediatric Dental Clinic Manager for planned leave requests at least 4 weeks prior to the leave request in order to verify the amount of personal days available and to obtain approval from the Program Director. Leave requests must be for either a half day or a full day; leave requests will not be considered for anything less than a half day. Submittal of a leave request does not guarantee that leave will be granted. Postgraduate students will be notified by the Pediatric Dental Clinic Manager and/or Program Administrative Assistant, when the leave request is approved or denied by the Program Director. However, it is the postgraduate students’ responsibility to verify approval of requested leave on the General Calendar, before making travel arrangements, since the postgraduate student accepts all financial responsibility related to denial of their request, should that decision be made. If the postgraduate student does not see his or her name on the General Calendar, the postgraduate student must contact the Clinic Manager for verification. All personal days must be approved by the Program Director in addition to the faculty/course director for each particular class that will be missed. Postgraduate students will not be allowed to arbitrarily change their schedule. No more than two postgraduate students per postgraduate student class can take leave at the same time, unless it is a time when the clinic is closed. Approved leave will be on a
first come, first serve basis, at the discretion of the Program Director. Continuing Education (CE) course selection must be approved before you will receive approval for attendance. CE will not count against your eight (8) personal days of leave.

If a postgraduate student needs to be absent from clinic or class due to personal illness or family/personal emergency, the Pediatric Dental Clinic Manager and Program Administrative Assistant, must be contacted immediately at (702) 774-2417 and (702) 774-2416, respectively. Upon their return or as required by the Program Director, the postgraduate student must provide a completed leave slip on a weekly basis and turn it into the Clinic Manager to obtain a signature of approval from the Program Director. If a postgraduate student appears to be abusing the sick policy, a physician’s excuse may be required. Medical appointments should not conflict with class or clinic attendance.

Postgraduate students should always make every effort to schedule appointments at times when they are not scheduled for clinic or classes. Leave time due to medical appointments may count as either sick time or personal time. A leave slip must be submitted for approval prior to medical appointments. In case of a program-required event and/or an approved academic meeting or regional state board exams, postgraduate students must complete the Leave Request Form for the time they will not be on campus. Attendance at such meetings and/or events will not count against allotted personal time, but must be approved by the Program Director prior to the meeting.

B. Leaving campus when assigned to the clinic

Postgraduate students are not to leave campus when assigned to the clinic, even if you don’t have a patient scheduled to arrive. All postgraduate students will remain in the clinic or in the home room until all patients have been seen for the day. If you will be on campus somewhere other than the clinic or home room, you should inform of the clinic manager where you will be should you be needed in clinic. If you are found to have left campus before all patients are dismissed, you will be assessed a half day of personal leave.

C. Unapproved Absences

Should an unfortunate situation arise when a postgraduate student is absent without proper documentation and/or following protocol as set forth by the Program Director and detailed above, he or she will be assessed leave time of an additional day for each unapproved absence day.

XII. Special Circumstance Leave Policy

The purpose of this policy is to provide guidelines regarding leave of absence for a period exceeding the approved eight (8) “Personal Days” per year in addition to holidays. If a postgraduate student in an Advanced Dental Education program exceeds the allowed-time for personal days, the Program Director, in consultation with the faculty, Advanced
Education Committee (AEC), and Dean, will develop a plan to ensure that all clinical, educational and research needs of the affected postgraduate student’s program, as they relate to the UNLV SDM, graduation and C.O.D.A. requirements, are met. This includes, but is not limited to: additional reading, lectures, reports, and examinations; “giving back” research time to attend clinic; giving up spring break time; taking additional call; extending the length of the program beyond the minimum twenty-four (24) months.

The UNLV SDM, Advanced Education Programs, recognizes that in some special instances it will be necessary for a student to interrupt and/or discontinue their specialty education. Leave that is required for an extended period of time (such as medical leave, maternity leave or leave for family/personal related emergencies), will be dealt with on an individual basis and will directly lead to extended time in the program, to ensure completion of all requirements, as required by the A.D.A. and the C.O.D.A. Such decisions will be made by the Program Director, in consultation with the faculty, the Advanced Education Committee (AEC), Dean and the postgraduate student.

XIII. Dress Code

Postgraduate students must maintain a professional appearance at all times particularly since postgraduate students may be required to go to clinic on short notice. Postgraduate students must wear scrubs during all clinical sessions. Scrubs for the pediatric program postgraduate students are to be ceil blue. Scrubs must not have any names, logos, unacceptable wording, diagrams or images, as determined by the Program Director. Clinical attire includes acceptable, clean, “closed-toe” shoes and mid-calf socks. Postgraduate students may not chew gum or bring food/drink into the clinic area. No food or drink is permitted in the reception room or treatment areas by faculty, postgraduate students, staff, patients, other children or parent/legal care-givers.*

Your radiology dosimeter must be visibly worn, when provided, whenever you are in pediatric dental clinic and placed on your clinic information wall file when not being worn. Do not throw your dosimeter away.*

All Personal Protective Equipment (PPE), including safety glasses/side shields with prescription eyewear, must always be worn, correctly, covering your eyes, whenever you are chairside. Face shields always require safety glasses/side shields with prescription eyewear, in addition to the face shield.*

*Failure to follow all clinic polices, can result in suspension of your clinic privileges, until you comply, in the fullest.

XIV. Disability Resource Center (DRC)

Please refer to the UNLV, School of Dental Medicine, Student Manual, for the protocol to access, the Disability Resource Center. Should you require information regarding any disability concerns, please contact, Christine Ancajas, D.D.S., Assistant Dean for Admissions and Student Affairs, at the UNLV SDM. She will provide you with the
necessary information, required for you to contact the DRC, which is on the main, UNLV, campus.

**XV. Holidays (2017-2018)**

There will always be two postgraduate students On-Call during holidays. The dates below will be divided equally between postgraduate students. PGS1 students will be On-Call for Thanksgiving and Winter Break. PGS2 postgraduate students will be On-Call for the SDM/Pediatric Dental Program, over Spring Break.

<table>
<thead>
<tr>
<th>Date</th>
<th>2017 Holiday</th>
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</thead>
<tbody>
<tr>
<td>01/02/2017</td>
<td>New Year’s Day (Observed)</td>
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<tr>
<td>01/16/2017</td>
<td>Martin Luther King Jr.’s Birthday</td>
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<tr>
<td>02/20/2017</td>
<td>President's Day</td>
</tr>
<tr>
<td>05/29/2017</td>
<td>Memorial Day</td>
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<tr>
<td>07/04/2017</td>
<td>Independence Day</td>
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<tr>
<td>09/04/2017</td>
<td>Labor Day</td>
</tr>
<tr>
<td>10/27/2017</td>
<td>Nevada Day</td>
</tr>
<tr>
<td>11/10/2017</td>
<td>Veterans’ Day (Observed)</td>
</tr>
<tr>
<td>11/23/2017</td>
<td>Thanksgiving Day</td>
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<tr>
<td>12/25/2017</td>
<td>Christmas Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>2018 Holiday</th>
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</thead>
<tbody>
<tr>
<td>01/01/2018</td>
<td>New Year’s Day (Observed)</td>
</tr>
<tr>
<td>01/15/2018</td>
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</tr>
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<td>President's Day</td>
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<td>05/28/2018</td>
<td>Memorial Day</td>
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<tr>
<td>07/04/2018</td>
<td>Independence Day</td>
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<tr>
<td>09/03/2018</td>
<td>Labor Day</td>
</tr>
<tr>
<td>10/26/2018</td>
<td>Nevada Day</td>
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<tr>
<td>11/12/2018</td>
<td>Veterans’ Day (Observed)</td>
</tr>
<tr>
<td>11/22/2018</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>11/23/2018</td>
<td>Family Day</td>
</tr>
<tr>
<td>12/25/2018</td>
<td>Christmas Day</td>
</tr>
</tbody>
</table>

**XVI. Chief Postgraduate Student**

Chief Postgraduate Student Job Description for the Advanced Education Program in Pediatric Dentistry

The Chief Postgraduate Student in Pediatric Dentistry will be appointed by the Program Director of the Advanced Education Program in Pediatric Dentistry. A Chief Postgraduate Student for pediatric dentistry should possess the following qualities: leadership potential,
mediation skills, capacity for self-direction, tolerance for ambiguity, optimism, respect for established policies and the ability to appropriately use a sense of humor. Other general traits such as organizational skills, responsibility, commitment, and willingness to work cooperatively in an interdisciplinary environment are essential as well.

The Chief Postgraduate Student position will be split among selected postgraduate students, each with a six (6) month term. The incoming Chief Postgraduate Student will work together with the outgoing Chief Postgraduate Student throughout the last month to assure appropriate and coordinated transition of Chief Postgraduate Student responsibilities.

The Chief Postgraduate Student will act directly under the program director and will not create policy, but will support the policies of the Program Director. The Chief Postgraduate Student in pediatric dentistry has considerable potential to make significant contributions, both immediate and long-term, to the postgraduate program. Postgraduate student training will ultimately benefit from the efforts of a strong, innovative Chief Postgraduate Student who is actively involved in both the administrative and academic aspects of the training program. The Chief Postgraduate Student should be a source of new ideas and initiative. The Chief Postgraduate Student is the leader of the other postgraduate students and acts as their spokesperson. The Chief Postgraduate Student will represent them at pediatric dentistry advanced education program functions and will help the Program Director and clinic administrators coordinate program activities. Conflicts in the schedule will be addressed by the Chief Postgraduate Student and they will conduct monthly meetings and report the outcomes of such meetings at departmental meetings. Other activities include: incoming postgraduate student activities; recruitment; coordination of social activities surrounding residency applicant interviews; annual alumni/postgraduate student continuing education (CE) programs and coordination of activities that involve hospitals, surgical facilities, community outreach clinics, and volunteer activities. During the course of the year, other responsibilities may be assigned by the Program Director. The Chief Postgraduate Student will also assume teaching responsibilities during this period and will be allotted preparation time out of clinic as designated by the Program Director.

A. Goals for the Chief Postgraduate Student

The goals for the Chief Postgraduate Student are to become an effective leader, role model, administrator and competent clinician. In addition, the Chief Postgraduate Student should strive to be a clinician educator, incorporating principles of adult-education. The Chief Postgraduate Student should be an integral component in the promotion and improvement of the pediatric dentistry postgraduate program.

B. Knowledge Objectives

By the end of the Chief Postgraduate Student term, the successful Chief Postgraduate Student should:
1. Understand the process of teaching postgraduate students varying levels of ability.

2. Learn the principles of effective supervision of postgraduate students in the care of patients.

3. Understand the principles of quality care assessment, systems-based care, and process implementation.

4. Acquire knowledge of different leadership and negotiation styles to achieve a desired outcome.

5. Continue development of scientifically based pediatric dental knowledge and clinical skills in providing patient care.

6. Understand the process of project development and presentation; including budget planning, team organization and management, time management, and critical assessment.

7. Understand the use of information databases, literature reviews, and computer technology to achieve administrative and educational goals.

8. Understand the professional peer-review process.

C. Responsibilities of the Chief Postgraduate Student in Pediatric Dentistry

1. Contact Availability

   The Chief Postgraduate Student shall carry a cell phone for contact availability on a twenty-four basis. The cell-phone number shall be made available to all postgraduate students and pediatric dental faculty and to the administrative staff at UMC or other On-Call facilities.

2. Call Schedule

   The Chief Postgraduate Student will be solely responsible for the creation of the On-Call schedule and shall ensure compliance. Any breaches in the schedule will be the Chief Postgraduate Student’s responsibility.

3. Weekly Meetings with Program Director

   The Chief Postgraduate Student will meet weekly, or as required, with the Program Director to review postgraduate student and program issues, as well as discuss opportunities for improvement.

4. Departmental and Administrative Meetings
The Chief Postgraduate Student will attend all section faculty and administrative meetings, including scheduling and staffing and other meetings as assigned by the program director. The Chief Postgraduate Student is the representative of the postgraduate students at all such meetings and is responsible for communicating the results of such meetings to the other postgraduate students in a timely manner.

5. Monthly Postgraduate Student Meetings

The Chief Postgraduate Student will conduct a monthly meeting of all pediatric dentistry postgraduate students outside of clinic hours. The purpose of these meetings shall be to communicate information from the Program Director and the attending faculty and to acquire feedback from the postgraduate students and to report such feedback to the program director. These meetings shall also serve as coordination meetings to assure appropriate postgraduate student conduct as related to schedules, rotations and patient care policies. Postgraduate student are encouraged to use the Postgraduate Student Comment Form to initiate discussion at postgraduate student meetings. This is not a time to criticize faculty or create turmoil, but to support the program and the Program Director in an effort to provide the best training possible.

6. Liaison between Faculty and Staff

The Chief Postgraduate Student will work with clinical and administrative staff to assure favorable working relationships with support staff and will act as the liaison with the clinic director to assure appropriate adherence to clinical policies and procedures.

7. Coordinate Special Seminar Topics and Scheduling

The Chief Postgraduate Student will be responsible for the scheduling of special seminars and educational activities outside of the general program schedule, in consultation with the Program Director.

8. Annual Alumni/Postgraduate Student Program

The Chief Postgraduate Student will work with the Alumni Association and the Program Director in creating and planning an annual UNLV SDM, Pediatric Dentistry Alumni/Postgraduate student program to be held at the AAPD annual meeting.

9. Postgraduate Student Admissions

The Chief Postgraduate Student will serve as the postgraduate student representative on the Pediatric Dentistry Postgraduate Admissions Committee. The Chief Postgraduate Student will be responsible for coordinating the participation and input of the other postgraduate students in the admissions process.
10. Incoming Postgraduate Students Orientation

The Chief Postgraduate Student will work with the Program Director in coordinating incoming postgraduate student activities for the PGS1 pediatric dentistry postgraduate students during the first week(s) of the program. This includes, but is not limited to, orientation seminars, tours, program activities and social events.

11. Calendar

The Chief Postgraduate Student will be responsible for updating and maintaining the Pediatric Dentistry online calendar under “Advanced Education Programs”. These calendars should include postgraduate student activities such as: seminars, clinical rotations, and general anesthesia assignments, off-site clinic rotations, teaching assignments, On-Call schedule, vacation exceptions, and other assigned activities.

12. Other Duties

It is expected that the Chief Postgraduate Student will work with the Program Director in identifying other duties that may be helpful in administering the pediatric dentistry residency program. In addition, any of the above duties may be modified or eliminated, or, additional duties assigned, with the approval of the Program Director.

XVII. Grading Systems

The following grading system complies with Nevada System of Higher Education campus grading policies and will be used for UNLV SDM Advanced Education in Pediatric Dentistry courses.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Grade Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>Satisfactory</td>
<td>4.0 (grade point value)</td>
</tr>
<tr>
<td>U</td>
<td>Unsatisfactory</td>
<td>3.0 (grade point value)</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>0.0 (grade point value)</td>
</tr>
<tr>
<td>X</td>
<td>In progress (research projects or courses extending beyond one semester)</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Fail</td>
<td></td>
</tr>
<tr>
<td>W</td>
<td>Withdrawal</td>
<td></td>
</tr>
</tbody>
</table>

In some instances, some courses will not be designated as Satisfactory/ Unsatisfactory (S/U) courses and the following grading system will apply:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Grade Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100</td>
<td>A (Superior)</td>
<td>4.0 (grade point value)</td>
</tr>
<tr>
<td>80-99</td>
<td>B (Above Average)</td>
<td>3.0 (grade point value)</td>
</tr>
<tr>
<td>0-79.9</td>
<td>F (Failure)</td>
<td>0.0 (grade point value)</td>
</tr>
</tbody>
</table>
In this grading system, each postgraduate student must pass all courses with a “B” or higher grade, or “Satisfactory” grade in courses using the “S/U” method. Postgraduate students will receive a letter grade from A-F, or a satisfactory (S) or unsatisfactory (U) / failing (F) grade in each course. Grade assignments will be based on class/clinic attendance, participation in discussions/seminars, timely completion of assignments/patient care, professionalism and preparedness. A grade of F is given to any postgraduate student who performs less than satisfactory in one or more of the above categories. Remediation will be solely at the discretion of the course director. A passing score for written and oral exams is 80% to 100%.

Upon completion of six months in the residency program, the evaluation given, will determine the residency participant’s academic progress. If it is determined that the postgraduate student is not meeting the requirements of the program the postgraduate student will be placed on probationary status. The Postgraduate student then has approximately six months to meet the satisfactory academic progress requirement. Satisfactory academic progress will be determined by the final evaluation administered at the end of the second six-month period. The final evaluation will determine the postgraduate student’s matriculation.

Should a postgraduate student not meet satisfactory academic progress by the end of the second six-month period, the postgraduate student’s program will then either be extended or terminated. If extended, the postgraduate student will be re-enrolled for those courses in which satisfactory academic progress has not been met.

**XVIII. Academic Separation/Dismissal**

Academic Separation is the result of unsatisfactory performance as deemed by the Program Director and Faculty and entails involuntary removal from the SDM, Advanced Education Program in Pediatric Dentistry.

A. Any recommendation for Academic Separation by the Evaluation Committee shall be submitted to the Dean. The Dean (or his/her representative) shall:

1. Meet with the postgraduate student to discuss the recommendations for Academic Separation, and condition for reinstatement, including remedial procedures, if any.

2. Provide the postgraduate student with written notification of the Academic Separation/Dismissal indicating related conditions.

B. Grounds for Academic Separation include without limitation to:

1. Failure to satisfactorily pass all required courses; must have a minimum cumulative grade point average of 3.0 or Satisfactory/Pass in required coursework.

2. Failure to meet the conditions set by Faculty as a result of unacceptable evaluations.
3. Failure to adhere to standards and guidelines set forth by the Program.
4. Failure to complete specified requirements within the allotted time.

5. Failure to perform duties in a professional manner in regards to patient care, including interactions with faculty and staff.

6. Failure to attend classes or clinic sessions without authorization.

7. Failure to meet the conditions of Voluntary Leave of Absence.

8. Failure to respond to on-call emergencies.

9. Failure to abide by the UNLV SDM Professional Conduct Code.

10. Failure to pay required tuition and fees.

C. Due Process Policy

The purposes of the following policies and procedures are to assure the effective and adequate training of postgraduate students, to provide for a fair method addressing those postgraduate students who have difficulty meeting training requirements, and to insure safe patient care by postgraduate students. The following are guidelines that are intended to be applied when there is a question about a student’s progression in training with respect to academic, clinical, or disciplinary issues.

1. All Advanced Education Programs at UNLV SDM utilize the Advanced Education Committee (AEC) to address concerns of postgraduate students’ promotion and probation. This committee considers evaluations and promotions. Membership on this committee includes the Associate Dean of Advanced Education, Office of Student Affairs and all advanced education Program Directors. This committee is responsible for the fair application of these probation guidelines.

2. When required to address a concern with a postgraduate student/resident and per the request of the Program Director, the AEC will gather and discuss written evaluations and other pertinent information as needed. The AEC will offer guidance on the situation and help the Program Director determine and appropriate course of action with the options outlined below.

3. The Program Director meets with each postgraduate student once every six months to review all the postgraduate student’s evaluations and provides a copy of this review to the postgraduate student. The possible outcomes of each of these regular evaluation periods are:

   a. Satisfactory or above satisfactory performance.
b. Performance which reveals areas of unsatisfactory performance requiring remediation.

c. Serious concern about the postgraduate student’s overall performance requiring probation or dismissal.

d. Immediate and grave difficulties requiring suspension of the postgraduate student from clinical responsibilities.

4. For postgraduate students whose performance is satisfactory or better, and for those whose performance requires focal remediation, the procedures are self-explanatory.

5. For postgraduate students whose performance evaluations reveal a level of difficulty requiring probation, the following guidelines apply:

   a. The Program Director will meet with the postgraduate student to review the specific areas of deficiency. This review will include clear and detailed delineation of the problem areas that the postgraduate student has displayed.

   b. The remediation plans will be clearly outlined in writing. This will include specific additional provisions for help or remediation and will include the type of remediation and who will provide it. Examples of such remediation may include but are not limited to additional supervision, additional reading, and modification of the postgraduate student’s clinical responsibilities or counseling. These are only suggested areas of remediation and others may be included.

   c. The length of probation, which usually should last from one to three months, will be specified, as will the specific improvements that are expected.

   d. These three possible outcomes following a probation period are as follows:

      i. Removal from probation

      ii. Continuation of probation

      iii. Dismissal from training program

   e. A letter outlining the above provisions of probation will be given to the postgraduate student, and a written response by the postgraduate student is expected. This response should include the postgraduate student’s understanding of the problems prompting the probation and the terms of the probation and remediation. The Department will decide if the response by the postgraduate student to the proposed probation is acceptable.

   f. The postgraduate student’s salary if any will be continued during the probationary period.
g. If dismissal results from the probation process, the postgraduate student will be informed of the fair hearing process.

6. The following are guidelines for suspension of a postgraduate student.

   a. Suspension is defined as the interruption of the postgraduate student’s clinical and/or academic responsibilities due to an immediate and grave problem that results in serious danger to patients’ care or involves unethical conduct by the postgraduate student.

   b. The duration of suspension will be limited to one week, during which time a special meeting of the AEC must be held to re-evaluate the reasons for the suspension. The postgraduate student’s salary (if any) will be continued until this special meeting has been held.

   c. The possible outcomes following a suspension are reinstatement of the postgraduate student, probation, or dismissal.

XIX. FERPA General Guidelines for Students

A. General Information

The Family Education Rights and Privacy Act (FERPA) is a federal law that applies to educational agencies and institutions that receive funding under a program administered by the U. S. Department of Education. The statute is found at 20 U.S.C. § 1232g and the Department's regulations are found at 34 CFR Part 99.

Under FERPA, schools must generally afford students who are 18 years or over, or attending a postsecondary institution:

1. Access to their education records

2. An opportunity to seek to have the records amended

3. Some control over the disclosure of information from the records.

B. Access to Education Records

1. Schools are required by FERPA to:

   a. Provide a student with an opportunity to inspect and review his or her education records within 45 days of the receipt of a request.
b. Provide a student with copies of education records or otherwise make the records available to the student if the student, for instance, lives outside of commuting distance of the school.

c. Redact the names and other personally identifiable information about other students that may be included in the student's education records.

2. Schools are not required by FERPA to:

   a. Create or maintain education records;

   b. Provide students with calendars, notices, or other information which does not generally contain information directly related to the student;

   c. Respond to questions about the student.

3. Amendment of Education Records

   a. Under FERPA, a school must:

      i. Consider a request from a student to amend inaccurate or misleading information in the student's education records;

      ii. Offer the student a hearing on the matter if it decides not to amend the records in accordance with the request;

      iii. Offer the student a right to place a statement to be kept and disclosed with the record if as a result of the hearing the school still decides not to amend the record.

   b. A school is not required to consider requests for amendment under FERPA that:

      i. Seek to change a grade or disciplinary decision;

      ii. Seek to change the opinions or reflections of a school official or other person reflected in an education record.

   c. A school must:

      i. Have a student's consent prior to the disclosure of education records, unless a FERPA exception permits disclosure;

      ii. Ensure that the consent is signed and dated and states the purpose of the disclosure.

   d. A school MAY disclose education records without consent when:
i. The disclosure is to school officials who have been determined to have legitimate educational interests as set forth in the institution's annual notification of rights to students;

ii. The student is seeking or intending to enroll in another school;

iii. The disclosure is to state or local educational authorities auditing or enforcing Federal or State supported education programs or enforcing federal laws which relate to those programs;

iv. The disclosure is to the parents of a student who is a dependent for income tax purposes;

v. The disclosure is in connection with determining eligibility, amounts, and terms for financial aid or enforcing the terms and conditions of financial aid;

vi. The disclosure is pursuant to a lawfully issued court order or subpoena;

vii. The information disclosed has been appropriately designated as directory information by the school.

C. Annual Notification

2. A school must annually notify students in attendance that they may:

   a. Inspect and review their education records;
   
   b. Seek amendment of inaccurate or misleading information in their education records;
   
   c. Consent to most disclosures of personally identifiable information from education records.

D. The annual notice must also include:

1. Information for a student to file a complaint of an alleged violation with the Family Policy Compliance Office;

2. A description of who is considered to be a school official and what is considered to be a legitimate educational interest so that information may be shared with that individual; and

3. Information about who to contact to seek access or amendment of education records.
E. Means of notification:

1. Can include student newspaper; calendar; student programs guide; rules handbook, or other means reasonable likely to inform students;

2. Notification does not have to be made individually to students.

F. Complaints of Alleged Violations

Complaints of alleged violations may be addressed to:

Family Policy Compliance Office
US Department of Education
400 Maryland Avenue
SW Washington DC
20202-5920
Phone: (202)260-3887

G. Complaints must:

1. Be timely submitted, not later than 180 days from the date you learned of the circumstances of the alleged violation

2. Contain specific allegations of fact giving reasonable cause to believe that a violation has occurred, including:

3. Relevant dates, such as the date of a request or a disclosure and the date the student learned of the alleged violation;

4. Names and titles of those school officials and other third parties involved;

5. A specific description of the education record around which the alleged violation occurred;

6. A description of any contact with school officials regarding the matter, including dates and estimated times of telephone calls and/or copies of any correspondence exchanged between the student and the school regarding the matter;

7. The name and address of the school, school district, and superintendent of the district;

8. Any additional evidence that would be helpful in the consideration of the complaint. Source: U.S. Department of Education Website. FERPA General Guidance for Students.

XX. Compliant Process
The required Notice of Opportunity and Procedure to File Complaints with the Commission on Dental Accreditation (CODA) is explained below. A Copy of the student complaint form is found in Appendix D.

The intent of this message is to inform students, faculty, constituent dental societies, stat boards of dentistry and other interested parties that an appropriate, signed complaint (see definition below) may be submitted to the Commission on Dental Accreditation regarding any Commission accredited dental, allied dental or advanced education program.

A. Definition of Complaint

1. CODA defines a complaint as one alleging that a Commission accredited educational program may not be in substantial compliance with Commission standards or required accreditation procedures.

2. These issues and concerns may be discussed with the Associate Dean of Advanced Education, at any time.

3. 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 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.

4. 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 extensions 4653.

5. Policy on Complaints Directed at CODA-Accredited Educational Programs: Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation (211 East Chicago Avenue, Chicago, IL 60611-2678) regarding any CODA-accredited dental, allied dental or advanced dental education program, or a program that has an application for initial accreditation pending. An “appropriate” complaint is one that directly addresses a program’s compliance with the Commission’s standards, policies and procedures. The Commission is interested in the continued improvement and sustained quality 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.

NOTE: All students must review the Manual, and subsequently read and sign the Acknowledgement” section found in Appendix A. This form must be returned to SDM’s Office of Student Affairs (Office of Student Affairs) prior to the end of the first week of fall classes.
UNIVERSITY OF NEVADA, LAS VEGAS

Orthodontics and Dentofacial Orthopedics Program

Master’s in Oral Biology

2017-2018 Handbook
I. Introduction

Welcome to the UNLV School of Dental Medicine Advanced Education in Orthodontics and Dentofacial Orthopedics Program. The program integrates biomedical and clinical sciences, and research to provide a unique opportunity for dentists to earn a Certificate in Orthodontics and Dentofacial Orthopedics and a Master’s Degree in Oral Biology.

A. Vision, Purpose, Mission and Goals of the Advanced Program

1. Vision

Leading Orthodontics by integrating innovation and tradition”

2. Purpose

The primary purpose of this program is to educate orthodontists who possess the knowledge, skills, values and diversity to begin the practice of orthodontics as ethical practitioners committed to lifelong learning, dedicated to fulfilling the public’s trust, and providing access to care for a diverse population.

3. Mission

To be a driving force toward improving the health of the citizens of Nevada through unique programs of oral healthcare services to the community, integrated biomedical, professional, and clinical curriculum, and biomedical discovery.

4. Goal

Mentor each resident to be a “life-long learner,” progressive orthodontic clinician, and a thoughtful evaluator of evidence based research.

B. Orthodontic Residency Goals and Objectives

The residents will obtain proficiency in orthodontics through diverse clinical exposures and broadly based patient case selection. To achieve this, the program will:

1. Ensure a diverse patient population through constant screening and recruitment

2. Promote avenues for patient interaction with other specialties

3. Promote diverse exposure to a variety of private practice scenarios
4. Promote diverse exposure and interaction with surgical procedures

C. Education

Impart residents with in-depth knowledge of biologic and mechanical principles involved in orthodontics necessary for productive, competent and sociably responsible careers as health care educators and providers. Encourage continued learning throughout the professional life of the resident. To achieve this, the program will:

1. Provide the residents with quality and structured information through clinic, small group seminars, lectures, continuing education, and interdisciplinary interaction

2. Provide adequate exposure to a broad spectrum of information through conferences, seminars, and meetings

3. Encourage independent learning, critical thinking, and analytical evaluations

4. Build resources available to the residents throughout their education (computers, books, etc.

D. Research

Contribute to the advancement of the orthodontic specialty and the dental profession through basic biomedical, behavioral, clinical, and educational research. To achieve this, the program will:

1. Provide research facilities, limited financial support and technical expertise to allow completion of quality research projects by the residents

2. Provide mentorship in obtaining a Master’s Degree in Oral Biology

II. Program Overview

UNLV School of Dental Medicine, Advanced Education in Orthodontics and Dentofacial Orthopedics offers a 34-month program that culminates in the awarding of a Master’s Degree in Oral Biology as well as a certificate in Orthodontics and Dentofacial Orthopedics. The class size is up to a maximum of 6 residents per year. The program begins the first of July, and concludes at the end of the 34th month, as long as all requirements have been met. The length may vary dependent upon the proficiency of each resident. These requirements also include, but are not limited to successful completion of the Phase II ABO exam (all fees associated with the exam are at the residents expense), with a passing grade.

A. Distribution of Time
Distribution of time during the residency will be divided into the following four categories. Each of these categories will consume the APPROXIMATE percentage of time:

1. Clinical Education = 50%
2. Didactic = 20%
3. Research = 25%
4. Teaching/Electives/Externships = 5%

The division of the time is intended as a guide and is an average that applies to the total program of 34- months. A resident must complete a minimum of 3700 hours as mandated by CODA.

The program is designed to offer a broad spectrum of didactic, clinical, research, and teaching experiences in the field of orthodontics. The emphasis of the program is to prepare the graduate for successful completion of all three phases required for board certification and to become a Diplomate of the American Board of Orthodontics.

The program trains the residents to have a broad knowledge and understanding of growth and development, diagnosis and treatment planning, biomechanics, craniofacial anomalies, interdisciplinary dentistry, surgical orthodontics, research methodology, classic and current review of the literature, and teaching experiences. Patient care is conducted in an orthodontic clinic and facilities are available for state of the art radiographic and diagnostic digital imaging. Patients are screened and accepted for treatment based on the level of treatment difficulty, educational benefit, and needs of the orthodontic residents. These treatment cases represent a cross-section of the cases encountered in private practice to ensure the residents preparedness to practice orthodontics in a diverse population.

The first year is composed primarily of small group seminars and lectures integrated with clinical experiences in preparing and initiating treatment of comprehensive orthodontic care. The program will begin each year on or close to July 1st with an introduction to orthodontic techniques and clinical procedures with patients assigned to each resident upon matriculation. The curriculum includes; clinical seminars, clinical orthodontics, diagnosis, treatment planning and case presentations, biomedical sciences, clinical sciences and professional studies core curriculum, research, and literature reviews. Patient assignments throughout the residency will be adjusted to meet the educational needs of each resident. Proficiency evaluations will be given semi-annually to ensure each resident is progressing in the program and to provide constructive feedback.

Research topics are chosen, literature reviews are completed, proposals are written, funding obtained if needed, and projects are started.
The second and third years include continued patient care and an advanced level of the curriculum listed in the first year. Case presentations by the residents, in the same format recommended by the American Board of Orthodontics, allow in-depth review of treatment and outcomes provided to the patient population. Practice management reviews and examines aspects of traditional private practice and other options available upon completion of their training. Externships to local, regional, and/or national orthodontic practices are allowed with the approval of the Program Director. Research data is collected, analyzed, and summarized. Research activities culminate with completion of a master’s thesis and submission of the research for publication.

B. Program Expenses

Tuition: $185,000.00 for 34-month program. Additional tuition fees will apply if a resident is enrolled beyond 34-months. Residency Program Fee’s: $15,000

1. Yearly attendance cost for program:

   First year total cost: $79,000  
   Second year total cost: $79,000  
   Final year total cost: $42,000

2. Total Cost of Program (including fees)

   Tuition: $185,000  
   Fees: $15,000  
   Total: $200,000

C. Dental Licensure

A License to practice Dentistry in the State of Nevada or a “Limited License” is required (residents are responsible for all associated fees). For detailed information, please contact Debra Shaffer-Kugel, Executive Director for the NSBDE at 800-DDS-EXAM or nsbde@nsbde.nv.gov.

D. Accreditation

UNLV School of Dental Medicine, Advanced Education in Orthodontics and Dentofacial Orthopedics Residency earned the status of “Approval without Reporting Requirements” from the Commission on Dental Accreditation in 2013. The Commission is a specialized accrediting body recognized by the United States Department of Education. For more information regarding this process you may contact the Commission on Dental Accreditation at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

III. Attendance Policy
The Program Director has established an attendance policy that is to be followed by all residents attending any Advanced Education Program at UNLV School of Dental Medicine. Attendance is required Monday – Friday from 8:00 a.m. to 5:00 p.m. Some scheduled lectures, clinic, and miscellaneous events are before 8:00 a.m. and after 5:00 p.m. and/or on weekends. If these are scheduled, it will be mandatory for all residents to attend.

A. Personal Days

Each resident is allowed up to eight (8) personal days per academic year. Personal days that are not used in one academic year do not carry over to the following academic year. Personal days are non-transferrable to another resident.

Completed and accurately-dated planned Leave of Absence Forms need to be submitted to the program’s administrative assistant at least two (2) weeks prior to planned leave date in order to verify the amount of days available prior to the Program Director’s approval. It is the resident’s responsibility to verify approval of requested leave by the Program Director. Submittal of a leave request does not guarantee that leave will be granted. All personal days must be approved by the Program Director in addition to faculty/course director for each particular class or clinic session that will be missed. Also, once the leave is approved, it is the responsibility of the resident to make sure the original is placed in the resident’s file and the orthodontic scheduler receives a copy.

In case of a program-required event and/or an approved academic meeting, residents must complete the Leave of Absence Form for the time they will not be on campus. Attendance at such meetings and/or events will not count against allotted personal time but must be approved by Program Director prior to the meeting.

B. Sick/Unplanned Leave

In case of an emergency or illness, it is the resident’s responsibility to contact the program’s administrative assistant as soon as possible, followed by a unplanned Leave of Absence Form (also signed and approved by the Program Director) upon his or her return. Unplanned or emergency days will apply to your allotment of eight (8) personal days per year. If the eight (8) days are exceeded, refer to the Special Circumstances Leave Policy.

C. Unapproved Absences

Should an unfortunate situation arise when a resident is absent without proper documentation and/or following protocol as set forth by the Program Director and detailed above, he or she will be assessed leave time of an additional day for each unapproved absence day.

D. Extended Leave/Leave of Absence
Leave that is required for an extended period of time (such as maternity leave or leave for
health or family-related emergencies) will be dealt with on an individual basis and will
directly lead to extended time in the program. Such decisions will be made by the
Program Director, in consultation with the faculty and the resident.

IV. Special Circumstance Leave Policy

The UNLV School of Dental Medicine, Advanced Education Programs recognizes that in
some special instances it will be necessary for a student to interrupt or discontinue his/her
specialty education. The purpose of this policy is to provide guidelines regarding leave of
absence for a period exceeding the approved Eight (8) Days per School Year Attendance
Policy.

If a resident in an Advanced Dental Education program exceeds the allowed time for
personal days, the Program Director, in consult with the faculty and Dean, must construct a
plan to insure that all clinical, educational, and research needs of the program are met. This
could include additional reading, lectures, reports, and examinations. It may also be
necessary to extend the length of the program in order to provide the minimum number of
hours to successfully complete the course of study. In addition, it is recognized that
developed skills may be lost or forgotten during an extended leave. UNLV SDM may at its
discretion perform knowledge and dexterity examinations to ensure the resident is capable of
continuing his/her education. Remediation may be necessary and may add curriculum hours
above and beyond the actual number of hours lost due to the extended leave. Depending on
the remediation program, the program may be extended beyond 34-months.

The above measures will guarantee that the resident in question will meet the minimal
program standards established by CODA and UNLV graduation requirements.

Residents must be available by phone 24 hours per day.

V. Program Requirements

Completion of the orthodontic residency program involves acceptable performance in all four
areas of the curriculum. These areas include:

A. Clinical Education = 50% (Orthodontic Residency Clinic)

Each resident in the program will be assigned one or more chairs in the clinic. The
residents will keep their instruments in the clinic area and personal effects in the resident
room; it will be their responsibility for the care and cleanliness of each area. If a resident
does not follow procedures, appropriate actions for discipline following the UNLV SDM
Student Manual will be implemented.

Residents must make certain that patient’s parents know their name, and receive a
business card with information regarding the various ways they can contact the resident.
Residents are required to purchase an approved clinical camera. The program will supply the majority of clinical instruments. These instruments are specialized and costly. Take care of them and remember to use an instrument for its intended purpose. If a resident disregards this, then they are responsible for replacing that instrument.

1. Clinical Requirements

a. Treatment for resident cases will not be initiated until the appropriate records are taken, and the case has received approval by the assigned faculty. This policy should be explained to the parents beforehand to prevent any misunderstandings.

b. Residents must provide treatment under the supervision and direction of the assigned faculty. Treatment must be approved and the progress notes signed by the faculty. The assigned faculty must sign every request for additional dental therapy. Patients remain the responsibility of the assigned faculty who work closely with the residents in the diagnosis, treatment planning, and implementation of patient care. Failure to comply with faculty direction is an ethical violation, which will result in suspension or dismissal from the program.

c. Residents are expected to prepare all patient records according to the established protocols of the ABO at a minimum, including surgery and cleft palate cases. These records must be approved and the designated faculty, patient or parent/legal guardian must sign the treatment plan before treatment begins.

d. Residents will be assigned a rotation to the Southern Nevada Cleft Palate and Craniofacial Clinic. Residents are responsible for their own transportation to the clinic, and are subject to the attendance policy.

e. Residents should strive to complete the majority of the cases they start.

f. All third year residents must transfer all active and retention patients prior to their graduation according to the transfer protocol. Patients in retention should be discharged after one year.

g. All residents are required to have current CPR and OSHA certification. Failure to comply will result in the resident having clinical privileges suspended.

h. Orthodontic Consent Form must be completed before any orthodontic treatment will be started. It must be signed by the patient or parent (legal guardian).

i. All residents must have all required immunizations in order to work in the clinic.

j. All funds, regardless of source, generated from a graduate student’s clinical activities in connection with his/her participation in the academic programs shall accrue solely to the benefit of SDM. Graduate students are not employees of SDM and, as such, are not eligible for wages, workers’ compensation or other
benefits otherwise available to SDM employees in connection with their participation in the graduate program.

2. Patient Flow

   a. Patients are evaluated during an Orthodontic Screening Examination.

   b. Patients may be accepted, put on recall or declined.

   c. Clinic Director or Program Director assigns patients to resident and faculty.

   d. Resident contacts prospective patient and if the patient is interested, an appointment for diagnostic records is scheduled.

   e. Diagnostic records payment must be received at or before the records appointment with the exception of Medicaid recipients.

   f. Electronic health record information must be entered in AxiUm prior to start of treatment.

   g. Resident obtains all records necessary for case presentation (models, photos, radiographs, CBCT and clinical exam).

   h. Case presentation to assigned faculty.

   i. Treatment plan is approved and signed by assigned faculty.

   j. Case presentation to patient at patient appointment.

   k. Resident explains treatment plan to parent and/or patient and obtains signed Informed Consent.

   l. Financial Contract must be established with Business Office before any treatment starts.

   m. Resident must explain the importance of keeping appointments, cooperation from patient, insurance, payment schedule, and clinic appointment schedule.

3. On-Call Emergency Care/After Hours Care

   A call schedule will be developed and maintained to provide emergency services support for clinics. All residents will be assigned to the rotation. The vast majority of orthodontic emergencies can be handled over the telephone with instruction. Patients may be offered appointments to come in on the next clinical day.

   B. Didactic Education = 20% (Departmental Courses, Lectures, and Seminars)
1. Competence in Orthodontics requires knowledge of the biomedical sciences and other topics as related to the specialty. Materials in research, biostatistics as well as other areas are provided in the programs so that the resident will be able to apply important biomedical concepts and principles that govern acceptable clinical procedures.

2. The curriculum is intended to broaden the resident’s overall background, to sharpen the intellect for critical analysis and to provide an opportunity to gain depth in an area of specific interest.

3. The subject matter will be presented in a variety of ways. Information will be conveyed through applied courses, seminars, reading assignments, conferences, and laboratory assignments. Specific presentation style will depend on the individual instructor. The curriculum is designed to provide the resident with a comprehensive understanding of contemporary articles covering a broad range of material relevant to orthodontics as well as dentistry in general.

C. Research = 25%

1. UNLV SDM Orthodontic residency program was designed to train orthodontists capable of conducting independent research. The development of new knowledge is also a mission of the university and a priority for the specialty of orthodontics. In fact, as noted above, the Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics specify that: “students must initiate and complete a research project to include critical review of the literature, development of a hypothesis, and the design, statistical analysis and interpretation of data.”

2. Consistent with the UNLV SDM orthodontic residency program objectives and the ADA Accreditation Standards, the following research requirements have been established.

   a. Residents must complete and defend a Master’s thesis as part of their advanced degree program. All requirements and deadlines of the UNLV Graduate College must be met in order to receive the Master’s Degree in Oral Biology. The Certificate in Orthodontics and Dentofacial Orthopedics will not be awarded until the Master’s thesis is defended successfully and the Master’s Degree awarded.

   b. In addition, a minimum of one IADR presentation and one publishable quality manuscript submitted and approved by the Orthodontic Program Director and Director of Research will document the original research. The manuscript must be submitted and approved prior to receiving the Orthodontic Residency Certificate. The Resident will identify the mentor and the project no later than the end of their first semester. Following UNLV Graduate College guidelines, the resident must assemble a thesis committee to assist them in their research, advise in thesis development, review the manuscript and thesis, and to ensure an appropriate high standard of science. The advisory committee will consist of at
least 4 faculty proposed by the resident and research mentor with approval by the Program Director. The committee will include the resident’s research mentor and at least one Orthodontic faculty member. Following the rules of the UNLV Graduate College, the committee will vote on the quality of the Master’s degree thesis and dissertation to fulfill the requirements of a Master of Science in Oral Biology.

c. Published quality refers to all aspects of the work, including the scientific quality of the research project itself, the clarity and grammatical correctness of the writing, the interpretation of findings and the quality of illustrations and graphical data presentation. Residents are required to submit the manuscript for publication and have it reviewed by the journal’s editorial board of peer reviewers. Please refer to PLOS Biology Website for guidelines for negotiating scientific collaboration.

3. It is the responsibility of the resident to complete each of the above activities and provide the Director of Research and the UNLV Graduate College with written documentation to place on file. The Director of Research will maintain records of the resident’s progress.

4. The required independent research project and completion of a Master’s Degree in Oral Biology is the minimal requirement for successful completion of the orthodontic residency program at UNLV SDM. Residents are expected to remain engaged in scholarly activities throughout their residency training. To successfully complete their residency residents must clearly demonstrate that they are prepared to engage in independent research, which would potentially advance knowledge of orthodontics. This is most easily demonstrated by residents who begin their research activities early and remain involved throughout their training.

5. The American Dental Association Standard for research in an orthodontic curriculum is Standard 6 – Research: “Advanced Specialty education students must engage in scholarly activity.” Standard 6-1 reads “Students must initiate and complete a research project to include critical review of the literature, development of a hypothesis and the design, statistical analysis and interpretation of data.”

D. Teaching/Electives/Externships = 5%

1. ADA Accreditation

The ADA accreditation program requires residents to spend a certain amount of time teaching. Through teaching, residents will gain deeper insights into subjects, learn interpersonal skills, and develop organizational abilities. The educational division of UNLV SDM has developed a curriculum to enable residents to acquire these skills.

Residents will have responsibilities for teaching and producing material which may vary during the 34-month program. Pre-doctoral responsibilities will be coordinated
with the Pre-doctoral course directors. These responsibilities may include, but are not limited to the following:

a. Residents must assist the pre-doctoral faculty with all aspects of the didactic training program. This consists of lectures which emphasize growth and development, diagnosis, treatment planning, biomechanics, and interdisciplinary dentistry and laboratory exercises. Specifically, the residents will prepare and deliver lectures, moderate problem-based case analysis seminars, prepare the seminar materials, and develop student evaluation procedures. Course directors will make the specific assignments.

b. All residents must participate in the Pre-Clinical Orthodontic Course. The residents will be encouraged to develop innovative teaching and student evaluation procedures and above all else pursue a pro-active teaching philosophy.

2. Resident Presentations

a. Residents present, in a formal and comprehensive manner, selected cases of special interest for review and are critiqued by their peers and members of the department faculty. Any topic or patient discussed will require an adequate evaluation as well as complete records to make the subject interesting and educational. These presentations will follow a predetermined protocol and the faculty will direct the residents with the format.

b. Residents will devote much of their time to reviews of pre-selected articles of interest. They will report on these articles as well as supplemental literature, with purpose, methods, results, and conclusions.

c. Residents must review all of their cases with Orthodontic faculty and have the appropriate faculty sign off documents in AxiUm.

3. Electives/Externships

The intent of externships is to provide novel, unique, and diverse educational experiences to enrich the orthodontic resident’s knowledge base. Residents may do an externship at a hospital, another orthodontic program, or private practice. These externships must be approved by the Program Director.

E. Resident Evaluations

1. Evaluation is a continuing process in a seminar-clinical setting and informal feedback is provided to residents through their constant interaction with faculty. The purpose of the evaluation is intended:

a. to ensure that the resident is making satisfactory progress during the program;

b. to provide evaluation and feedback that is essential for the resident to gain the most from the educational process;
c. to provide feedback for improving the quality of the program, and
d. to provide feedback for the effectiveness and quality of the faculty.

2. Formal evaluations will be conducted on a semi-annual basis throughout the 34-month program:

b. Every six months that a resident is in the residency program, the faculty will complete a resident evaluation form, which may include review of patient progress and/or patients in active treatment. These evaluations will be collected from the entire faculty who interact with the residents. The Resident Progress Committee consisting of the Orthodontic full-time faculty will then meet with each resident to discuss these evaluations. These evaluations are meant to be a constructive and informational dialogue between the Program Director, faculty, and resident. If the resident is not making sufficient progress in the program, then appropriate remediation will be instituted.

c. Residents will be evaluated on all completed cases and patients in active treatment three months prior to their completion of the program.

3. Residents will be expected to maintain a 3.0 GPA in courses where grades are assigned and perform at a level acceptable for postgraduate work in courses that are pass/fail. Residents may discuss the results of these reviews with the Program Director. Unsatisfactory performance will result in remediation, probation and/or dismissal from the program.

4. Residents are required to complete in the ABO format, six cases that they have both started and completed. The resident will be graded on the quality of the result, and the presentation.

5. Residents must demonstrate competency in all areas to be approved for promotion or advancement.

VI. Grading Systems

The following grading system complies with Nevada System of Higher Education campus grading policy and will be used for UNLV SDM Advanced Education in Orthodontics courses.

- S Satisfactory
- U Unsatisfactory
- I Incomplete
- X In progress (research projects or courses extending beyond one semester)
- W Withdrawal
In some instances some courses will not be designated as Satisfactory/Unsatisfactory (S/U) courses and the following grading system will apply:

<table>
<thead>
<tr>
<th>Grade Range</th>
<th>Grade</th>
<th>Grade Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100</td>
<td>A (Superior)</td>
<td>4.0</td>
</tr>
<tr>
<td>80-89</td>
<td>B (above average)</td>
<td>3.0</td>
</tr>
<tr>
<td>0-79.9</td>
<td>F (failure)</td>
<td>0.0</td>
</tr>
</tbody>
</table>

In this grading system, each resident must pass all courses with a “B” or better grade, or satisfactory grade in courses using that grading method.

VII. General Information

A. Outside Employment - SDM

Residents will be allowed to enter part-time practice in general dentistry. This practice time can never conflict with program activities, and must be approved by the Program Director in advance. Also, a resident must have a full Nevada Dental license. A limited license is not enough. Residents are referred to the Nevada Dental Board for more information on the practice of dentistry in Nevada. VIOLATION OF THIS POLICY COULD LEAD TO DISMISSAL FROM THE PROGRAM.

B. General Guidelines

A general schedule is found in the W: drive under Schedules. Residents are expected to attend all courses, seminars and clinics. Any absence, for whatever reason, must be approved by the instructor and Program Director.

This handbook is designed to give you specifics as they relate to the Orthodontic Residency Program. As an Advanced Education Program within the UNLV SDM, we will follow the rules and regulations as outlined by the SDM and University.

Policies, procedures, standards of conduct, and resident responsibilities and rights related to students and academic affairs are found in the following documents:

1. SDM Student Manual
2. UNLV Student Conduct Code
3. UNLV Misconduct Policy

These documents should be used in conjunction with the Clinic Operating Manual, SDM Honor Code, Clinic Protocol Manuals. These can be located on the Clinic Information Website on SDM SharePoint.

C. Keys/Proximity Cards
Each resident will be issued a key/Proximity Card to open the necessary doors within the SDM. The key/Proximity Card will allow the resident access to the clinical areas, laboratory areas, and the resident room. Any additional access must be approved by the Program Director. Fees will be assessed for any lost key/Proximity Card.

D. Immunizations

Prior to enrollment Nevada Administrative Law requires documentation of the following immunizations: Tetanus Diphtheria (within the past 10 years), Hepatitis B, Tuberculosis Skin Test, two doses of Measles, Mumps, Rubella MMR) or two doses of live Measles vaccine, one Mumps, one Rubella vaccine. There is also a required eye exam.

E. Email

Each resident will be given a SDM email account through the SDM IT Help Desk. Residents will be expected to check their email several times each day to receive any important announcements from the Program Director, faculty, or staff. Note: email needs to be used appropriately in compliance with SDM regulations. This email will be accessible both on and off campus for your convenience.

F. Calendar (Web Based)

Each resident will be given access to the Google Orthodontic Calendar. Residents will be expected to check this calendar regularly, since events are updated here. This calendar will be accessible both on and off campus for your convenience.

G. Printers, Copiers and Fax

A printer, copier and fax will be available for resident use; however this privilege may be removed, if abused.

H. SDM Virtual Library

Currently the SDM has a virtual Library specific for dental and medicine. The Health Sciences Librarian, Dana Thimons, can be contacted via email at dana.thimons@unlv.edu, or by phone at (702) 895-0040.

I. Computers

UNLV SDM Advanced Education in Orthodontics and Dentofacial Orthopedics Program requires residents to purchase an approved notebook computer. The SDM IT Help Desk will image the computer with the appropriate software, provide each resident with a user ID and password in order to log onto the UNLV SDM domain.

J. Software
UNLV SDM Advanced Education in Orthodontics and Dentofacial Orthopedics Program will purchase and install all computer software required for the program. SDM IT Help Desk will support these efforts.

K. Cameras

UNLV SDM Advanced Education in Orthodontics and Dentofacial Orthopedics Program will require an approved Camera and Flash system suitable for intraoral and facial photographs.

L. Textbooks

UNLV SDM Advanced Education in Orthodontics and Dentofacial Orthopedics Program will require use of the ABO reading list plus suggested textbooks.

M. Equipment

If equipment is removed or relocated, the SDM staff must be notified. If any equipment is temporarily removed from the campus a “property removal form” must accompany it. The staff will help you obtain and complete this form.

N. Supplies

Orthodontic or dental supplies should never leave the clinic.

O. Financial Aid

Contact UNLV student enrollment and financial services for information and eligibility at 702-895-3424, or via their website. Any questions may also be addressed to the UNLV SDM Financial Aid Liaison at 702-774-2526.

NOTE: All students must review the Manual, and subsequently read and sign the “Acknowledgement” section found in Appendix A. This form must be returned to SDM’s Office of Student Affairs (Office of Student Affairs) prior to the end of the first week of fall classes.
UNIVERSITY OF NEVADA, LAS VEGAS

General Practice Residency Program

2017-2018 Handbook
I. Mission Statement

A. The UNLV School of Dental Medicine General Practice Residency is dedicated to applying the principles of evidence-based dentistry to attain the highest standards of clinical and academic excellence.

B. Oral health is indispensable element of overall wellness.

C. As a hospital affiliated Dental General Practice Residency, the UNLV GPR will maintain a strong, ongoing relationship with the University Medical Center of Southern Nevada to provide quality, integrative healthcare to our community.

II. Goals and Objectives

Upon completion of this program, residents will have a working knowledge of:

A. Hospital dentistry – providing dental care in an operating room setting and functioning in a hospital environment.

B. Treating medically compromised and special needs patients in an inpatient and outpatient setting.

C. Comprehensive treatment planning involving multiple specialty areas.

D. Advanced surgical procedures including incision and drainage, biopsy, pre-prosthetic surgery, complex surgical extractions.

E. Fabrication and insertion of simple and complex fixed and removable prostheses.

F. Diagnosis, interpretation of CBCT images, utilization of implant treatment planning software to enhance surgical placement and restoration of dental implants.

G. Emergency dentistry including management of oral trauma.

H. Moderate conscious sedation (oral, inhalation, and IV).

I. Advanced Cardiac Life Support (ACLS).

J. Endodontic diagnosis and treatment including use of rotary instrumentation and clinical microscopy.

K. Periodontal diagnosis, including both surgical and non-surgical treatment.
L. Esthetic dentistry principles and treatment options (veneers, ceramic onlays, smile analysis, and esthetic gingival procedures).

M. Practice management concepts to facilitate transition into private practice and other dental practice settings.

III. Policies and Procedures

A. Standard Operating Procedures (SOPs)

Clinic policies are described in Department of Dental Medicine SOPs located on the H: Drive. Residents must review and comply with Departmental SOPs.

B. Office Hours

Residency Hours:
7:30 a.m. – 5:00 p.m. Monday – Friday
Morning meeting: 7:45 a.m. – 8 a.m. Monday – Friday

Clinical Hours:
9:00 a.m. – 12:00 p.m. Monday – Friday
1:00 p.m. – 4:30 p.m. Monday – Thursday

Lecture and Seminar Time:
8:00 a.m. – 9:00 a.m. Monday – Friday
1:00 p.m. – 4:30 p.m. Friday*
*Residents to schedule this time at GPR during rotations)

C. Chief Resident

1. Chief Resident participates on GPR/UNLV, UMC committees and working groups as assigned to UMC Resident Forum.

2. Pre-approves leave for residents to ensure call coverage and continuity of patient care.

3. Manages call and rotation rosters.

4. Assigns additional duties to residents and ensures completion.

D. Leave Policy

1. 15 days ordinary leave, 15 days sick leave.

2. Leave should not be requested when guest lectures or seminars are scheduled.
3. Sick leave over 3 days requires medical evaluation.
4. Request leave authorization using iLeave.
5. Pre-approval from Chief Resident prior to iLeave request (check with front desk)
6. Do not wait until the last minute to request leave.

E. Staff Communications

1. Morning meeting announcements.
2. EagleSoft Calendar – Clinical Schedule.
3. SDM Mail – E-mail and Calendar.
4. Non-clinical appointments, leaves, etc. on EagleSoft.
5. Program Schedule on Master Calendar.
6. Check Email at least daily.

F. Scrubs and Lab Coats

1. Lab Coats issued to be turned in at completion of residency.
2. Laundered by GPR.
3. Scrubs are clinic attire and belong to you.
4. Laundered by resident.
5. Disposable PPE worn to prevent occupational exposures when indicated.
6. Lab coats and UMC badges are to be worn when in the hospital.

G. Controlled Drugs

1. Residents must apply for a DEA number.
2. If you do not have a DEA number, schedule drug prescriptions must be signed by a faculty member.
3. All prescriptions are written using EagleSoft.
4. Controlled drugs stored in drug lock box in supply.
5. Request drugs from Lead or Assistant Lead D.A.

6. Fill out the drug log when withdrawing controlled substances.

7. Initiate re-order when minimum stock level for each drug is reached.

8. Wasting of unused drugs **MUST** be witnessed and documented.

**H. Commercial Dental Laboratories**

1. All prescriptions must be reviewed and signed by faculty before sending to lab.

2. Removable prosthodontics and orthodontic appliances sent to Denture Masters or Impressions (SDM) lab.

3. Fixed Prosthodontics sent to Tech Art Ceramics Studio.

4. Only dental laboratories approved by UNLV can be utilized.
   
   a. In-House Dental Laboratory.

**I. Workspace**

1. Residents, faculty and assistants responsible for keeping work spaces clean and neat.

2. Users must clean counters and benches immediately after use.

3. Turn off all equipment (steam cleaner, BioStar, etc.) immediately after use.

4. Never leave Bunsen burners or torches unattended.

5. Report missing or defective equipment/supplies immediately to Lead/Asst. Lead DA or faculty member.

**J. Off-duty Employment**

1. Residents wishing to practice dentistry outside of the GPR must have a full and unrestricted Nevada license (unless practicing in a state run clinic).

2. All off-duty clinical practice requires approval by the GPR Director and UNLV SDM Dean.

3. Approval may be revoked if off-duty activities interfere with residency.

**K. Ancillary Support**

1. Each resident will be assigned a primary assistant and operatory.
2. Staff and room assignments may vary based on daily clinic needs.

3. Residents must be able to take dental radiographs and complete room turn around and asepsis when support staff are not available.

4. Good time management is critical.

IV. Documentation

A. Resident Portfolio - Portfolio remains with GPR for accreditation (see next section).

B. Record of Resident Program Activities.

C. Kept on H: Drive, includes clinical experiences:

   1. IV Sedation
   2. Emergency patients
   3. In-Patient and OR
   4. Rotations
   5. Resident Evaluations – Tri-annual
   6. Pre- and Post-Tests
   7. Presentations (Comp Care, SNDS, In-Service)
   8. Continuing Education (Non GPR Courses)
   9. Lit Reviews
   10. Competency assessments

V. Patient Care

A. Informed Consent

   1. As a health care provider, dentists are required to inform patients about the nature of their proposed treatment, the risks, the benefits and the alternatives as well as the consequences of no treatment.

   2. This is the essence of informed consent. Asking the patient to repeat the stated treatment for the day to the doctor confirms the patient understands the proposed
treatment and gives the patient the opportunity to ask any questions. Additionally, this allows the dentist to recheck for satisfaction with the agreed upon plan as well as for unreasonable patient expectations prior to treatment.

3. The patient’s record should reflect that consent was performed and the patient verbalized an understanding of the consent process. The record, also, needs to demonstrate that the discussion was personalized to the patient’s needs.

4. By encouraging questions and maintaining a dialogue with the patient, the dentist can show that the patient had an important part in controlling the treatment. An informed patient will be a more cooperative patient.

5. In summary, the following key elements will help in discussing the information with patients to allow them to make an informed choice:

6. Personally discuss the risks, benefits and alternatives of the proposed treatment with the patient and the possible consequences of non-treatment.


8. Give the patient an opportunity to ask questions.

9. Get a commitment from the patient to proceed. Patient must sign appropriate informed consent documents to be placed in their hard copy record or scanned into their electronic dental record when warranted by the procedure.

10. Use lay terms.

11. Document in the electronic record entry e.g. “verbal & written (when the procedure warrants) consent obtained from patient”.

B. Medical History/Vital Signs

A review of the past medical history should be completed and documented at each appointment. Med hx can be reviewed in EagleSoft and saved which will fulfill this requirement. Pre-operative blood pressure should be taken at every patient visit prior to administering local anesthetic.

For those patients undergoing any moderate sedation procedure, pre- and post-operative vital signs including BP, respiration, and patient alertness are, also, recorded. Entering the data on the sedation monitoring form will document the necessary information. Also, any patient suspected of systemic infection should have his/her temperature noted.

C. Treatment Plan
A copy of the treatment plan (printed out from EagleSoft) must be signed by the patient and a staff member. Eaglesoft will allow you to organize your treatment plan into numbered phases. For convention the numbers are as follows:

1. Emergency Phase
2. Systemic Phase
3. Preparatory/Hygienic Phase
4. Re-evaluation Phase
5. Corrective/Reconstructive Phase
6. Maintenance Phase

Go over your treatment plan with a staff member when the patient is present, if possible.

D. Daily Routing Slips

1. This form must be completed to ensure that the patient is accurately charged for all billable procedures completed. The form is #11, “UNLV Record of Dental Treatment”.

2. Section III, Treatment Narrative is a written account of procedures performed during that day’s appointment, e.g. “FMXR, comprehensive perio exam, full mouth debridement”. This would correspond to ADA Codes 0210, 0180, 4355, which are checked in Section IV. This allows the front desk to bill the patient accurately. This is a critical element of a business and will be an important focus once you start your practice.

3. You MUST include the following information on the form:
   a. Mark codes for ALL procedures performed or initiated in Section IV.
   b. Procedures planned for next appointment, must be on treatment plan.
   c. Time requested for next appointment (i.e. a 1 or 2 hour appt.).
   d. F/U, suture removal, minor adjustments, etc. should be scheduled in a 2nd chair.
   e. Specific faculty required for the next appt.

E. Progress Notes
When recording information into the patient’s record, including the “why” not just the “what”, is extremely important. In order to receive insurance reimbursement, the progress notes must CLEARLY state the working diagnosis and WHY the treatment was performed (e.g. gingival abscess interproximal to #2/3 or necrotic pulp #12 with acute apical periodontitis).

Information such as broken or canceled appointments, referrals and whether or not the patient followed through on the referrals, expressed patient dissatisfaction with treatment, and resolutions to problems should be included in the record. Follow-up instructions and phone conversations should, also, be documented. The record needs to contain sufficient information to:

1. Support the initial diagnosis for the proposed treatment
2. Confirm or revise the diagnosis for the completed treatment
3. Accurately document the treatment rendered, materials used and any future concerns

When writing in the patient’s record, care should be taken to use only objective, factual and medically/dentally accepted terminology. Nothing should be written in the record that is unprofessional and might embarrass the dentist, the auxiliary staff or the patient.

For issues regarding a medical/dental misadventure, a separate QA/QI form will be filled out that is not part of the medical record. This form has a very specific application and should be used with the concurrence of the faculty member supervising the case.

F. Patient’s Rights

1. People seeking treatment, as well as patients of record, shall be treated with respect and courtesy.
2. All patient records and information shall be treated as confidential material according to current HIPAA guidelines.
3. When a patient is accepted for treatment, that patient shall be informed of the nature and scope of the treatment as well as the fees for the proposed treatment before that treatment is started.
4. The patient shall be informed of alternate treatment options and the possible consequences of no treatment.
5. The patient has the right to accept or reject treatment.
6. Treatment shall have proper continuity and should be completed as explained to the patient.
7. Treatment may be discontinued if patients miss two appointments without notifying the clinic in a timely manner or are uncooperative during treatment.

8. Patients shall receive patient education information that explains the cause of oral and dental problems and how to maintain oral and dental health after proper treatment has been rendered in the clinic.

9. Active patients of record will be informed of the after-hours emergency care options.

10. Patients must receive a receipt at the time of payment for treatment rendered.

11. The patient shall be directed to the attending dentist, a faculty member and/or the Director to discuss any perceived problems relating to his/her care in the clinic.

VI. Portfolio

You are expected to add to your portfolio as you complete certain cases. There will be opportunities for the staff to check on your progress. The reasons we have this portfolio requirement include:

After you graduate your efforts will be just a memory but our residency must continue! The ADA credentials this residency every seven years and will ask specific questions about what was done during your time here. We have included requirements that help document your accomplishments. This information is kept in a portfolio which will stay here after you graduate.

You may need to sell yourself in order to get a position after the residency. It is very helpful to have documentation of the patients you have treated. In addition, any application for a moderate sedation permit will require documentation of class hours (60) and cases (20) completed. This information will be available in your portfolio and you can duplicate it for your own use.

A. Guidelines for the portfolio are as follows:

    UNLV SCHOOL OF DENTAL MEDICINE
    GENERAL PRACTICE RESIDENCY
    PORTFOLIO

    Resident ____________________________  Graduation Year 20**

B. Introduction

The portfolio is a collection of various types of treatment that demonstrate your clinical abilities. It is an organized binder in which you will assemble the evidence that you satisfied the general practice residency program’s objectives. This is congruent with an
important philosophy of post-doctoral education i.e. a shift of responsibility for the educational process from teacher to student.

C. Requirements

It is your responsibility to assemble one copy of the portfolio. The evidence may consist of checklists, case documentation, papers, certificates, images and other documentation. The portfolio will remain with the program Director at the completion of your residency to satisfy requirements set by the Commission on Dental Accreditation (CODA). The portfolio must be updated in a timely manner as it will be reviewed during evaluation sessions.

D. Portfolio Suggested Table of Contents is in Appendix E)

VII. Moderate Sedation

A. You must complete 20 cases to become certified to perform Moderate Sedation

1. Encourage your more apprehensive patients to have Moderate Sedation as part of their dental care

2. The fee for sedation is purposely set low to encourage its use

3. If you are short of your 20 cases and nearing the end of the residency it is acceptable to perform moderate sedation on your fellow resident’s patients while that resident is providing dental care

4. Each case will be documented on a Moderate Sedation Form and kept in your portfolio.

5. Choose a staff member to work with and coordinate the treatment with your patient.

6. Have this staff member sign the Moderate Sedation Form after completion of case

B. You are responsible for recording the drugs used in each of your sedation cases

1. Record this information in the drug log

2. Record the amount used and the amount discarded

3. Verify the count of the remaining drugs

4. Have your assistant co-sign the discarded drugs on the Moderate Sedation Form (this prevents you being suspected of using these drugs for other nefarious purposes)
C. Moderate Sedation Forms must be filled out completely and correctly; this is a closely scrutinized area of documentation

1. This form is designed to have a pre-anesthetic recording of vital signs. This normally should be several days prior to the intended surgery date, however, it is acceptable (in some cases) to perform the pre-anesthetic assessment on the day the procedure if deemed appropriate by a faculty member.

2. The sedation informed consent forms will be completed and signed by the patient, witness and doctor prior to initiating the procedure.

3. More guidelines for this form are described below:

The IV Sedation setup should include the following:

- Angiocaths (20 or 22 gauge)
- Reversal Drugs
  - Romazicon (Flumazenil)
  - Narcan (Naloxone)
  - Benadryl (Diphenhydramine)
- Robinul (Glycopyrrolate) (control of salivation)
- Steroid (e.g. Decadron - Dexamethasone)
- Lidocaine (with 1 cc tuberculin syringe for venipuncture)
- Selected moderate sedation drugs
  - Midazolam
  - Diazepam
  - Demerol
  - Fentanyl
  - Morphine
  - Hydromorphone
D. Drug Log

1. All controlled drugs will be maintained in the doubled-locked cabinet in the supply room.

2. The drug log will be kept in the cabinet.

3. Only authorized personnel may access this cabinet.

4. Each time a drug is removed or replaced, the dentist or appointed assistant will complete an inventory of the total remaining number of doses for this drug.

5. After treating the patient, the dentist will return to the log and note how much of the drug was used and how much was destroyed (if any).

6. New drug purchases will be kept and verified when the drugs are received.

<table>
<thead>
<tr>
<th>Drug Log</th>
<th>User's Name (witness necessary for audits)</th>
<th>Patient Name</th>
<th>Date</th>
<th>Time</th>
<th>Amt</th>
<th>Amt Used (mgs)</th>
<th>Amt Wasted (mgs)</th>
<th>Starting Inventory</th>
<th>Ending Inventory</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jul 21, 2012</td>
<td>10:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neubauer</td>
<td></td>
<td></td>
<td>Jul 21, 2012</td>
<td>10:00</td>
<td></td>
<td></td>
<td></td>
<td>17</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jul 21, 2012</td>
<td>10:05</td>
<td>-2</td>
<td>50 mg</td>
<td>50 mg</td>
<td>17</td>
<td>15</td>
<td>xxx</td>
</tr>
<tr>
<td>Ressie Dent</td>
<td>John Smith</td>
<td></td>
<td>Jul 21, 2012</td>
<td>12:05</td>
<td>+1</td>
<td></td>
<td></td>
<td>15</td>
<td>16</td>
<td>xxx</td>
</tr>
</tbody>
</table>

*Negative means you removed it; positive means you added it*
E. Sedation Worksheet

<table>
<thead>
<tr>
<th>Item</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, height, weight, date</td>
<td>Self-Explanatory</td>
</tr>
<tr>
<td>Health History, allergies, meds</td>
<td>Self-Explanatory</td>
</tr>
<tr>
<td>Family History, previous surg, habits</td>
<td>Any complications from previous anesthesia</td>
</tr>
<tr>
<td>Airway</td>
<td>Breath in and out of nose, sinus congestion, large loose soft palate, hx of sleep obstruction, Neck injury can affect ability to open the airway.</td>
</tr>
<tr>
<td>Resp</td>
<td>Hx of asthma, bronchitis, pneumonia, emphysema. Important from a med and residual capacity/compliance question.</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Hx of MI, HTN, Angina, CHF or Murmur. Conditional recommendations depending on actual Med Dx.</td>
</tr>
<tr>
<td>Airway Exam</td>
<td>Tongue size, Uvula, Nasal Passage. These eval the ease of intubation in an emergency.</td>
</tr>
<tr>
<td>Breathing</td>
<td>These are for ability to ventilate in an emergency.</td>
</tr>
<tr>
<td>Circulation</td>
<td>These are indications of adequate or inadequate perfusion.</td>
</tr>
<tr>
<td>ASA</td>
<td>ASA I- No medical problems</td>
</tr>
<tr>
<td></td>
<td>ASA III- Severe systemic disease (we do not sedate these.)</td>
</tr>
<tr>
<td>Pre-op DX</td>
<td>Medical and dental</td>
</tr>
<tr>
<td>Informed consent</td>
<td>Written statement of verbal consent</td>
</tr>
<tr>
<td></td>
<td>“The patient and I have discussed the proposed treatment of conscious sedation. Risks, benefits &amp; alternatives discussed and pt. concurs with the proposed treatment”</td>
</tr>
<tr>
<td>NPO</td>
<td>Pt needs to have been NPO at least 6 hrs for conscious sedation. If patient normally takes meds in the AM ensure they take them with small amt of water. Diabetics have different requirements, be aware.</td>
</tr>
<tr>
<td>Venipuncture</td>
<td>Left AC (antecubital)</td>
</tr>
<tr>
<td></td>
<td>Dorsum of the right hand</td>
</tr>
<tr>
<td>Device</td>
<td>20 or 22gau Angiocath</td>
</tr>
<tr>
<td>Agents</td>
<td>Versed, Fentanyl, Morphine etc.</td>
</tr>
<tr>
<td>Dose and time</td>
<td>Usually 15 min increments and doses as titrated</td>
</tr>
<tr>
<td>Used and Discarded</td>
<td>Amt. used and amt. wasted, signed by a witness</td>
</tr>
<tr>
<td>Fluids</td>
<td>Total these at the end of the procedure</td>
</tr>
<tr>
<td>Oxygen</td>
<td>2L/min per NC (nasal cannula) at 100%</td>
</tr>
<tr>
<td>SaO2%</td>
<td>Oxygen Saturation</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>Verbal, Tactile or Pain</td>
</tr>
<tr>
<td>EKG</td>
<td>NSR, ST, Bradycardia, PSVT</td>
</tr>
<tr>
<td>Plot</td>
<td>Plot vitals on graph</td>
</tr>
<tr>
<td></td>
<td>Will explain verbally</td>
</tr>
<tr>
<td>Aldrete score</td>
<td>Discharge criterion</td>
</tr>
<tr>
<td>Discharge Data</td>
<td>Can check more than 1 box. Vital signs stable/ spontaneous resp. and sedated but arousable etc.</td>
</tr>
</tbody>
</table>
VIII. Code Blue Response

A. Problems requiring attention

1. Cardiac Arrest (No pulse or Heartbeat)

2. Respiratory Arrest (Ineffective Respiratory Rate or Volume)

3. Chest Pain NOT Relieved by 3 Nitroglycerin doses

4. Status Epilepticus (seizure that does not stop) Patient will begin to decompensate.

5. Stroke (Indicated by one sided weakness, loss of speech abilities, changes in mental status.)

B. Response Procedure

1. Start BLS as needed. (Including patient position)

2. Notify full time Faculty (Dr. McAlpine, Dr. Gallob, or Dr. Neubauer), OMFS or Pediatric dentist, as available.

3. Get help into the room. (More assistants)

4. Prepare for high flow oxygen, either by mask or ambu bag, (O2 tank or room oxygen supply)

5. Get the crash cart directly outside the room

6. Call 9-911 as directed by Faculty, OMFS or Pediatric dentist. Be the last person to hang up. The person that phones EMS is to meet them out front and guide them to the clinic.

   Our Address: 1707 W. Charleston Blvd. Ste 290
   Phone number: 671-5175

7. Due to close proximity of the Internal Medicine Dept, extension 5065 can be called and assistance requested if a physician is available.

8. Due to close proximity of the Internal Medicine Dept, extension 5065 can be called and assistance requested if a physician is available.

9. The person managing the event will designate someone to document the event, to include times, interventions, drugs and patient responses to interventions.

10. Resuscitation efforts should continue until relieved by EMS.
11. Document the event, include timelines for symptoms, treatments and responses to treatments

Positive Pressure O2 outside Tx Room #1 (East Clinic)

Crash Cart in East Clinic Hallway

Crash Cart, Positive Pressure O2 & Monitor

Passive with pressure O2 with Ambu Bag in Oral Surgery Suite (West Clinic)

AED (Automated Electronic Defibrillator)

Surgery Suite West Clinic
IX. Periodontics

A. All patients will be comprehensively probed and at least a PSR recorded

1. The Periodontal Screening and Recording can be recorded on the patient’s EagleSoft record and varies from 0-4.

2. Patients scoring 4 must receive a comprehensive periodontal exam. This can be done on EagleSoft or on a paper record.

B. Attachment levels must be recorded in order to tell whether changes in probing depths are due to periodontal disease or just recession. This is only way periodontal disease can be diagnosed. Anything less is inadequate and does not serve your patient well.

P. This requires recording tissue levels (3 measurements each side of each tooth) on form #55 (Perio Charting Form).

Q. This can be accomplished on EagleSoft or a paper form for the chart. Remember that tissue levels above the CEJ are negative numbers.

C. The reverse side of the periodontal treatment form must be completed

1. Significant History (perio tx, surgeries).
   a. Diagnosis (type of disease, severity and extent).
   b. Prognosis (hopeless, poor, fair, good)
      (1) Short term (0-5 yrs)
      (2) Long term (>5 yrs)
   c. Space for the periodontal treatment plan including a graphic display of planned surgeries.
   d. This is to be completed prior to having the periodontal treatment plan reviewed by periodontist.

D. Sc/RP Kit (cassette)

1. Each resident will be given a Sc/RP kit and expected to keep it sterilized.

2. If an instrument breaks the resident is responsible to have the supply administrator re-order the instrument.
3. There is a standardized side of this kit; the resident can customize the miscellaneous side.
4. This kit will be used for all surgical treatments as well as Sc/RP procedures.

E. Scissors

1. Tissue scissors are expensive, precision instruments that should be treated carefully and not used for anything except tissue.

2. Suture scissors are much less expensive and can be used for other purposes (e.g. cutting membranes, graft templates, etc.

X. Hospital Dentistry

<table>
<thead>
<tr>
<th>Prescription Writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Patient’s Name:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>Drug Name</td>
</tr>
<tr>
<td>Amount</td>
</tr>
<tr>
<td>Dispense (Disp)</td>
</tr>
<tr>
<td>Number of Tabs, Caps or Tubes [For narcotics handwrite the number after the numerals, e.g., 10 (ten)]</td>
</tr>
<tr>
<td>Sig: Directions on how drug is to be taken (e.g., take on tab PO TID)</td>
</tr>
<tr>
<td>Helpful to write “generic OK”</td>
</tr>
<tr>
<td>Sign, Use DEA # when appropriate</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Common ABX for ER Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Penicillin Oral (500 mg PO QID) and IV (600,000-1.2m Units Q4H)</td>
</tr>
<tr>
<td>• Clindamycin Oral and IV</td>
</tr>
<tr>
<td>• Cephalosporins Oral and IV, e.g. Cephazolin, Cephalexin (Keflex)</td>
</tr>
<tr>
<td>• Erythromycin</td>
</tr>
<tr>
<td>• Amoxicillin – Oral/Ampicillin-IV</td>
</tr>
<tr>
<td>• Augmentin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who goes to the OR?</td>
</tr>
<tr>
<td>• Children in need of large amounts of restorations</td>
</tr>
<tr>
<td>• Handicapped adults or children unable to sit still</td>
</tr>
<tr>
<td>• Oral surgery cases</td>
</tr>
<tr>
<td>• Medical adjunct cases (medically fragile), e.g., pre-heart valve replacement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flowchart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Notes/Consults</td>
</tr>
<tr>
<td>• Chief Complaint</td>
</tr>
</tbody>
</table>

Hospital Handbook
UNLV School of Dental Medicine
GPR
- History of Present Illness
- Past Medical History
- Past Surgical History
- Social History/Drug Abuse
- Allergies
- Meds (prescription and OTC)
- Focused Oral Exam
- Impression/Plan/Recommendations
- Tx Given (if applicable)

- Patients screened by faculty
- Meet the patient (exam & X-rays, if possible)
- Front Desk preauthorizes insurance
- Resident/Lead Asst. schedules OR and anesthesia
- Pt to schedule H&P with MD credentialed @ UMC
- Can be completed by OMFS
- Pt takes all paperwork to UMC for pre-admission
- Case is confirmed; meet patient at OR at least 30 minutes prior to OR time

### Operating Room

- Eval the Patient several days prior to OR appt
- Ensure UMC pre-registration form is
  - Order appropriate labs (usually CBC only)
  - Consent area, include all possible treatment
    - (i.e., endo, extraction, fluoride, etc)
  - If special needs patient is adult, parent must have guardianship paperwork if pt. is unable to give informed consent
- Fill out the H&P report for the Physician to finish

### Operating Room

- Pre-Admit Note:
  - HPI
  - PMH
  - Exam
  - Assessment (include “Acute Situational Anxiety”)
- Pre-Op Note
  - Plan
  - Assessment must note:
    - Pre-op Diagnosis (include ASA#)
    - Planned Procedures
    - Labs and vital signs
    - HGB
    - WBC>----<PLT
    - HCT
  - “Consent in chart and reviewed with pt./legal

### Operating Room

- Post-Op Note
  - Follow form
- Call patient that evening
- Document Chart
- Dictate procedure within 24 hours
- Call #1-877-282-8674
- Follow commands
- Document procedures in clinic dental record
- Code procedures on Record of Dental Treatment
Operating Room

Example Discussion

Emergency Treatment

Pulp C. p. - cl OJ. oscdilG. _lcal no\ble compl.11e
- Adequacy fracture Repo.:t to \nterior When possible: (if noL refer to OMFs): rigid splint J-4 week.
- Tooth Avulsion - Replant within 1 hr if possible: don’t scrape or scrub: rinse only if > 1 hr (prognosis is poor) Functional splint for 1 wk:

line) with compo1ite: remarc in 1 wk.

plan for care

- Distraction mobility - functional splint (fishing
- Ifacial Iercratiom - superficial: uc nylon Sor
- 6-0: deeper Jaye: chronic or p3in gut,
- Untraoral Ineision - 4 or 5-0 chronic or plain gut. Leave one site of wound slightly open for drain:i.e.
- "Gingival Ineision: - reposition as cl o,c to nor-
   mal al peNible 4-0 p3in/chronic gut.
XI. Dental Resident Orientation Information for Adult Emergency Department - University Medical Center of Southern Nevada

Welcome to the Emergency Department clinical rotation for off-service residents. Please carefully review the rotation resident responsibilities outlined below. The Goals and Objectives of the Emergency Department rotation, as well as the Policy for Resident Supervision and Clinical Responsibility are, also, attached for your review.

A. Resident Responsibilities

1. Clinical Responsibilities

a. 8 shifts in the Adult Emergency Department divided between days, swing shifts, and nights. The 12-hour shifts run from 7am-7pm, 11am-11pm, and 7pm-7am. There are no exceptions to the aforementioned shift times.

b. All funds, regardless of source, generated from a graduate student’s clinical activities in connection with his/her participation in the academic programs shall accrue solely to the benefit of SDM. Graduate students are not employees of SDM and, as such, are not eligible for wages, workers’ compensation or other benefits otherwise available to SDM employees in connection with their participation in the graduate program.

While on duty, residents are expected to function as integral team members of the Emergency Department, appropriate to their level of training.

a. Duties include independently evaluating patients as assigned by the attending emergency physician, which includes performing a history and physical examination, and formulating a diagnostic evaluation and management plan. Residents will then present their patient to the attending emergency physician, and discuss their assessment and plan, prior to initiating diagnostic testing or therapy.

b. The Emergency Department functions at a dynamic pace, and efficient patient flow is critical to ensure that patients in the Waiting Room can be evaluated as rapidly as possible. Residents will be expected to manage multiple patients simultaneously, and must be aware of the status of pending diagnostic tests, and patient response to any medications administered.

c. Residents are responsible for the ongoing management of their assigned patients while in the Emergency Department. This includes the performance of serial reassessments of patients, along with timely follow-up of laboratory and radiology results, and consistently updating the attending emergency physician. Any change in patient condition or critical laboratory/radiology result should be immediately communicated to the attending physician.

d. Residents are responsible for arranging the patient management and disposition as discussed with the attending emergency physician. This includes contacting on-
call consultants, as necessary, or discussing the case with the admitting physician to arrange for hospital admission.

e. Sign-out rounds take place daily at 7am and 7pm in the Medical Pod nursing station. An overhead announcement will signal the beginning of rounds, and all residents are required to be present and participate. Residents about to complete their shift are responsible to sign-out to an oncoming resident, to ensure the ongoing management of any patients who have not yet been either admitted or discharged from the Emergency Department.

f. Residents are expected to actively participate in patient care throughout their scheduled shift; a 30-minute meal break is allotted during each shift. Leaving the Emergency Department early, before the completion of a 12-hour shift is not permitted.

g. Residents are expected to arrive on-time to their respective clinical shifts and be prepared for work, which includes having all necessary equipment to perform satisfactorily (e.g. stethoscope).

h. Any resident who is ill or unable to make it to an assigned shift must:

(1) Immediately contact the Emergency Department at 383-2211, and notify the Charge Physician, as well as

(2) E-mail Program Director, Dr. Berkeley (emergdoc@mac.com) the SAME DAY.

i. In order to pass the rotation, it is the resident’s responsibility to subsequently arrange a make-up shift with the EM Residency Program Director, Dr. Ross Berkeley.

j. A patient encounter log needs to be completed by the resident during each shift; a registration sticker of each patient who you primarily evaluate should be affixed to the log. The log needs to be signed by the attending physician with whom you worked after each Emergency Department shift, and submitted to Alisha Ortiz, the office assistant in the Department of Emergency Medicine, at the end of your rotation. The information included in the log will be utilized to verify attendance at each shift, as well evaluation of patient pathology and procedures completed. This information will also be utilized to help monitor the resident experience and improve the rotation. Failure to turn in a signed patient log for any scheduled shift will result in that shift being considered as an absence, and a make-up shift will have to be performed in order to successfully pass the rotation.

k. At the conclusion of each Emergency Department shift, you need to hand a resident evaluation card to your assigned attending emergency physician. Your final evaluation for this rotation is based upon these daily evaluation cards.
Completion of at least 75% of the attending daily evaluations is required to pass the rotation.

2. Academic Responsibilities
   
a. Completion of a case review of one patient you managed during the Emergency Department rotation. This should be a typed 2-4 page discussion of an interesting or unusual case in which you actively participated during your rotation. This is a required component of the rotation and must be submitted prior to the completion of the rotation. Please refer to the case review instruction sheet and sample in the orientation folder for further information.

b. Attendance at the weekly Emergency Medicine Academic Grand Rounds is strongly encouraged, but not required of those on a 2-week rotation in the Emergency Department. The conference topics are listed on the EM Academic Schedule. The schedule also lists the EM resident weekly reading assignments, which are chapters from Rosen’s Emergency Medicine: Concepts and Clinical Practice, available online at MDconsult.com; although not required reading for off-service rotators, these are pertinent to the weekly discussions. This educational conference takes place every Wednesday from 8am-1pm (unless otherwise noted on the EM Academic Schedule) across the street from UMC (across Tonopah) at the Department of Emergency Medicine conference room at Delta Point, 901 Rancho Lane, Suite 135.

B. Scheduling Policy

In compliance with ACGME requirements, residents will never be required to work more than 60 clinical hours in the Emergency Department during any given week.

Any special scheduling requests need to be submitted to Alisha Ortiz, the office assistant in the Department of Emergency Medicine, no later than 60 days prior to the beginning of the rotation. Efforts will be made to accommodate schedule requests but, due to the complicated nature of the Emergency Department schedule and the large number of rotating students and residents, requests will only be granted if the schedule permits, and no guarantees can be offered. Trading of assigned shifts between residents is not permitted, and any shift changes must be approved by the EM residency Program Director.

C. Evaluations

During clinical shifts, residents will work with several different attending emergency physicians who will then complete an evaluation after every shift, based on the ACGME core competencies. This includes a numerical assessment of resident competency of 1) Patient Care; 2) Medical Knowledge; 3) Practice-Based Learning; 4) Interpersonal & Communication Skills; 5) Professionalism; and 6) System-Based Practice. A sample of the daily off-service resident evaluation card is included in the orientation folder.
As described above, at least 75% of these daily evaluation cards must be completed in order to pass the rotation. It is each resident’s responsibility to submit a daily evaluation card to their assigned attending at the end of their shift; the attending physicians will then complete the evaluation card. The final grade for the rotation is based on the daily clinical evaluations and an overall assessment of your level of participation and clinical performance.

D. Policy on Passing the Rotation

A passing grade on a rotation in the Adult Emergency Department is dependent upon successful completion of all components of the rotation, which include:

1. Active participation during all 8 assigned clinical shifts in the Emergency Department.

2. Satisfactory completion of an emergency medicine case review, submitted no later than the last day of the rotation.

3. Submission of all 8 daily patient encounter logs, signed by an attending physician.

4. Satisfactory clinical evaluations by attending emergency physicians, demonstrating fulfillment of the minimum requirements for competency in all areas of evaluation (≥2.5 grade-point average), as well as a satisfactory overall assessment.

5. Completion of the Evaluation of Emergency Medicine Rotation form, to be turned in at the end of the rotation.

The EM residency Program Director/Associate Program Director will oversee the global evaluation of each resident’s performance in the core competencies, as well as overall performance on the rotation; a resident rotation evaluation form will then be submitted to their residency program.

Failure of satisfactory completion of any of the above requirements will result in either probation and/or failure of the Emergency Department rotation.

E. Policy on Probation or Failure

All residents are expected to arrive on time for their shifts, behave in a professional manner, and treat their patients and co-workers with respect. If a resident persistently receives unsatisfactory daily performance evaluations during the rotation, fails to comply with the above-listed components of the rotation, or demonstrates any unsatisfactory behavior that could potentially jeopardize passage of the rotation, a letter of warning will be issued to the resident and sent to their residency director, and the resident will be placed on probation. The resident will be given this letter in a timely fashion, in order to
allow an opportunity for satisfactory completion of the rotation via appropriate improvements in performance.

During the probationary period, the resident will be allowed to continue the clinical shifts to allow time to correct the aforementioned areas of unacceptable performance. If these deficiencies are not corrected in a timely fashion, the resident will not be permitted to continue the clinical shifts, and will fail the rotation. A subsequent meeting will be arranged between the leadership of the Department of Emergency Medicine and the residency Program Director of the off-service resident.

Contact Information: Alisha Ortiz, office assistant, Department of Emergency Medicine Telephone: 702-383-7885 / Fax: 702-383-8235, alisha.ortiz@gmail.com

F. Policy for Resident Supervision and Clinical Responsibility

1. Supervision shall be provided for all residents in a manner that is consistent with proper patient care, the educational needs of residents, and the applicable residency program requirements.

2. Program-specific policies are in compliance with UMC institutional policy, as well as standards outlined by the Emergency Medicine Residency Review Committee (RRC).

3. Residents will be appropriately supervised by teaching staff according to their level of education, ability, and experience. The level of responsibility shall be determined by the Program Director and teaching staff.

4. All residents must function under the direction of an attending physician. The attending is to direct patient care and provide the appropriate level of supervision based upon the patient’s condition, the likelihood of major changes in the management plan, the complexity of the care, and the experience and judgment of the resident being supervised.

5. Resident responsibility is graduated. Residents are given progressive responsibilities, in both the clinical as well as the didactic curriculum, based on level of training.

G. Off-Service Residents in the Adult Emergency Department

1. The off-service resident will care for patients with a variety of illness and injuries under close supervision of the EM attending to whom the resident has been assigned.

2. The off-service resident is expected to prioritize care based on the patient’s level of acuity and/or time within the Department.

3. The off-service resident must present all patients to the assigned attending prior to initiating diagnostic testing or therapy.
4. The EM attending assumes full responsibility for the care of all patients presented to them by the off-service resident.

5. The off-service resident is required to demonstrate adequate skill in the following procedures (including, but not limited to, the list below) in order to perform them independently and without supervision, with the exception of the female GU exam (pelvic exam) which must be supervised during the PGY-1 year:

   a. ABG
   b. Bladder catheterization, male
   c. Bladder catheterization, female
   d. Digital rectal exam, male
   e. GU exam, male
   f. **GU/Pelvic exam, female (must be supervised during the PGY-1 year)**
   g. Peripheral IV insertion
   h. Correct use of slit lamp and Tono-pen for ocular examination
   i. Anterior and posterior nasal packing
   j. Nasogastric tube insertion
   k. Reduction of large and small joint dislocations, including fracture/dislocations
   l. Application of splints for extremity immobilization
   m. Laceration repairs, including use of skin staples and Dermabond
   n. Incision and drainage, simple abscess
   o. Central venous access
   p. Lumbar Puncture
   q. Bedside ultrasound
   r. Endotracheal intubation

6. The EM attending will directly supervise all critical interventions.

7. The EM attending must approve and consider supervision of all invasive procedures.

8. In resuscitations, the primary role of the off-service rotator is vascular access and defibrillation/cardioversion.

9. The off-service resident is expected to manage 0.8 patients per hour, on average.

10. Any off-service resident who is ill and unable to make it to their assigned shift must immediately contact the Emergency Department Charge Physician (as noted above), as well as notify the Program Director/Associate Program Director as soon as possible, to allow for adequate time to arrange shift coverage.

H. Off-Service Resident Rotations University Medical Center Adult Emergency Department

   1. Goals and Objectives Patient Care
a. Demonstrate competence in performing a focused history and physical examination including: identifying pertinent risk factors in the patient’s history, providing a focused evaluation, interpreting the patient’s vital signs and condition, recognizing pertinent physical findings, and performing techniques required for conducting the exam.
b. Demonstrate competence in performing an adequate and appropriate neurologic exam on trauma and medical patients with various levels of consciousness.
c. Demonstrate competence in performing an adequate and appropriate trauma exam.
d. Demonstrate competence in performing an adequate airway assessment.
e. Demonstrate competence in performing an adequate and appropriate gynecologic exam.
f. Demonstrate competence in performing and appropriate evaluation on pediatric patients.
g. Demonstrate the ability to recognize and evaluate cardiac emergencies.
h. Demonstrate the ability to recognize and evaluate respiratory and airway emergencies.
i. Demonstrate the ability to recognize, evaluate, and manage GI emergencies.
j. Demonstrate the ability to recognize, evaluate, and manage gynecologic emergencies.
k. Demonstrate the ability to recognize, evaluate, and assess surgical emergencies.
l. Identify and manage non-emergent abdominal, gynecologic, neurologic, infectious, pulmonary, and cardiac complaints.
m. Demonstrate appropriate treatment priorities, identifying patients by acuity.
n. Demonstrate familiarity in performing procedures including, but not limited to
   (1) Correct use of slit lamp and Tono-pen for ocular examination.
   (2) Anterior and posterior nasal packing.
   (3) Nasogastric tube placement.
   (4) Reduction of large and small joint dislocations, including fracture dislocations.
   (5) Application of splints for extremity immobilization.
   (6) Laceration repairs, simple and complex, including use of skin staples and Dermabond.
   (7) Incision and drainage, simple abscess.
   (8) Peripheral and central venous access.
   (9) Lumbar puncture.
   (10) Bedside ultrasound.
   (11) Endotracheal intubation.
o. Demonstrate timely and appropriate patient dispositions.
p. Demonstrate ability to evaluate an average of 0.8 patients per hour.

2. Medical Knowledge
a. Formulate a differential diagnosis based on clinical findings for altered mental status, including chemical, psychological, and organic causes.

b. Discuss the indications and techniques for control of hypertension in emergent and urgent conditions.

c. Demonstrate an understanding of the evaluation and management of vaginal bleeding in the pregnant and non-pregnant female patient.

d. Describe the indications and utility of various modalities to evaluate complaints of shortness of breath including the diagnoses of asthma, bronchitis, pneumonia and pneumonitis, emphysema, COPD, and pulmonary embolism.

e. Correctly request and interpret radiographic studies for complaints of extremity pain and trauma.

f. Understand the pathophysiology and principles of acute coronary syndrome, including pharmacologic and procedural interventions and their indications.

g. List the risk factors and management for gastrointestinal bleeding including both upper and lower sources.

h. Outline the differential diagnoses for a complaint of colicky abdominal pain including, but not limited to, cholecystitis, biliary colic, renal colic, ureteral or renal calculi, and abdominal aortic aneurysm.

3. **Practice-Based Learning and Improvement**


   b. Maintenance of a procedure log to document competence of procedures and skills.

4. **Interpersonal Skills and Communication**

   a. Succinctly and efficiently request consultation for patients requiring specialty management.

   b. Demonstrate appropriate and complete documentation of patients’ encounters.

   c. Discuss with appropriate language and terminology significant risk factors and patient modifiable behaviors that increase the patient’s risk for developing cardiovascular disease.

   d. Demonstrate the appropriate use of and communications with consultants.
5. **Professionalism**

   a. Develop and maintain interpersonal, and communication skills essential to interactions with patients, family, and staff.

   b. Maintain personal wellness and assist colleagues in times of crisis and when necessary and appropriate.

   c. Practice ethical decision making with cultural sensitivity.

   d. Practice medicine in a fashion that displays competence, consideration, and integrity.

   e. Demonstrate appropriate chart documentation.

   f. Maintain all appropriate credentialing and licensure requirements.

6. **Systems-Based Learning**

   a. Appropriately refer patients for follow-up care and continuity of care.

   b. Appropriately access healthcare for patients.

   c. Demonstrate appropriate time management skills and the ability to evaluate an average of 0.8 patients per hour.

   d. Provide cost effective management patients including cost appropriate medications and treatment modalities.

**X. Dental Resident Orientation Information for UNSOM Family Medicine Las Vegas Rotation**

**A. Family Medicine Rotation General Goals and Objectives**

   1. Gain an appreciation for the importance of oral health as an overall component of systemic health by working closely with physician colleagues in the clinical setting.

   2. Understand the basic principles of physical diagnosis including performance of history, review of systems and physical examination.

   3. Gain experience in hospital protocols including in-patient records, orders, and admission and discharge procedures.

**B. Specific Goals and Objectives**

   1. **Patient Care**
a. Assumes inpatient care of all patients on the service, and develop the skill to manage inpatients of various ages and sexes with various problems on several different wards throughout the hospital.

b. Understand the role of the home visit in patient care.

c. Provide continuity of care for patients in the outpatient and inpatient settings.

d. Develop an understanding of who needs to be admitted and who can be treated on an outpatient basis, and understand the proper timing of hospitalization in the management of problems.

e. Manage the rehabilitation from acute illness or injury.

2. Medical Knowledge

a. Learn the integration of the biopsychosocial model into the management of common ambulatory and inpatient problems.

b. Demonstrate an investigatory and analytic thinking process for each patient.

c. Understand the importance of comprehensive patient and family medical care and incorporate the knowledge into patient care treatment plans.

3. Practice Based Learning (This competency is addressed longitudinally throughout the rotation)

a. Scientific evidence will be reviewed by the resident and attending physician in the context of their patients.

b. The practical implementation of evidence-based medicine will be discussed as the medical decision making is reviewed.

c. Information technology will be utilized by the resident as he or she is required to research topics as directed by the attending physician.

d. Information technology will be utilized with the hospitals implementation of their electronic health record

f. The resident will also be evaluated on the steps they took during the rotation to improve their shortcomings.

g. Reinforce the identity and commitment to the principles and philosophical attitudes of Family Medicine.
h. Understand the application of preventive medicine as it applies to the hospitalized patient.

i. Analyze practice experience and perform practice-based improvement activities.

j. Obtain and use information about our patient population.

k. Develop skills for proper presentation of patients to colleagues in morning report.

4. **Interpersonal and Communication Skills** (This competency is addressed longitudinally throughout the rotation)

a. Create and sustain a therapeutic and ethically sound relationship with patients.

b. Interact with staff family physicians that will serve as advisors and role models.

c. Interact with fellow residents as a team of care providers.

d. Develop, use and enhance communication skills (nonverbal, explanatory, questioning, and writing).

e. Appreciate the importance of patient health education.

5. **Professionalism** (This competency is addressed longitudinally throughout the rotation)

a. The attending physician will observe and assess the resident’s sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress.

b. Ethical and legal practice skills will be taught, modeled, and observed.

c. Respect for cultural, age, and gender differences will be taught, observed and evaluated.

d. The resident is expected to treat patients, families and colleagues with respect, understanding, sympathy and honesty.

e. Demonstrate a commitment to carrying out professional responsibilities (accountability to patients, society and profession and ongoing professional development).

f. Demonstrate an adherence to ethical principles (withholding clinical care, confidentiality, informed consent, and business medicines).

g. Demonstrate sensitivity to a diverse patient population (gender, culture, age).
h. Develop increasing responsibility in the education and supervision of the younger house staff and medical students.

6. **Systems Based Practice** (This competency is addressed longitudinally throughout the rotation)

   a. The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options.

   b. The resident will gain a better understanding of the multidisciplinary approach to the care of patients in Family Medicine.

   c. The resident will gain an increasing understanding of the role of the patient, physician, support staff, insurer, and clinic in the health care environment.

   d. Understand individual as well as family health assessment and maintenance.

   e. Understand the proper use of referral and consultation.

   f. Understand the roles of the community, and the resources available to assist in the patient’s care.

   g. Understand the value of Discharge Planning.

   h. Understand the use of domiciliary care.

**XI. Dental Resident Orientation Information for Mike O’Callaghan Federal Hospital Anesthesia Rotation**

A. Goals and Objectives:

1. Understand and follow proper operating room protocol and procedures to maintain a sterile surgical field.

2. Understand and appropriately utilize patient assessment tools such as the pre-anesthetic evaluation, H&P procedures and documentation, and the ASA classification system to evaluate relative procedural risk.

3. Gain proficiency in intravenous catheterization/venipuncture and learn the basics of fluid and electrolyte management.

4. Perform multiple endotracheal intubations and gain experience maintaining a patent airway on anesthetized patients.

5. Familiarization with basic airway management techniques.
6. Monitor patient vital signs during the anesthesia and recovery phases of treatment and accurately complete the anesthesia record. Familiarization with prevention and treatment of anesthetic emergencies.

7. Gain a basic knowledge regarding the behavioral and pharmacologic techniques and mechanism of action of commonly used general anesthetic agents and adjunctive drugs used in anesthesiology.

8. Learn the basic principles of patient safety including marking of operative sites and use of “time out” procedures to prevent wrong site surgery or other adverse outcomes.

XII. Contacts

**George J. McAlpine, DDS, MS**
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Fax: 702-474-9617
Email: john.gallob@unlv.edu

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Email: carol.einhorn@unlv.edu
**APPENDIX A. Verification of Receipt and Understanding of SDM Student Manual**

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<th>Verification of Receipt and Understanding of SDM Student Manual</th>
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<tr>
<td>I am in:</td>
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<tr>
<td>□ Pre-doctoral Program (DMD/DDS)</td>
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<tr>
<td>□ Postgraduate Program (Pediatric/Orthodontic/GPR)</td>
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By checking the items below, I indicate that I have read and understood the following:

- I have received the University of Nevada, Las Vegas SDM STUDENT MANUAL, amended August 2017, which contains the information for all SDM programs.
- I have received the STUDENT CODE OF PROFESSIONAL RESPONSIBILITY (Honor Code), amended and approved by the Board of Regents December 2005, and revised August 2017, which is reprinted in the Student Manual.
- I understand that by signing this document, I am acknowledging receipt of the most recent copy of the UNLV SDM Student Manual, the UNLV Student Code of Conduct, and the Clinic Manual which can be accessed electronically on UNLV SDM SharePoint website.
- I am still responsible for all the contents held within the SDM Student Manual, the UNLV Student Code of Conduct, and the Clinic Manual even if I choose not to initial or sign this document.
- I have received a copy of the Dentist’s Pledge, which is reprinted in the SDM Student Manual.

**I HAVE READ, UNDERSTOOD, AND AGREE TO ABIDE BY ALL THE ABOVE DOCUMENTS.**

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I have presented this handbook in person; however the student refuses to initial and sign the above acknowledgment of receipt.

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<th>Faculty or Staff Signature</th>
<th>Date Signed</th>
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*The SDM reserves the right to amend any information within the student handbook that will be in the best interest of our students and their academic performance.*
APPENDIX B. Extramural Educational Experience/Underserved Patient Care Trip Request Procedure

A graduate of the UNLV SDM is expected to be in attendance and complete the appropriate in-residence curricular time specified to obtain the degree of Doctor of Dental Medicine. This does not preclude the ability of a student to participate in related Underserved Patient Care Trips or Extramural Experiences.

Compliance with SDM policies and University-wide policies is absolutely mandatory. Please be advised that a request may be denied if the student has been absent frequently for multiple activities.

Educational Experience outside the continental U.S.

1. Educational activities outside the continental U.S. are considered international travel.
2. The applicant must complete the Extramural Experience/Underserved Area Activity Checklist (attached).
3. SDM must have documented memoranda of understanding, affiliation agreement or other appropriate arrangements with the trip sponsor as approved by UNLV Administration.
4. Request must be initiated at least 6 months prior to the intended activity.
5. The academic status of the applicant must be reviewed and approved by the Associate Dean for Academic Affairs. The student must be “on-track” with didactic course work, clinical productivity, and competency completion as well as professional conduct. (Students on Academic Warning, Academic Probation, Clinic Suspension, or Clinic Reassignment will not be considered).
6. The applicant must have completed and submitted all the necessary paperwork required by the Office of International Programs.
7. The applicant must have appropriate immunization and health status documentation.
8. The applicant must have appropriate approval from the Team Leader and course directors and submit a written plan for making up missed work.
9. If you plan on collecting any data to be used in a research project or publication you will need to get appropriate prior IRB and SDM Office of Research protocol approval.
10. Final approval to participate will be through the SDM Office of Academic Affairs.

Educational Experience within the continental U.S.

1. The applicant must complete the Extramural Experience/Underserved Area Activity Checklist (attached).
2. SDM must have documented memoranda of understanding or an appropriate affiliation agreement with the trip sponsor. (Note: If no agreements currently exist this process may take several weeks to months.)
3. Request must be initiated with appropriate notice prior to the intended activity.
4. The academic status of the applicant must be reviewed and approved by the Associate Dean for Academic Affairs. The student must be “on-track” with didactic course work, clinical productivity, and competency completion as well as professional conduct.
(Students on Academic Warning, Academic Probation, Clinic Suspension, or Clinic Reassignment will not be considered.)

5. The applicant must have appropriate approval from the Team Leader and course directors and submit a written plan for making up missed work.

6. If you plan on collecting any data to be used in a research project or publication you will need to get appropriate prior IRB and SDM Office of Research protocol approval.

7. Final approval to participate will be through the Office of Academic Affairs.

Clinical Points Policy

1. All extramural (off-campus) clinical activities must have prior approval of the Associate Dean for Academic Affairs, and all appropriate documents must be completed by the due date.

2. No clinical points will be awarded for underserved patient care/mission trips or extramural experiences that have limited access and added expense to students.

3. Clinical points will be awarded for intramural (on-campus) educational activities using SDM clinical software such as, the Children’s Clinic and Sgt. Clint Ferrin Memorial Veterans Clinic.

4. If participating in extramural clinical activities that are under the purview of the SDM, clinical points may be granted for procedures completed and approved by attending SDM faculty with appropriate documentation and approval of the Clinical Science Department Chair and Associate Dean for Academic Affairs.

Steps and approval process for completing the extramural educational experience/underserved patient care trip request procedure:

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<tr>
<th>#</th>
<th>Action</th>
<th>Completed</th>
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<tbody>
<tr>
<td>1</td>
<td>Activity Approved as an Elective Course or sanctioned extramural experience, special rotation, or excursion to underserved area.</td>
<td>Associated Dean for Academic Affairs</td>
</tr>
<tr>
<td>2</td>
<td>Supervisor and affiliation</td>
<td>Faculty, Adjunct Faculty. Sponsoring organization responsible party.</td>
</tr>
<tr>
<td>3</td>
<td>Paperwork completed with the UNLV Office of International Affairs (if international travel.)</td>
<td>UNLV Office of International Affairs</td>
</tr>
<tr>
<td>4</td>
<td>Immunization and health status documentation submitted.</td>
<td>Assoc. Dean for Admissions and Student Affairs</td>
</tr>
<tr>
<td>5</td>
<td>Affiliation Agreement(s) or memoranda of understanding with sponsoring entity of file.</td>
<td>Assoc. Dean for Admissions and Student Affairs</td>
</tr>
<tr>
<td>6</td>
<td>Student Performance Committee Approval. Student must be “on track” with course work, clinic production, competency completion, and professional conduct.</td>
<td>Assoc. Dean for Admissions and Student Affairs</td>
</tr>
<tr>
<td>7</td>
<td>Team Leader approval.</td>
<td>Team Leader</td>
</tr>
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<td>8</td>
<td>Course Director approval. (Attach appropriate leave paperwork with course directors signatures)</td>
<td>Leave Form Completed and Copy Attached</td>
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<tr>
<td>9</td>
<td>If participating during term session, attach written plan for making up missed work in course work and clinic.</td>
<td>Written plan attached</td>
</tr>
<tr>
<td>10</td>
<td>If you plan on collecting data for a research project or publication, IRB and Office of Research approval required.</td>
<td>[ ] Yes (attach protocol) [ ] N/A Assoc. Dean for Research</td>
</tr>
<tr>
<td>11</td>
<td>All documentation checked and cleared by the Office of Student Affairs and the Associate Dean for Student Affairs.</td>
<td>Assoc. Dean for Admissions and Student Affairs</td>
</tr>
<tr>
<td>12</td>
<td>Paperwork filed and approved by the external Activities Committee</td>
<td>Assoc. Dean for Admissions and Student Affairs</td>
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APPENDIX C. Minimum Technical Standards for Admissions & Matriculation

The University of Nevada Las Vegas, School of Dental Medicine (SDM) is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status or sexual orientation.

In adhering to this policy, SDM abides by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the other applicable statutes and regulations of the State of Nevada, the Nevada System of Higher Education and the University of Nevada, Las Vegas relating to equality of opportunity. In this venue, the School of Dental Medicine encourages all qualified individuals to apply for admission to its Doctor of Dental Medicine (DMD) program and Doctor of Dental Surgery (DDS) program.

SDM recognizes that the award of a Doctor of Dental Medicine degree carries with it the full authority of the Nevada System of Higher Education Board of Regents and communicates to those who might seek the services of the bearer that he or she is competent to practice general dentistry. The DMD degree is a professional degree, unique in that the graduate is prepared upon licensure to practice all disciplines within the scope of a general dentist. This requires that the student in the curriculum acquire didactic knowledge as well as psychomotor skills and the attitudes essential to the profession and agreed upon by the faculty as requisite for the practice of general dentistry. To successfully negotiate the curriculum, students must have a sufficient motor function to execute movements essential to providing oral healthcare to patients, a level of cognitive aptitude, ethical competency, and hand-eye coordination.

SDM is mindful of the unique nature of the dental curriculum. Applicants must possess the skills and abilities that will allow them to successfully complete the course of study and receive the full benefit of the education. In the process, the student is required to direct or perform treatment on the patients of SDM Clinics and its affiliates. This includes the completion of treatment safely and within an acceptable amount of time. With this in mind, the student must be able to meet the following technical standards with or without reasonable accommodations.

SDM will consider any applicant who demonstrates the ability to perform or to learn to perform the skills listed in these standards. SDM has determined that these skills are essential to the program of instruction. Continued enrollment and graduation will depend on the successful demonstration of both the knowledge and skills listed in these technical standards. The Student Performance Committee will monitor each candidate’s/student’s demonstration of such knowledge and skill. Although the SDM may not inquire into whether an applicant has a disability prior to making a decision on admission, an applicant may disclose a disability for which he or she wishes accommodation during the admissions process. Such applicant must contact DRC. Applicants are not required to disclose the nature of their disability(s) to the Admissions Committee; however, any applicant with questions about these technical standards is strongly encouraged to discuss the issue with the Associate Dean for Student Affairs or Director of Admissions before the interview. Upon the request of an applicant or a student, who provides appropriate documentation and certification, reasonable accommodations will be provided.
Requests for accommodation must be initiated with the DRC. UNLV SDM will provide reasonable accommodations, but is not required to make modifications that would fundamentally alter the nature of the program or provide auxiliary aids that present an undue burden to the UNLV SDM. The student must be able to perform all of the technical standards with or without accommodation in order to matriculate into the curriculum.

1. MOTOR SKILLS

   GENERAL. A candidate/student should have a sufficient level of manual dexterity such that he/she is able to execute the fine movements required to provide general dental care and treatment to patients within a specified amount of time.

   SPECIFIC. It is required that a candidate/student possess the manual motor skills necessary to directly perform diagnostic and treatment maneuvers associated with the practice of general dentistry. Such maneuvers require coordination of both gross and fine muscular movements, equilibrium, and functional uses of the senses of touch, hearing, and vision.

   SPECIFIC. A candidate/student must possess the motor skills necessary to directly perform basic life support (including CPR), transfer and position disabled patients, physically restrain adults who lack motor control, and position and reposition self around patients in various treatment settings. The candidate/student must be able to operate dental equipment controls utilizing fine hand movements, position and move dental instruments, and move in all directions within fractions of one millimeter of tolerance. Such actions require the ability to use both hands, coordination of gross and fine muscular movements, equilibrium, and functional uses of the senses of touch and vision. Candidates/students must be able to work in the proper ergonomic positions appropriate to the delivery of dental treatment for extended times.

2. SENSORY/OBSERVATION

   a. BASIC SCIENCES

   GENERAL. A candidate/student must be able to acquire a defined level of required information as presented through lectures, readings, demonstrations, and experiences in the basic and dental sciences.

   SPECIFIC. A candidate’s/student’s ability to acquire information includes, but is not limited to, information conveyed through physiologic, pharmacological demonstrations in animals and microscopic images of microorganisms and human or animal tissues in normal and pathologic states. A candidate/student must be able to acquire information from written documents and to visualize information presented in images from paper, films, slides, video, and computer. A candidate/student must be able to interpret radiographs (x-rays) and other graphic images, with or without the use of assistive devices. A candidate/student must have functional use of visual, auditory, and somatic sensation while using appropriate enhancement of sensory modalities (such as microscopes, stethoscopes, etc.).
b. CLINICAL SCIENCES

GENERAL. A candidate/student must be able to observe a patient accurately, at a distance and close at hand, and observe and appreciate non-verbal communications when performing general dental treatment or administering medications.

SPECIFIC. A candidate/student must be able to perform visual and tactile dental examinations and treatment. This requires visual acuity, accommodation, and color vision necessary to discern slight differences and variation in color, shape, and general appearance between normal and abnormal, soft and hard tissues. Use of tactile senses may be either direct manual palpation or indirect through manual instrumentation. A candidate/student must also possess the visual acuity to read charts, records, small print and handwritten notation, and distinguish small variations in colors intra and extra orally.

3. COMMUNICATION

GENERAL. A candidate/student must be able to communicate clearly and effectively with a degree of sensitivity with patients, parents and/or guardians; establish good rapport, convey or exchange information at a level allowing development of a health history; identify problems presented; explain alternative solutions; and give directions during treatment and post-treatment. For effective patient treatment, the candidate/student must be able to communicate with patients, parents, guardians, and all members of the dental and medical health care team effectively and efficiently and communication must be culturally appropriate. Communication includes oral and written modes.

SPECIFIC. A candidate/student must have sufficient facility with English to retrieve information from literature, computerized databases and lectures and to communicate concepts on written exams and patient charts. Patients, faculty, students, and staff must be able to easily understand the candidate/student’s oral and written communication in order to effectively evaluate performance and to work collaboratively in the care of patients. Patients must be able to understand the candidate/student easily to help establish patient rapport, understand what information is requested and needed by the candidate/student and understand the explanation of treatment procedures, treatment options, informed consent, follow up, and/or home care.

4. COGNITIVE

GENERAL. A candidate/student must be able to measure, calculate, reason, analyze, integrate, and synthesize information.

SPECIFIC. A candidate/student must be able to comprehend and mentally visualize three-dimensional relationships and to understand the spatial relationships of structures. Problem solving and clinical decision making and critical thinking skills demanded of a general dentist require all of these intellectual abilities. A candidate/student must be able to perform these problem-solving and critical thinking skills in a timely fashion for effective patient treatment.
5. **BEHAVIORAL**

**GENERAL.** A candidate/student must possess the emotional health and maturity required for full utilization of his or her intellectual abilities, the exercise of good judgment, maintenance of patient confidentiality, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, faculty, staff, and students.

**SPECIFIC.** A candidate/student must recognize that the curriculum is physically, mentally and emotionally taxing. He or she must be able to tolerate physically and emotionally demanding workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that will be assessed during the admission and educational processes. Further, a candidate/student must be able to manage apprehensive patients with a range of moods and behaviors in a tactful, culturally sensitive, congenial, personal manner so as not to alienate or antagonize them. A candidate/student must reasonably be expected to accept criticism and respond by appropriate modification of behavior.

6. **ETHICS AND PROFESSIONALISM**

**GENERAL.** A candidate/student must maintain the standards of conduct for ethics and professionalism as set forth in the American Dental Association’s Principles of Ethics and Code of Professional Conduct and those further specified in the UNLV SDM Student Handbook.

**SPECIFIC.** A candidate/student must always act in the best interest of the patient and society even when there is a conflict with the candidate/student’s personal self-interest. The candidate/student must conduct oneself as a trustworthy and responsible citizen and act with impeccable integrity in their interactions with students, faculty, staff, and the public. A candidate/student must refrain from actions that detract from the professional atmosphere or other actions. This expectation would also apply when attending any school-sponsored or related activities.

UNLV SDM Technical Standards are required to successfully complete the School’s competencies needed for graduation. These competencies are available upon request through the Associate Dean of Academic Affairs, UNLV School of Dental Medicine, 1001 Shadow Lane, MS 7410, Las Vegas, NV 89106.
### Applicant’s Certification of Understanding of the Technical Standards of SDM

- [ ] I certify that I have read the above technical standards (UNLV SDM Minimum Technical Standards for Admission and Matriculation), and understand that as part of the dental school curriculum I will be required to meet all of the above stated technical standards with or without reasonable accommodations.

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### Student’s Certification of Ability to Meet the Technical Standards of UNLV SDM

- [ ] I have read and understand the above technical standards and I hereby certify that I am able to meet these standards with or without reasonable accommodations.

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APPENDIX D. Advanced Education Program in Pediatric Dentistry

Postgraduate Student
Complaint Form

(Official Complaints, Comments, and Suggestions)

Name:___________________________________________________________

Date:____________________________

Date received:_______________________________

Please write a formal statement about your concern, comment, or suggestion:

________________________________________________________________________

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Result of meeting to be recorded by the Chief Postgraduate student:

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All forms must be submitted to the Chief Postgraduate Student in person. All APPROPRIATE topics will form the agenda at monthly postgraduate student meetings and results recorded. The Chief Postgraduate Student will hold names confidential; however, names may be revealed to the Program Director during consultation as needed.

Date Discussed: _____________ Chief Postgraduate Student Initials: ___________
APPENDIX E. GPR Residency Program Portfolio Table of Contents

Section I:
A. Competency and Proficiency Statement Certification Sheet*
B. GPR Yearly Rotation Schedule†
C. Copy of “Goals and Objectives for General Practice Residency Programs" (Standard 1-5)*.

Section II (Educational Program - Standard 2):
A. (2-1) Copy of “Core Competencies and Proficiencies” for UNLV GPR Program”. *
B. (2-2) Copy of “Competency-Based Curriculum and Outcomes Assessment Plan for UNLV GPR Program"; “Didactic Topics List”; Lunch and Learn Training Schedule; and Monthly Training Schedule. *

Section III:
A. (2-3) Comprehensive Multidisciplinary Advanced Clinical Experiences
B. Planning and providing comprehensive oral health care.
C. Copy of all records pertaining to one comprehensive patient to include:
   1. Patient assessment and diagnosis
   2. Before and after photographs (extraoral and intraoral)
   3. Appropriate diagnostic documentation (TMD eval, perio charting, etc.)
   4. Charting of treatment, oral cancer screening, etc.
   5. Endo diagnostic tests including vitality tests, etc.
   6. Treatment plan write-up with alternate treatment plans
D. Copy of two other comprehensive patient treatment plans

Section IV:
A. (2-3) Advanced Clinical Experience: This section must have documented treatment, treatment entries and before and after clinical photographs or images (where appropriate, e.g. endodontic therapy, fixed) to document treatment that you are capable of performing in each of the following categories:
   1. Amalgam restorations (including cuspal coverage buildup)
   2. Esthetic restorations (various classes and different materials)
   3. Fixed Prosthetics (Core buildups, Post and Cores, Anterior PFM/Ceramic crowns, Posterior crowns (PFM, Gold, Ceramic), Fixed Partial Dentures)
   4. Removable Prosthetics (RPDs, Complete Dentures)
   5. Whitening (in-Office, Home)
   6. Endodontics (molar, anterior, retreatment, apical surgery, non-vital, internal bleaching)
   7. Periodontal therapy (Assessment, non-surgical, surgical, bone grafting, PRF, socket preservation, mucogingival grafts, CT grafts)
   8. Oral Surgery (Hard and soft tissue surgery, extractions, biopsies, pre-prosthetic, etc.)
9. Oral and systemic health promotion and disease prevention (tobacco cessation, referral, diet counseling, caries risk assessment)
10. Implants (surgical placement, restoration, implant supported protheses)
11. (2-3) Additional requirements:
12. Copy of informed consent (ED and dental clinic)
13. Copy of medical risk assessment for medically compromised patients.
14. Documentation of your review of a complex medical history and treatment rendered on at least five patients with complex medical histories or physical and/or behavioral problems.

Section V:
A. (2-3/2-8) Resident evaluations
B. Copy of Mentor evaluations (Anesthesia, Family Medicine and ED)
C. Copy of resident critiques of the training received

Section VI:
A. (2-5) Competency in requesting and responding to consultations from physicians and/or other health care providers:
   1. A well-diversified representation of requesting consultations and answering consultations. (Copies of consultation forms)
B. (2-6) Competency in the management of pain and anxiety in delivering outpatient care
   1. Using behavioral and pharmacological modalities beyond local anesthesia:
   2. Documentation of oral sedation.
   3. Documentation of IV moderate sedation
C. (2-7) Competency in the evaluation and management of dental emergencies, including trauma to dentoalveolar structures and acute oral pathologic conditions:
   1. Copies of BLS and ACLS cards
   2. Copy of treatment for dental and medical emergency patients: (Multiple patients with different types of emergencies). Med Hx, SOAP notes, etc.

Section VII:
A. Pre/Post Tests*

Section VIII:
A. (2-9) Physical Evaluation and Medical Risk Assessment
   1. Copy of at least two Oral Surgery IV sedation patient work-ups
   2. Documentation of a patient’s complete medical history to include taking, recording, and interpreting patient data
   3. Copies of various laboratory requests and interpretation of results used in the diagnosis or oral and systemic diseases

Section IX:
A. (2-10) Hospital Organization, Functioning, and the Credentialing Process*
   1. Copy of UMC hospital bylaws
2. Copy of State License
3. Copy of General Practice Residency Certificate

Section X:

A. (2-11) Management of Same Day Surgery Patients or Inpatients
   1. Copy of all completed paperwork required from admission to discharge for at least two
      Outpatients: include medical history taken, appropriate physical examination, pre- and
      post-operative orders, progress notes, operation report and discharge summaries.

Section XI:

A. (2-13) Critical Review of Relevant Scientific Literature†
   1. Copy of current literature review schedule

Section XII:

A. Presentations
   1. Copy of mini presentations
   2. Copy of SNDS presentation including lecture slides and abstract

Section XIII:

A. Continuing Education
   1. Copies of course certificates
   2. List of seminars & conferences attended

Section XIV:

A. (2-19) Evaluations†
   1. Copies of tri-annual evaluations
   2. Competency and Proficiency Statement Certification Sheet

Section XV:

A. (2-19) E*Value appraisals†

* - Will be added to your folder by Residency Program Officer
† - Will be added to your folder by Residency Director or Assistant