Research Article

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Competency/Prof ciency Survey Items		
1. Function as a patient's primary and comprehensive, oral health care provider as part of an interdisciplinary health care team to provide emergency and multidisciplinary comprehensive oral health care to all patients icluding those with special needs		
2. Explain and discuss with patients, or parents or guardians of patients, fndings, diagnoses, treatment options, realistic treatment expectations, patient responsibilities, time requirements, sequence of treatment, estimated fees and payment responsibilities in order to establish a therapeutic alliance between the patient and care provider		

the residents. Survey respondents used a six -point scale with the following key: 1(inadequate), 2 (adequate), 3 (good), 4 (very good), 5 (excellent) and 6 (not observed) to rate their competency on various items. Individual items on the survey are grouped to identify learning outcomes loosely into clinical skills associated with (i) treatment planning and provision of comprehensive multidisciplinary oral health

care (ii) health care delivery (iii) patient assessment and diagnosis (iv) informed consent (iv) promoting oral and general health (vi) sedation, pain and anxiety control (viii) restoration of teeth (ix) periodontal therapy (x) pulpal and periradicular therapy (xi) hard and so tissue surgery and (xii) management of medical and dental emergences. A complete list of the administered survey items can be seen in Table 1.

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For each question a one- way analysis of variance at the 0.05 level of signi cance was employed to compare the item means from months 1, 7 and 12 for statistical signi cance. Post-hoc Bonferroni tests were employed to analyze at what time period di erences in perceived competency and pro ciency occurred. For statistical analysis "not observed" responses were grouped with inadequate responses.

Results

e responses of a single cohort of dental residents for the year

2008/2009 were utilized. ere were a total of ere were a twe w, employm(s)-290(-144(a3p)12(r)13(o)1a3p6o)1a3p12(nim(s 3-290(-1.o)1a3p13(es)5(p)-93 interdisciplinary health care team

Integrate multiple disciplines into an individualized, comprehensive, sequenced treatment plan using diagnostic and prognostic information for patients with complex needs.	3.38	4.00
Provide patient care by working effectively with allied dental personnel, including performing sit down, four handed dentistry	2.38	3.88
6HOHFW DQG XVH DVVHVVPHQW WHFKQLTXHV WR DUULYH DW D	GLIIH8U38HQWLDO	4 51.2 R Y
Obtain and interpret the patients chief complaint, medical, dental, and social history, and review of systems	3.88	4.75
Use the services of clinical, medical, and pathology laboratories and refer to other health professionals for the utilization of these services	3.25	4.25
Perform a limited history and physical evaluation and collect other data in order to establish a risk assessment for dental treatment and use that risk assessment in the development of a dental treatment plan	3.38	4.25
Maintain a patient record system that facilitates the retrieval and analysis of the process and outcomes of patient treatment.	3.12	4.12

Inform patients of alternative treatment options available and/or risk of potential complications prior to performing invasive, surgical and/or high risk dental procedures that will allow patients to determine risk

Page 4 of 4

more versed in selection of assessment techniques, communicating risk versus bene t of various procedures, patient referral and presenting treatment alternatives to the dental patient. Items 11,14,15 and 18 evidence this, where there were signi cant di erences between month 1 and month 7.

e teaching of the management of pathologic occlusal problems is somewhat de cient in the undergraduate teaching curricula of the dental school [6]. Didactic sessions dealing with the clinical management of such patients are extensively covered in the AEGD teaching curriculum and the resident is given the opportunity to fabricate and deliver at least one full coverage hard occlusal splint.

Surprisingly Items 29 and 38 produced statistically signi cant