Dean's Message

Our Faculty offers an extraordinary environment in which teaching and learning come together in a way to prepare future dental professionals. The curriculum is innovative and continuously updated to meet the fast growing technology in the dental field. We are committed to provide high quality patient care in the Lebanese community. Our services take place in an ethical and professional environment under the collaboration and supervision of highly qualified and devoted faculty members.

At Faculty of Dentistry, Beirut Arab University, instead of just saying we train doctors, we grow people and along the way they become doctors.

Prof. Essam Osman

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Introduction

The Advanced General Dentistry Program (AGDP) provides comprehensive clinical training for dental graduates under the supervision of specialized faculty members in a fully equipped up-to-date clinics.

The program is specially designed for fresh dental graduates in order to expand their clinical experience in General Dentistry including: Diagnosis and Treatment Planning, Operative and Esthetic Dentistry, Endodontics, Fixed and Removable Prosthodontics, Pediatric Dentistry, Orthodontics, Periodontics, Oral Surgery and Implantology.

Emphasis is paid on the comprehensive assessment and appropriate management of the oral care needs for all patients. This program is available annually for a period of one academic year commencing in September.

Upon completion of the program, successful candidates get the privilege to directly register at BAU postgraduate programs.

For more information about postgraduate programs visit our website: www.bau.edu.lb

Admission

Applicants must hold Bachelor Degree of Oral and Dental Surgery from BAU or other recognized dental school in Lebanon or abroad.

Required Documents

- Certified photocopy of the Bachelor Degree. A transcript of the courses studied and the grades obtained are additionally required for non-BAU graduates.
- Work Permit or Syndicate membership.
- A certified photocopy of the Individual Civil Status Record or Passport.
- Two recent photos certified by an official entity.

General Rules and Regulation

Code of Ethics

- Interns are expected to maintain a professional appearance at all times (neatly dressed and well groomed).
- Interns are requested to take the recommendations regarding the prescribed clinical dress at working hours seriously. Blue jeans and casual dress are not allowed in the clinics. Appropriate footwear is required.
- Individuals with long hair should keep it controlled.
- Reliability in the clinics is mandatory. Interns are expected to maintain respect and confidence of patients through sincere and honest relationship. Patient’s cultural practice and individual differences must be respected.
- Interns are expected to handle faculty equipments with care. Misuse or damage of dental equipment will be penalized.
- Interns are responsible to get their own dental materials and instruments required for completion of dental treatment.
- Under no circumstances should any intern refuse or object to treat patient who may carry contagious diseases. Such attitude is medically and ethically unacceptable.
- Completeness of records, photos, required radiographs and thorough documentation of work using faculty filing system is mandatory.
- Time management of the treatment phase is of prime importance.
- Interns are expected to attend all clinical and didactic activities including research sessions.
- In case of unapproved absence, negligence, misconduct, incompetence, or any other unacceptable act, an intern will be subjected for disciplinary action. Depending on the seriousness of the offense, a disciplinary action may be verbal or written warnings or probation.
- An extension of training period will be applied in case of not fulfilling the requirements of the program.
Infection Control
• Interns are expected to adhere to the Infection Control Policy outlined in the faculty.
• Universal precautions (gloves, mask, gown and protective eyewear) should be followed. Failure to utilize proper barrier control techniques is a severe violation of infection control.
• Infection control measures should be observed all the time regardless of the patient medical status.
• Sanitization of the operatory (including all touchable surfaces during operative procedures) should be performed.
• Adequate sterilization of all instruments and equipment should be ensured.
• Organization of work area is necessary.

General Description of the Program

Overall Aims
• Improve dental career pathway of young dentists and provide total patient care in a safe standardized environment.
• Integrate all single-discipline clinical education into appropriate comprehensive (multi-disciplinary) patient care.
Intended Learning Outcomes (Objectives)
Upon completion of the program, interns should be able to:
• Manage and perform the dental care requirements for all assigned patients, beginning with the diagnostic appointments, through the development of a reasoned treatment plan.
• Complete the treatment needs for all assigned patients.
• Integrate individual clinical discipline into multi-disciplinary treatment planning and comprehensive patient-centered care.
• Develop critical-thinking in clinical decisions and acquire the ability to provide appropriate patient care.
• Provide a "total patient care" general practice experience, from initial patient presentation to treatment completion, including appropriate specialist referral and oral health care maintenance.

Objectives are Achieved Through
• Accurate examination, assessment and diagnosis of patient presenting oral condition.
• Analysis of etiology and treatment needs (pain, disease, pathology, lack of function, esthetics etc.) in conjunction with patient wishes and modifying factors.
• Provision of patient education and motivation on oral disease etiology and prevention.
• Analysis of treatment options, including the option of no treatment when appropriate and with the assumption that for all treatment needs the least invasive option to achieve the required outcomes is given highest priority.
• Appreciation of the relative value and prognosis of expected treatment, including benefits and risks.
• Development of an appropriately phased, multi-disciplinary treatment plan, with the educational guidance of program supervisors.
• Provision of optimal patient-centered comprehensive care for all assigned patients in the general practice setting.
• Maintenance of oral health on a continuing basis.

Program Structure

Key Structural Components
• Students are divided into group structure (8 - 10 students) for restorative, prosthodontics, pediatric, periodontics, and surgeries. Groups are rotated in between different disciplines throughout the academic year.
• Along the one year rotation, interns will cover general practice, diagnosis and dental radiology, comprehensive care, and dental specialty rotations as orthodontics.
• Program committee provides academic leadership and guidance.
• Single-discipline clinical practice is accomplished within the first month and during the continuum of comprehensive patient care according to availability of patients.
• The program committee, present lectures, seminars, and group discussion along with the clinical practice.
• Interns are expected to attend internal continuous educational activities arranged by the faculty.
• Interns are responsible for the overall care management of all "Assigned Patients" including comprehensive examination, treatment planning, emergency care and oral health care maintenance.
• Comprehensive examination procedures and treatment planning are based upon the systemic health and diagnostic data collected by Interns in the Diagnosis Clinic.
• Emphasis on phased treatment planning with a definitive "Phase 1 – Disease Control" as an essential foundation prior to re-evaluation and subsequent provision of rehabilitative treatment needs.
• Quality assurance procedures and optimal communication, for clinical procedures involving laboratory components, between faculty teaching staff, interns and in-house dental technology staff.
• Interns are responsible to complete patient examination; treatment plan and treatment performed using faculty filing system.
• Multi-disciplinary data collection using the standard Comprehensive Examination Form and the standard Treatment Planning Form are completed and approved by Program Committee prior to final treatment planning. Case presentation seminar is also required.
Activities of the Interns

Seminars
Academic staff along the program will present several important topics in a variety of subjects.

Scientific Meetings
Selected visiting professors present several lectures along the program, and many companies are invited for workshops on their materials and equipment updates.

Group Discussions
Clinical case presentations will be presented and discussed.

Hands-on Courses
Opportunities of continuing education courses will be offered to provide the clinical know-how in many disciplines.

Research Activities
Interns will be encouraged to participate in research activities including Faculty Research Plan and BAU Research Day. Accepted abstracts will be eligible for poster presentations and BAU research annual contest.
PATIENT CARE

Interns will be assigned initial patients from Diagnosis Clinic. These may be:

New Patients
Interns will be performing the medical histories, examinations, dental charting, radiographs, and diagnosis for their "own" patients. All patients will subsequently be treatment planned. Patients with extensive treatment needs should receive appropriately phased treatment:

1) Urgent Care
   • Pain control
   • Temporary management of urgent requirements
   • Consultation/treatment with regard to any significant oral pathology
   • Initial gross scaling/periodontal debridement
   • Periodontal charting and periodontal diagnosis

2) Disease Control
   Initiation of preliminary disease prevention (caries and/or periodontal) through:
   • Oral hygiene instruction, patient education
   • Dietary questionnaire/dietary advice
   • Specific preventive management – (fluoride rinse, varnish, ...etc.)
   • Deep caries management (temporization) of vital and restorable teeth maybe required

3) Re-evaluation
   Sometimes re-evaluation is necessary after disease control and prior to Phase 2 treatment planning. More radiographs.

4) Rehabilitation
   In complex cases, treatment plan for rehabilitation should be sequential and time framed. The patient should be informed about details of the treatment and the cost.

Transfer Patients
Interns with an assigned patient transferred from a previous (undergraduate) student for continuing patient care, where an existing treatment plan has not been completed, must review all relevant chart information and be totally familiar with the patient’s dental condition, medical health, original treatment objectives and treatment achieved to date.

Recall Patients
All Interns will be expected to perform appropriate recall appointments for any assigned recall patients as well as their own completed patients. The comprehensive recall appointment must include:
   • Medical history review and update
   • Detailed intra-oral examination
   • Assessment of the need for radiographs
   • Appropriate prevention/disease control including oral hygiene instructions
Treatment Planning

Treatment planning provides the best prognosis for a healthy oral environment, and ensures adequate form and function taking into consideration the patient's particular circumstances and requirements. Requirements of an optimal treatment plan are:

- Accurate Diagnosis. Presence or absence of disease/pathology/problems.
- Address etiology. Elicit information to uncover etiology. Perform risk analyses.
- Clinical treatment recommendations. Includes staging (phases) and sequencing.

Development of an Optimal Treatment Plan

- It is essential to the learning experience that treatment planning occurs with the intern who will perform the subsequent clinical care. On no account may any definitive treatment be initiated without a complete, final comprehensive treatment plan signed by the faculty staff.
- Modifications to an existing plan can be made with the Program Coordinator.
- Minor modifications (e.g. urgent or emergency treatment, more extensive caries found during treatment etc.) may be added to the treatment plan and carried out with faculty staff approval.
- Initial disease control, emergency care, caries and pain control can be authorized by the staff members.

Treatment Modalities

1) Basic Treatment Plan (Simple Cases)
Treatment that has clear indication and is straight forward, for example:
- Periodontal care (screening index of 1 - 2)
- Dental caries: Few clearly indicated direct restorations
- Preventive measures: Disease control
- Extraction of one or two unrestored teeth
- Endodontic treatment of one or two restorable teeth with or without apical pathology
- Cases needing straight forward fixed or removable restoration with no hybrid design
- Full denture for completely edentulous cases

2) Complex Treatmet Plans (Moderate to Complex Cases)
Treatments where one or more of the followings are included or where different treatment options are possible:
- Periodontal care (screening index is 3 - 4)
- Esthetic problems (ex. smile make-over)
- Complete mouth rehabilitation
- Rampant caries
- Heavily restored dentition requiring retreatment
- Restoration of teeth with questionable endodontic obтурations
- Missing teeth that are considered for replacement
- Cases needing hybrid design with no bite raising
- Marked dental attrition or vertical dimension of occlusion (VDO) consideration
- Full mouth rehabilitation for children
- Correction of minor irregularities for children
- Cases needing minor surgeries for completion of other disciplinary treatment plans
- Minor periodontal surgeries for completion of other disciplinary treatment plans (gingivoplasty, crown lengthening, flaps,...)
Clinical Requirements

Comprehensive Care Clinic Requirements (CCC)
Two comprehensive cases are required for the completion of the program (minimum of one complex case). Interns are required to present one of their complex cases at the end of the program with all required data, radiographs, photos, treatment plan, and actual treatment performed.

Single Disciplinary Requirements
Added to the 2 comprehensive cases, each division has set a minimum number of cases and are described as follows:

1) Removable Prosthodontics (Minimum of 4 Cases)
   - Complete denture: (one case)
   - Metallic partial denture: (one case)
   - Over-denture: (one case)
   - Temporary acrylic partial denture: (one case)

2) Fixed Prosthodontics (Minimum of 13 Cases)
   - CAD Zirconia bridge: 3 units each (3 cases)
   - Active prefabricated post crown: (3 cases)
   - Glass fiber post crown: (3 cases)
   - Ceramic inlay, Onlay or Overlay: (3 cases)
   - Bite raising case

Laboratory Training on Typo-Dont Teeth
   - Three-quarter crown: 5 centrals and canines
   - Laminate veneer: 6 anterior teeth
   - Resin bonded bridge: 4 teeth

3) Operative and Esthetic Dentistry (Minimum of 30 Cases)
   - Class I composite restoration: (2 cases)
   - Class I amalgam restoration: (2 cases)
   - Class II composite restoration: (2 cases)

Case Presentation

Comprehensive care case presentation should include the following:

Results from Comprehensive Examination
- Personal Patient Data
- Reason for Attendance
- Medical History and Current Health
- Significant Dental History
- Clinical Examination - Significant Findings
- Radiographic Examination
- Results of special investigations

Treatment Planning Development
- Concise diagnosis of current oral/dental conditions
- Etiology includes risk analyses
- Summary of perceived treatment needs and objectives
- Modifying factors (medical, social, economic factors and patient attitude, wishes etc...)
- Patient-Specific Treatment Options (Therapeutic/treatment approaches for more complex problems with discussion of risks and benefits)
- Final Treatment Plan (including staging and sequencing as appropriate)
- Maintenance Plan and Prognosis
8) Periodontology (Minimum of 12 Cases)
- Full mouth scaling and root planning: (10 cases)
- Perio-surgeries: Crown lengthening, gingivectomy, flaps, bone grafts 2 cases

N.B. All extra perio-surgeries are considered as double the number of cases.

Laboratory Training on Extracted Teeth
Extracted molars prepared by Ni-Ti Rotary instruments.
Program Completion

Program completion
The program committee continuously evaluates the interns' performance. Biannual report is done to follow up their work and successful completion of the program requires the followings:
• Completion of all assigned patients by the end of clinics
• Completion of clinical attendance requirements, seminars, faculty continuing education activities. This comprises mandatory attendance at all clinic sessions and a minimum of 80% of sessions.
• Students are expected to present a minimum of 2 comprehensive patient management cases at the end of the program and get the approval of the committee.

GRADUATION

At the end of the one-year internship program, interns will be awarded certificate of completion of the internship, provided that they have fulfilled all the requirements of the program.

Perfection is not attainable, but if we chase it, we can reach excellence...