

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

Results

The responses of a single cohort of dental residents for the year 2008/2009 were utilized. There were a total of 120 residents in the 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
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		

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

The teaching of the management of pathologic occlusal problems is somewhat deficient 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 significant