

Graduate Orthodontic Program Manual

2012-2013

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FACULTY

Faculty Credentials and Administrative Posts

Katherine S. Kula, MS, DMD, MS*	Chair and MSD Program Director
Ahmed A. M. Ghoneima, BDS, MSc	Full-time
Thomas R. Katona, DMD, PhD	Full-time, jointly appointed with Mech. Engineering
Irina L. Leyvand, DDS	Full-time
Sean Shih-Yao Liu, DDS, MS, PhD	Full-time, Mineralized Tissue/Histology Laboratory Director
Kelton T. Stewart, DDS, MS	Full-time, Orthodontic Clinical Director
Timothy J. Alford, DDS, MSD*	Adjunct
James J. Baldwin, DDS, MSD*	Adjunct
Jason K. Bunch, DDS, MSD	Adjunct
Jie Chen, PhD	Adjunct, Chair of Mechanical Engineering
Jeffrey A. Dean, DDS, MSD*#	Adjunct
Nelson R. Diers, DMD, MS*	Adjunct
Francisco E. Eraso, DDS, MSD*	Adjunct
Michael C. Frazier, DDS, MS*	Adjunct
J. Courtney Gorman, DDS, MSD*	Adjunct
Kenneth R. Hyde, DDS, MS*	Adjunct
Michael Koufos, DDS, MSD	Adjunct
James V. Macri, DDS, MSD*	Adjunct
Charles E. Pritchett, DDS, MS*	Adjunct
Tony Puntillo, DDS, MSD*	Adjunct
O.H. (Chip) Rigsbee III, DDS, MS*	Adjunct
Jennifer A. Russell, DDS, MSD	Adjunct
Charles J. Burstone, DDS, PhD*	Adjunct Faculty
James K. Hartsfield Jr, DMD, PhD*^	Adjunct Faculty
William F. Hohlt, DDS*	Professor Emeritus
W. Eugene Roberts Jr, DDS, PhD*	Professor Emeritus

* Diplomat, American Board of Orthodontics

Diplomat, American Board of Pediatric Dentistry

^ Diplomat, American Board of Medical Genetics

Clinical Coverage (as of 01 July 2012, subject to change)

Full-Time

Katherine Kula	Tuesday PM/Wednesday AM (weekly)
Sean Liu	Tuesday AM/PM (weekly)/ Occasional Wednesday AM
Kelton Stewart	Wednesday PM/Thursday PM (weekly)

Adjunct

James Baldwin	Wednesday (weekly)
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Jeffrey Dean	Mondays (CFA clinic, weekly)/Wednesday AM (once a month)
Charles Pritchett	Wednesday (weekly)/Thursday (once a month)
O.H. Rigsbee	Friday (weekly)
Jennifer Russell	Monday AM (weekly)
Michael Frazier	Thursday AM/Friday PM (weekly)
James Macri	Friday (twice a month)

Volunteers

Timothy Alford	Thursday (once a month)
Jason Bunch	Thursday (once a month)
Nelson Diers	Friday (twice a month)
Francisco Eraso	Wednesday AM (twice a month)
J. Courtney Gorman	Thursday (once a month)
Ken Hyde	Tuesday (once a month)
Michael Koufos	Tuesday (once a month)
Tony Puntillo	Thursday (every 6-8 weeks)

STAFF

Clinical Support Staff

Gayle Massa	Clinic Administrator
Darlene Arnold	Dental Assistant
Kari Arthur	Dental Assistant, CFA Patient Care Coordinator
Denise Newhouse	Dental Assistant
Annette Quattrocchi	Dental Assistant

Graduate Orthodontics Laboratory

Tom St. Clair	Lab technician
Student Lab technicians	

Business Office

Monica Eller	Patient Services Supervisor
Kathy Deon	Patient Services Coordinator
Karen Vibbert	Patient Services Coordinator

Administrative and Academic Support Staff

Amanda Shumaker	Assistant to the Chair
Mary E. Ely	Administrative Assistant

Mineralized Tissue & Histology Research Laboratory

Sharath Chedella	Research Analyst
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I. MISSION STATEMENT AND GOALS

Mission Statement

The mission of the Graduate Orthodontic Program at the Indiana University School of Dentistry is to train ethical and competent orthodontists to:

- treat malocclusion effectively;
- contribute significantly to the health of their community;
- meet their social and professional responsibilities; and
- incorporate sound scientific and business principles in their practice.

To that end, the Program strives to maintain a diverse and internationally renowned faculty who teach multiple clinical techniques including straight-wire mechanics, lingual appliances, segmented arch mechanics, functional appliances, and implant anchorage mechanics. The multidisciplinary faculty are educationally qualified in orthodontics, anatomy, physiology, biomechanics, mechanical engineering, radiology, physics and management of temporomandibular disorders.

Goals

The goals of the Graduate Orthodontic Program at the Indiana University School of Dentistry are to:

- provide an outstanding clinical and didactic education so that the orthodontic residents provide the best possible orthodontic treatment for their patients and, thereby, pass state board exams and the American Board of Orthodontics examinations;
- prepare orthodontic residents with the scientific background to make competent treatment decisions and to assess the quality of orthodontic treatment they provide;
- reinforce professional and social responsibilities that will prepare residents to become orthodontic leaders and address the public need;
- provide residents and practitioners with continuing education opportunities about recent advances in orthodontics and related fields;
- contribute to the advancement of orthodontics through basic, applied and educational research and the dissemination of those findings; and,
- be a resource in orthodontics for public and community leaders.

II. PROGRAM INFORMATION

Foreword

The Graduate Orthodontic Program at the Indiana University School of Dentistry (IUSD) welcomes you! The following manual will help orient you to the program and the guidelines for the program. The manual is aimed also at meeting the mission and goals of the program.

This manual will be revised to meet changing needs or situations. This manual cannot be inclusive of every situation. As you proceed with the program, you may have suggestions for modifying this information. You are welcome to develop written recommendations that will enhance the program and fulfill the mission of the Graduate Program. Each resident and faculty member must use common sense in approaching a topic or situation that is not covered in this manual. Until changes of this manual are approved by the Chair and the Program Director, these policies are considered standard operating procedure.

This manual is a supplement to any IUSD and IUPUI Policies and Procedures, the IUSD Orientation Manual, and the IUSD Student Handbook on Academic and Other Policies. By reference, these documents are hereby incorporated with full effect. Where there is a conflict of policies, the more stringent of the two prevail unless specifically denoted.

Description

The Orthodontic Graduate Program at the Indiana University School of Dentistry is accredited by the Commission on Dental Accreditation (CODA) with authority granted by the American Dental Association. As of our most recent accreditation site visit in 2006, our program is approved without reporting requirements. The program is 24 months long and is composed of clinical training, didactic coursework, teaching experiences, and a research project and paper. The School of Dentistry awards a master's degree in orthodontics (MSD) and a certificate to those completing the program. Therefore, all residents must meet the criteria for acceptance into the IUSD master's program.

Graduates of the program are educationally qualified and required to take the Phase II examination of the American Board of Orthodontics. The CODA Advanced Specialty Education Program Standards for Dental Specialty and the AAO Recommendations for Orthodontic and Dentofacial Orthopedics Specialty are the basis from which our program was developed.

The Orthodontic Program emphasizes patient care, practice management, and critical thinking. A hypothesis-testing research project and paper is mandatory and required by CODA Standard 6. The project must meet IUSD criteria for a master's degree and must be approved by a departmental committee as well as the school's Student Research Committee prior to starting the project. Researchers are expected and required to abide by all institutional (IRB, IACUC, IUSD, and IUPUI, etc.) policies. Residents are trained and are responsible to teach in the undergraduate laboratory, lecture, and clinic.

Residents are expected to attend any and all classes, clinics, and/or scheduled research time scheduled from 7:30 AM to 5:00 PM Monday through Friday. Working hours of the outpatient clinic vary, but generally are 9:00 AM to 5:00 PM Monday through Friday depending on faculty coverage. **Residents are expected to stay in clinic to help other residents if they themselves have no patients scheduled.** Additionally, attendance is mandatory for special programs that may be held in the evenings or weekends. Preparation for patient care and didactic courses, as well as research, is expected to require additional time outside of the regular program. Residents are not allowed to hold or attend to other commitments (i.e. job or private practice) during program hours; additionally, due to the rigor and demand of the program, it is recommended residents not maintain

commitments (e.g., work in private practice or hold a job) outside of program hours especially those which might prohibit attending required extracurricular activities or interfere with studying or completing patient related activities or research.

The program begins on July 1 each year and ends during the second week of July two years following entry into the program. The date of graduation will be decided one year in advance by the program director and the department chair.

Important Dates

Meetings and Program Events

Below is a list of important meeting dates that residents are expected to attend. Additionally, important events in the program are listed for convenience. Dates/times of external meetings may change as those meetings are arranged by other organizations. Program events can be modified at the Program Director's discretion with several weeks notice (please note that there may be other events that require resident attendance, which are not included below).

Event	Month	Year(s)
Graduation	July	Incoming, 1, & 2
Program Interviews	October	1 & 2
IU Orthodontic Alumni Association Meeting	February/March	1 & 2
Comprehensive Exam	April	2
Phase II Exams	April	2
American Association of Orthodontists (AAO)	April/May	Program Discretion
Qualifying Exams (Written and Oral)	May/June	1
Mock Boards	June	2

Tuition and Other Costs

IUSD requires that tuition be paid on a timely basis; otherwise, a resident who has not paid the required tuition may not participate in clinic or didactic courses. If such a situation occurs, the status of the resident in the program must be reconsidered. Alternatively, remediation may be required to make up lost time. The Board of Trustees decide the tuition and fees on a yearly basis. Therefore, tuition usually can be expected to increase but the percentage increase is unknown until decided by the trustees.

Each resident is expected to purchase a laptop computer at their own cost that meets the specifications of the IUSD Informational Technology (IT) Department. Since HIPAA-sensitive information might be stored on that computer, each resident must be careful about allowing another person access to the computer or the screen. The resident must allow IT to remove this information prior to graduation. The department requires that all data related to patient care and all presentations be downloaded to departmental files as teaching materials prior to graduation.

Residents will be required to purchase several books for their courses. Specific instruments that will be listed must also be purchased. In addition, residents must pay all mandatory rental and sterilization fees. Digital cameras are provided for use in the clinic; however, we suggest residents buy their own.

Residents requesting permission to attend continuing education courses are responsible for their own expenses if approved. Permission depends on such factors as patient care, exams, instructor permission, etc. **If a continuing education course or special event has been approved by the Program Director and the clinic is closed for the event, all residents are required to attend the event.**

The ABO Phase II Examination is required during the second year of residency. Although Alumni support is sometimes available to help offset the costs, these funds are not guaranteed. The resident will need to include these costs as part of the cost of attendance.

Each resident is responsible for their personal living expenses and educational costs. Residents are expected to assess their financial needs and personal goals and to make decisions that do not diminish the educational experiences and expectations of the orthodontic residency at IUSD. Each resident is expected to prepare their own financial portfolio. The Office of Student Financial Aid can be reached at (317) 278-1549; they provide assistance with loans and scholarships.

Limited Dental Residency Permit

The Indiana State Board of Dentistry requires that each resident apply for and obtain a limited dental residency permit. Applications for the limited dental residency permit can be found using the following link: <http://www.in.gov/pla/3390.htm>. The application requires that each resident complete an application form and have their enrollment in the orthodontic residency verified by the dental school/ orthodontic department. Residents must successfully obtain the limited dental residency permit within 6 weeks of starting the orthodontic residency. They are also expected to maintain this permit throughout the entire duration of their orthodontic training. The current fees for obtaining or renewing a limited dental residency permit can be found by using the link included above (2012 fee schedule: \$100 new permit, \$50 permit renewal). Each resident is responsible for identifying funding to cover the fees associated with the limited dental residency permit. Failure to obtain a limited dental residency permit will result in the loss of clinical privileges. Residents who can provide documentation of a valid Indiana Dental license are not required to obtain a limited dental residency permit.

Stipend

Non-military residents currently receive a stipend from IUSD. The stipend varies depending on the year of residency and its availability is subject to review by Administration. The stipend is paid each fall and spring semester. The resident is responsible by early July for establishing a bank account that will receive direct deposit to receive these payments. Otherwise, the payments may be late. Information for disbursement must be set up through OneStart and the Office of the Bursar.

Extra-Curricular Educational Requirements

In addition to the courses taught at the dental school, residents are frequent guests at continuing education programs held by numerous local and regional orthodontic societies. All residents are expected to attend these programs when they are approved or scheduled by the Orthodontic Program Director. Additional courses may be attended if approved by the Program Director. These courses may have reduced fees that the resident is expected to pay.

Representation and Elections

Each class will elect a class president to represent their interests and serve as liaison between faculty, staff, and the residents. Residents will select their class president by the second week of the residency. The second-year Class President will serve as "chief resident" for a 12-month period. The First-Year Class President and the Chief Resident are expected to contribute to the departmental mission by attending indicated faculty meetings, reporting resident concerns, or satisfactions with the program, communicating the outcome of the meeting to the residents, organizing meetings or responsibilities with the other residents, and disseminating information to the other residents. Scheduling residents for presentations, pre-doctoral clinic, craniofacial clinic, orthodontic dental emergency service rotation and other classes or events is the duty of the chief resident or first-year class president depending on whether one or both classes participate in the activity. The chief resident is also expected to arrange learning events (i.e. lunch & learns). Other duties include meeting with the program director as needed to enhance or maintain the program. The chief resident will be asked periodically to contribute by scheduling, reviewing information for accuracy, developing various projects necessary for the motivation and organization of the program. The chief resident is also expected to help maintain excellent working relations amongst the residents, the staff, and the faculty.

All residents will vote on two representatives to send to the Advanced Graduate Organization (AGO) to represent the Orthodontic Program as a whole.

Performance Evaluation

IUSD orthodontic residents are evaluated throughout their program. Residents take a series of courses specifically related to orthodontics in addition to core master's courses given by other departments. The orthodontic courses, which are designed to train residents for orthodontic practice and to meet the criteria for accreditation of the orthodontic program, contain several components: patient care (clinic), didactic, laboratory, research, and teaching. Evaluation of residents provides feedback to the residents and faculty concerning progress in the program and content of the program, and is a necessary part of accreditation. Evaluation will incorporate all components of a course (didactic, clinical, or laboratory) although the weight of each can vary depending on the course. Residents will also take several competencies at several points throughout the program to ensure we maintain the highest levels of patient care and academic standards.

The components, procedures, or exercises that will be evaluated for each semester's course will be stated at the start of the course. All components of each course must be passed in order to pass the course. Grades for the orthodontics, in particular clinic, courses may be based on the following

components: patient care and progress; orthodontic, dental, and general knowledge; scheduling; attendance; and multiple interactions/participation (patient/peer/staff/faculty) within the program.

At least twice a year, residents will meet with the Program Director, faculty, and Clinic Administrator to review their progress through the program.

Residents will be evaluated by all orthodontic faculty at the end of the first year through an oral and a written examination. The Program Director will discuss the evaluation with each resident in order to acknowledge strengths and to encourage improvement where deficiencies are noted. If it is determined that there is a significant deficiency in delivery of patient treatment or understanding orthodontic concepts, remediation will be instituted. Remediation might require additional didactic or clinical experiences, some of which may lengthen the program for a particular resident. The grade given for the course will reflect the remediation required and the resulting competency of the resident. The resident might be placed on probation during this time depending on the extent of the deficiency. In case a resident cannot compensate for their deficiencies, the resident will be dismissed from the program.

Patient Progress Reviews of some cases will be conducted during the fall semester of the second year. This review will be based on the resident's patient diagnosis, knowledge of the treatment (status), and future treatment.

In order to graduate, second year residents are required to debond and present the final records and case evaluations of 40 patients. **All cases** must be written in the most current ABO format (available at <http://www.americanboardortho.com/professionals/clinicalexam/>). The deadlines outlining when the case write ups are due can be found below, these deadlines may be subject to change at the discretion of the program and/or clinical director. Ten cases are due approximately every quarter until the requirement has been met. Residents may turn their 40 cases in ahead of schedule and are encouraged not to wait until the last minute to work on this requirement. The cases are due by the second Friday of the month listed (e.g., the first 10 cases are due the second Friday of November). If the school or department is closed on that day, they are due the following day the department is open for business. If a resident is unable, for any reason, to submit 10 completed case write ups by a scheduled due date, they should contact Gayle Massa or the Clinical Director immediately and provide the reason for their inability to complete the requirement. While writing up the cases, patient documentation such as models, radiographs, or other components of the patient record should not be taken from the school premises. To do so could compromise patient confidentiality and violate the school's HIPAA policies. Anyone found removing patient documentation from the building or violating patient confidentiality will face school and/or Federal disciplinary sanctions.

Case Write Up Schedule

Requirement	Month
First 10 cases due	November
Second 10 cases due	January
Third 10 cases due	March
Fourth 10 cases due	June

In addition, at the end of the second year, a comprehensive examination and presentation of two final cases will be used as intermittent points of evaluation. These cases must be presented in approved ABO format. The resident must also pass the comprehensive examination, which is explained below.

Qualifying Examination

A qualifying examination over all areas covered in the curriculum and patient care will be given at the end of the first year of residency. This written and oral examination will include the development of a problem list, classification/diagnosis, and treatment plan of an orthodontic case as well as other questions that could be in any format, i.e. essay, multiple choice, true/false, computer-assisted. In order to meet these standards, in addition to course work, the residents must read on their own and incorporate any knowledge attained during patient treatment.

The Qualifying Exam consists of oral and written components, which are given separately. These exam dates are scheduled for all residents a semester in advance and cannot be modified except under extreme circumstances.

The written component of the exam will cover all didactic courses given to date. Each instructor will be asked to submit questions pertaining to what they have taught. To receive a passing grade on the exam, one must attain an overall score of at least 70% **and** a score of at least 40% on each individual question (multi-part questions are considered one question, i.e. a score of at least 40% for each faculty must be earned). Failure to earn at least 40% on a single question will require re-examination in that particular subject area. Failure to earn at least 70% on the entire exam will require repetition of the exam. No more than **one** re-examinations will occur for either the entire exam or a single question. Any resident who fails to obtain a passing grade after one re-examination will be required to meet with the Program Director. The Program Director, with the council of the Orthodontic Department and Academic Affairs office will then decide the future status of the resident in the orthodontic residency. Poor performance on this exam could result in continued remediation, an extension in length of the orthodontic residency, or immediate dismissal from the residency.

The oral component will focus on case diagnostics and treatment. Residents will be given thirty minutes to discuss the case with the faculty. The case will be determined by the Program Director/ Clinic Director and varies each year. Residents will not be familiar with the case and will therefore be given thirty minutes to prepare immediately prior to discussing the case. The order of examination will be determined and disseminated to the residents prior to the exam.

Successful completion of both components of the Qualifying Exam is required in order to move to the second year of residency. A resident who fails to successfully complete the exam may be required to remediate the exam. Remediation of the examination can result in passing, repeating the first year of the residency, or dismissal from the program.

Comprehensive Examination

During April of the second year of residency, a Comprehensive Examination will be given to help residents prepare for the American Board of Orthodontics Phase II Examination.

Although the comprehensive examination and each of the case presentations are designed to increase the resident's understanding of orthodontics, if a severe deficiency on the part of the resident is identified, remediation might be necessary. If remediation is recommended, the resident will be informed of the need and the specific requirements for remediation by the Program Director. The resident is responsible for completing the remediation within the specified time period; otherwise, action will be necessary by the program director.

In order to pass, a resident must earn a score of 70%. A second Comprehensive Examination will be given within four weeks of the initial exam if a resident is unsuccessful in passing the exam on their first attempt. The highest grade a resident can obtain during re-examination is a C. No more than one re-examination will be given. If the second examination is failed, pending progress in the rest of the program, the resident will be required to remediate another (third) year or leave the program. The purposes of these examinations/presentations are:

- to evaluate the resident's understanding of orthodontics and modify as needed;
- to assess the Graduate Program, and modify as needed; and
- to meet Accreditation Standards of CODA and any other accrediting organization.

ABO Phase II Examination

All second year residents must take and pass the written Phase II Examination. Graduation from the program is also dependent on passing this examination. Residents who fail to pass the Phase II examination will be required to re-take the exam when the exam is offered again. A MSD certificate from the Indiana University School of Dentistry Department of Orthodontics will not be awarded and a resident cannot identify themselves as an "Orthodontist" until this program requirement is achieved.

Standards of Scholarship

The Department of Orthodontics and Oral Facial Genetics adheres to IUSD Academic Standards and Procedures for Advanced Education and Graduate Students.

Graduate students, regardless of classification, must maintain a 3.0 (B) grade point average for all coursework taken for graduate credit at IUSD. Graduate students must maintain a 3.0 (B) grade point average in their graduate level specialty coursework. Grades in specialty area coursework must be B or better. Any specialty area course that is graded below B must be repeated.

Probation

Whenever the overall grade point average for IUSD courses taken for graduate credit by a graduate student of any classification falls below 3.0 (B) or the student earns a failing grade in a course, the student's status for the next term becomes: "On probation – see Program Director". The Program Director will review the student's progress and provide counsel, and the following conditions apply:

A graduate student on probation who is not restored to good academic standing by the end of two successive semesters will be declared ineligible to re-enroll. While on probation, a graduate student must achieve a 3.0 term GPA in order to enroll for the ensuing term. A graduate student on

probation will not be restored to good standing until a GPA of at least 3.0 in graduate coursework is achieved.

When the overall grade point average for courses taken in the student's graduate specialty area falls below 3.0, the student will be placed on probation and the following conditions apply:

- A graduate student on probation who is not restored to good academic standing by the end of the next academic semester will be declared ineligible to re-enroll.
- While on probation, a graduate student must achieve a 3.0 graduate dental certificate specialty area GPA in order to enroll for the ensuing term.
- A graduate student on probation will not be restored to good standing until a specialty area GPA of at least 3.0 is achieved.

Dismissal

The following are grounds for dismissal from the program:

- A graduate student who is on probation and fails to attain an overall grade point average of at least 3.0 by the next academic semester will be dismissed from the program.
- A graduate student who is on probation and fails to attain a 3.0 term GPA for the succeeding term will be dismissed.
- A graduate student who is on probation and fails to attain a specialty area GPA of at least 3.0 by the end of two successive semesters will be dismissed from the program.
- A graduate student who is on probation and fails to attain a 3.0 specialty area GPA for the succeeding term will be dismissed.
- A graduate student who receives more than four (4) hours of 2.0 (C) grades or below for courses included in the student's graduate program of studies will be dismissed.
- Ethical issue (i.e. professional behavior)

In lieu of dismissal, the resident may be required by the faculty and program director to complete additional time in the residency, if deemed appropriate. Any resident who is required to complete a remedial year is ineligible for scholarships and stipends from the department. Residents will be responsible for arranging their own health insurance as it will not be covered by the department until the stipend is awarded. Depending on the courses required to be repeated, the resident may be able to pay fees on a per-credit-hour basis instead of the flat fee. Upon successful progression to the final year of residency, the resident is once again charged the flat fee and eligible for departmental financial aid.

Appeals and Due Process

Any decision which adversely impacts a student may be appealed through the appropriate and predefined channels per CODA Standard 5 on Due Process. For procedures regarding appeals, refer to the appropriate section of the IUSD School of Dentistry Student Handbook on Academic and Other Policies. This handbook is available online through the Office of Graduate Education.

Evaluation Appointments

All residents are expected to make and keep requests by the Chair, Program Director, or other faculty to meet for feedback on clinical, didactic, or research performance or progress. Lack of response to such a request will not be accepted as an excuse. A written evaluation and required action by the resident will be provided to each resident. Any remediation or action is expected to be completed by the date indicated on the evaluation. If the resident does not complete the remediation or expected action by the given date, the resident will fail his or her semester evaluation. Failure will result in appropriate action as determined by the Program Director and respective faculty, which may include dismissal from the program.

III. CLINIC INFORMATION AND POLICIES

Patient Care

Residents must complete all patient care on a timely basis. All clinic forms must be completed on a timely basis and patient notes **entered and approved daily**. All patient care must be delivered in a professional manner. To that end, dialogue in the clinic should be held to a high standard, with special regard to Protected Health Information (PHI) as defined by HIPAA.

All residents are expected to provide patient care for their own patients with the assigned faculty member unless there are special arrangements. Residents are to see patients with their assigned faculty member, unless special arrangements are made. If during an approved absence, an emergency or other treatment is necessary, the resident is responsible for enlisting the cooperation of other residents in treating their patients.

Patient Records

Before treatment can be initiated on an orthodontic patient, the following must be completed:

- A. Review of medical history
- B. Patient records
 - a. Clinical examination completed and recorded
 - i. Including Periodontal Screening Record (PSR)
 - b. All required radiographs taken and reviewed for optimal quality:
 - i. Panoramic radiograph
 - ii. Lateral cephalogram
 - iii. Frontal cephalogram (when indicated, i.e. asymmetry)
 - iv. Two maxillary incisor and one mandibular incisor periapicals
 - v. Bitewing radiographs (two to four, based on need)
 - vi. 3D cone beam radiograph (as needed, i.e. impactions, craniofacial anomaly, TMD, growth modification, research purpose)
 - c. Diagnostic casts trimmed to centric occlusion
 - d. Cephalometric analysis

- e. Photographs (3 extra-oral profile, smiling frontal, nonsmiling frontal, 5 intra-oral: right buccal occlusion, frontal occlusion, left buccal occlusion, maxillary occlusal, mandibular occlusal) which meet CDABO standards
- f. Orthognathic surgery patients might require two 45° extra-oral photographs, two profile photographs, and a sub-mental vertex photograph
- g. All images must be entered into Dolphin
- C. List of problems, priorities, and goals
- D. Treatment plan signed by faculty
- E. Consent form signed by legally responsible patient or legal guardian
- F. Contract signed by legally responsible patient or legal guardian and returned to the financial office
- G. Financial agreement approved by IUSD and adhered to by legally responsible patient or guardian
- H. Patient Privacy and HIPAA form signed by legally responsible patient or legal guardian

No resident is to commence treatment or make referrals to other health care providers until steps **D-H** are completed. Any resident found violating these protocols will have their clinical privileges revoked and could face other disciplinary actions.

No patient who requires approval from Medicaid or other insurance can be started until the approval is received by the business office. If patients who are covered by Medicaid wish to pay for orthodontic treatment personally this must be approved by the business office first. No impressions for an appliance can be made prior to this approval.

Practice Evaluations and Patient Chart Audit

Each Practice in the Clinic will be evaluated no less than once per semester. This evaluation will require each resident to create a list of all patients in their care. Residents should review each patient on this list with specific regard to abnormal circumstances that have extended treatment, problems with patient compliance, or other issues that have affected treatment time. In addition, patients who have been in treatment for less than two years, but who present problems affecting treatment, i.e. poor oral hygiene, broken appointments, should also be identified. Appropriate action to remedy the situation will be discussed; a plan of action will be devised and acted upon to correct the situation.

A patient chart audit will be conducted periodically during the year to determine status of patient care and completeness of record. Each resident will be provided with feedback concerning the adequacy of each record audit. Any deficiencies in the records will be expected to be modified by a given date and shown to the Clinic Administrator/Clinical Director. Significant and consistent deficiencies will be addressed by the Program Director. Deficiencies that result in patient neglect, mistreatment, or are in direct conflict with departmental or school policy may be cause for disciplinary action or dismissal.

Patient Screening and Assignment

Residents screen patients for treatment in the orthodontic clinic. Written information concerning the program will be given to the patient at this appointment. They will be asked to sign that they have

read and understand the information. The resident must complete a screening form for each patient and then have a faculty member check patient status for appropriateness of case status for the graduate or undergraduate clinic. If the case is appropriate for the clinic, please take the patient/guardian to the financial office so that the patient service supervisor or patient service coordinator can review potential treatment costs. The resident is to return all screening forms to the Clinic Administrator following screening of patient.

If a patient requires information about clinic prior to screening appointment, the receptionist can either mail or fax the application.

The Clinic Administrator will assign the patient to a resident and return the screening form to the Business Office.

If contact cannot be made by phone after one call, a note indicating that the Orthodontic Clinic has tried to contact the patient by phone will be sent to the patient. The note will indicate that if the patient is still interested in treatment, they should call the Department by (date) to schedule an appointment; otherwise, they will be inactivated. That date should be no longer than two weeks after the mailings. The Clinic Administrator will inactivate the patient from axiUm if they do not respond by the time indicated. The screening forms of inactivated patients will be returned to the Clinic Administrator who will remove the patient from the resident list.

Following the scheduling of a records appointment, the Patient Services Coordinator will make a chart for the patient and give it to the assigned resident at the time of the records appointment.

Residents are always expected to follow the instructions of attending faculty. If residents disagree with faculty instructions, they should discuss their differences away from the patient. Unless unique situations necessitate otherwise, all patients should be scheduled with the assigned faculty to ensure favorable treatment outcome unless special arrangements have been made. Patient reassignment to another resident or attending faculty member is typically not done.

Treatment Documentation

At the conclusion of each patient visit residents are expected to document the events of that visit in the patient's electronic patient record. A treatment entry should be included and approved by the attending faculty member in axiUm prior to the resident's departure for the day. Each entry should completely and succinctly document all the events of the patient's appointment. This entry will be the only documentation of the event so if it is not included in the progress note, legally "it didn't happen".

Progress notes should contain some basic information, please ensure that the following information is included always included.

- Purpose of the patient visit
- Review of Medical History
- Oral hygiene (OH) evaluation
- Appliance evaluation
- Time in treatment/Estimated treatment time

- Treatment rendered at the appointment
- Anticipated treatment at next visit

An example of a note is shown below:

05/24/12	K. Stewart	D8999	V	Unspecified ortho proc.	Cu NiTi	.016	Cu NiTi	.016		
05/24/12	K. Stewart	Ortho Note								
<p>Patient presented for an orthodontic adjustment appointment Medical History: No change OH: Fair Appliance: Broken UR3 bracket and broken mandibular archwire DB: 4/24</p> <p>Today: The patient indicated that she broke the UR3 bracket eating popcorn. Reviewed acceptable and unacceptable foods with the patient, as well as oral hygiene instructions. Rebanded the UR3 and placed a new mandibular .016 CuNiti wire.</p> <p>NV: Review OH Assess corrections of rotations in the maxillary and mandibular arch. Place a 16x22 CuNiti in the maxillary and mandibular arches if possible and</p>										

Patients should be given oral hygiene instructions at the time of treatment initiation. Additionally, patients should be informed of their oral hygiene status at each appointment. To help minimize the occurrence of demineralization and caries formation during treatment, fluoride varnish should be applied around a patient’s brackets at each appointment. Consent from the patient’s parents/guardian (if the patient is a minor) should be obtained prior to applying the varnish.

In order to assess and monitor the patient’s periodontal status, a PSR should be completed during the initial records appointment and entered into AxiUm. A PSR should then be re-completed at least once each year while the patient is in treatment at the orthodontic clinic.

Timeliness of Treatment

The following are guidelines for timeliness of treatment in the postgraduate orthodontic clinic:

- Patients should be appointed for records within one month of assignment (exception: patients assigned to incoming residents).
- Patients should be treatment planned within one month of records.
- Banding/bonding should start within one month of treatment planning.
- Timeliness of treatment following banding and bonding is based on the attending faculty’s desire for frequency of treatment.

These guidelines can be modified depending on the attending faculty and Clinic Administrator’s decisions.

If patients are not compliant with requests for appointments, the following procedures should be followed:

- If the **patient breaks or cancels two screening appointments**, the Clinic Administrator will forward a letter to the patient indicating that they are being inactivated from our clinic and are being referred to private practice. The Clinic Administrator will inactivate the patient from the business management system.
- If the **patient breaks or cancels two records and/or screening appointments**, the Clinic Administrator will forward a letter to the patient indicating that they are being inactivated from our clinic and are being referred to private practice. The resident will document the broken or cancelled appointments in the patient chart and indicate the inactivation. The Clinic Administrator will inactivate the patient from the business management system.
- If the **patient breaks or cancels two treatment appointments without good reason**, the Clinic Administrator will forward a letter to the patient documenting the broken or cancelled appointments. The letter should indicate that the patient must keep their orthodontic appointments because of the potential negative effects on treatment outcome; otherwise, they will be inactivated from our clinic and referred to private practice or that they should be debonded. The resident will document the broken or cancelled appointments in the patient record and indicate that such a letter was sent.
- If the **patient breaks or cancels another treatment appointment without good reason after a warning letter is sent**, the Clinic Administrator will forward a letter via certified mail to the patient indicating that they are being inactivated from our clinic and are being referred to private practice or can make an appointment for debonding by a certain date. The resident will document the broken or cancelled appointments in the patient record and indicate the inactivation. The Clinic Administrator will inactivate the patient from the business management system.
- If the **patient does not call for an appointment for two or more months**, the Clinic Administrator will forward a letter to the patient documenting the broken or cancelled appointments. The letter should indicate that the patient must make and keep regular orthodontic appointments; otherwise, they will be inactivated from our clinic and referred to private practice or that they should be debonded. They are to be asked to call for an appointment within three weeks (give an exact date in the letter). The resident will document the broken or cancelled appointments in the patient record and indicate that a letter was sent. The Clinic Administrator will inactivate the patient from the business management system.
- If a **patient does not respond to a written request to make an appointment by the indicated date**, the Clinic Administrator will forward a letter via certified mail to the patient indicating that they are being inactivated from our clinic and are being referred to private practice or can call by a certain date to be debonded. The Clinic Administrator will inactivate the patient from the business management system.
- If a **patient postpones treatment longer than one month past the treatment plan**, the Clinic Administrator will notify the Program Director. A decision will be made whether the patient should be inactivated and told to be rescreened if their records are older than one

year when they are ready for treatment or whether another patient should be assigned. This decision is made because of the effect on the resident learning situation.

Absolutely no case transfers are to occur without the prior notification of the Clinical Administrator or Clinical Director, who will then notify the Clinic Administrator to make the necessary changes. If a case transfer is approved, the transferring resident will take progress records before the transfer is completed. Upon receipt of the transfer, the receiving resident will review the case and re-treatment plan with the attending faculty.

Once a case has been re-treatment planned the resident should make a progress note in axiUm outlining the following information:

- Initial diagnosis
- Expected duration of treatment (months in treatment/estimated treatment)
- Complications during treatment (if applicable)
- Current status of treatment/current diagnosis
- Remaining goals of treatment
- Anticipated time until treatment completion

Orthodontic Dental Emergency Services

The Department of Orthodontics maintains emergency services for active graduate and predoctoral orthodontic patients of record weekdays from 9am to 5pm, except on holidays. Patients have access to residents and the assigned attending after-hours by dialing 330-0384 and asking for the resident on call. All patients of record are given the department's services and phone numbers by their assigned orthodontic resident. Orthodontic walk-in patients with emergencies from another orthodontist are typically not seen in the Graduate Orthodontic Clinic and are referred back to their treating private practice orthodontist for the maintenance of any dental/orthodontically related emergencies.

The following policy is in effect for Patients with an Orthodontic Emergency:

Emergencies calling during regular clinic hours

IUSD Graduate orthodontic patients of record who are experiencing a dental emergency during regular clinic hours usually will be seen in the orthodontic clinic with the resident to which they are currently assigned. The resident to whom they are assigned will be expected to see the patient. In the event that a patient's regular resident is unavailable, or, if the patient has been inactivated 1 year or less, or is currently on recall; the patient will be scheduled at the discretion of the clinic administrator with another available resident to manage the dental emergency. A patient that was inactivated previously by our clinic will need to seek treatment elsewhere. Regular clinic hours are Monday through Friday 9am to 12 noon and 1pm to 5pm.

Patients may exhibit one or more of the following conditions:

1. Severe and/or prolonged pain

2. Swelling
3. Facial and/or oral trauma
4. Broken tooth
5. Broken brackets, band, or wires
6. Poking wires
7. Broken or lost retainers
8. Broken or unseated orthodontic appliance

Emergency patients will be triaged by the resident and the attending faculty. The patient's well-being will be ascertained, and then any diagnostic tests deemed necessary will be performed with the patient's permission. The patient will then be informed of the diagnosis and thoroughly advised of the treatment options and their respective prognoses. Actual costs and related costs will be discussed with the patient. When the patient has made an informed decision on the treatment of choice, the resident and faculty will render either primary or provisional treatment depending on the emergent circumstances, nature of the problem, and the treatment decisions of the patient. A referral will be made to a dental specialist if deemed appropriate.

If emergent care of an oral surgical nature is necessary, the patient may be referred to their general dentist, the Wishard Oral Surgery Clinic, or the first floor Oral Surgery Clinic that day for treatment by the students assigned to that clinical rotation. If emergent care of an orthodontic nature is required, the resident will complete the necessary treatment. If no further care is needed or desired, the patient will be re-appointed with their current resident, or if no resident is currently assigned, re-assigned to a new resident in the Graduate Orthodontic Clinic by the clinic administrator for further treatment per standard operating procedure. The resident and faculty will then document the appointment appropriately in the electronic health record, including notation of any return appointments scheduled.

Patients of record who have a dental/orthodontic emergency after-hours have access to emergency services at IUSD via the Graduate Orthodontic Residents. Patients may access this service by dialing 330-3084. This includes weekends and holidays. Records of emergency diagnosis and treatment rendered for IUSD orthodontic patients of record are entered into a network-wide computer system (axiUm) in common with IUSD, thereby preserving continuity and appropriateness of care. Patients who have inactive school records of over one (1) year may also utilize this after-hours service. If patients have misplaced the emergency services number, they can call the Orthodontic Clinic's main telephone number, 274-8573, and obtain the information from our pre-recorded patient message.

Emergencies calling after clinic hours:

If a resident receives a call from a patient after-hours they should assess the severity of the emergency and when possible recommend that the patient be seen in the Graduate Orthodontic Clinic during normal business hours during the next available business day. If the emergency requires immediate treatment, the resident is to contact the Clinic Director who will meet the resident and the patient at the Graduate Orthodontic Clinic to manage the emergency. If the Clinical Director is unable to meet the resident at the school, the resident should contact a fellow resident or identify another witness to accompany them to the

dental school. Residents are **NEVER** to meet alone with a patient and/or a patient's guardian(s) after-hours at the dental school; a witness must **ALWAYS** be present.

Graduate Student Emergency Coverage Schedule:

Emergency coverage in the Graduate Orthodontic Clinic is done by special clinic assignment within the department. Each summer, the first year class president creates the emergency coverage schedule for the entire year. It is expected that during a rotation as the "emergency coverage resident" (resident on call) that resident will be available during regular clinic times for the entire week that they are assigned. However, it is expected that all residents currently in the clinic will see any emergency patients to whom they are currently assigned in the Graduate Orthodontic system. In the rare event that residents have a class scheduled during clinic time, every effort should be made to schedule emergency patients at an alternate time so that a resident does not miss class AND the emergency patient is managed in a timely fashion. The on-call resident will be called if his/her services are required. If for some reason the student is not able to attend to their on-call duties they **MUST** identify another student who **has agreed** to take their place. This information must be relayed to the clinic administrator. Failure to do so may result in disciplinary action, including but not limited to, suspension of clinic privileges.

Broken Appliances

Broken appliances should be documented in the patient chart at each occurrence. Although it is difficult to make generalized statements concerning broken appliances, when the faculty and/or resident observe frequent incidents of broken appliances or deliberate acts of destruction or fragrant neglect of appliances, a letter should be sent to the patient/parent documenting the breakage, explaining the effect on treatment, and advising that the patient will be inactivated, debonded or referred to another orthodontist if these incidents continue. The Program Director/ Clinical Director and the resident must sign the letter.

Continued breakage after the first letter is reason to inactivate and a letter of inactivation should be sent to the patient/parent documenting the breakage. The Clinic Administrator will inactivate the patient in axiUm.

Additional charges can also be placed for consistently broken appliances. However, the patient/parent should be warned of this possibility before the actual charge is placed. A note indicating that the patient/parent was informed of this possibility should be placed in the record prior to actual charges.

Debonding

Prior to debonding, the resident should determine an appropriate mode of retention and obtain approval from the attending faculty for debonding and the retainer design. If the patient still owes money for treatment but wants a retainer, the cost of the retainer(s) must be paid with cash, cashier's check, or money order **prior** to taking impressions. If the patient owes more money than the cost of the retainer(s), they will be sent to collections at the time of debonding. A patient who is debonded prior to the end of scheduled payments will be allowed to continue scheduled payments. However, if a patient is debonded because of moving, financial reasons, hygiene, compliance, etc., they will be

responsible only for charges to that time. If they want a retainer, they will need to pay for it prior to impressions. The payment will be deducted from their balance.

In some instances, the resident and attending faculty member may determine that it is in the best interest of the patient to temporarily discontinue active orthodontic treatment and remove some or all of the appliances. This may occur if a patient frequently demonstrates poor oral hygiene, poor compliance with fixed or removable appliances, or encounters extreme financial hardships that prevent them from staying current with their treatment balance. If the resident/attending team determines that a temporary treatment cessation is indicated, the patient will have up to 12 months to resolve the issue and re-enter active orthodontic treatment without penalty. After 12 months, the patient may be required to pay for new records before re-initiating active treatment in the department. Payment for remaining fees will be expected and the Business Office must be informed prior to reactivating treatment.

Complete final records must **always** be completed on the day of debonding.

Laboratory Work

Study models

All residents are expected to trim the first **ten** sets of study models themselves according to ABO standards. Each resident is expected to maintain a list documenting the patients whose study models they trimmed and the written approval of Graduate Orthodontics Lab Technician that the models met standards. After submission of that list to Graduate Orthodontics Lab Technician, the resident can elect to send the casts to the laboratory for trimming. In all cases, the resident is ultimately responsible for the quality and the existence of the casts.

Initial and final study models are expected to be finished to ABO standards. Progress models can be rough trimmed, but must occlude on the heels in centric occlusion and be free of bubbles or voids that prohibit proper occlusion. Two-year retention records are also required of patients.

Appliances

All residents are expected to make **forty** individual (note: a full set of retainers counts as two) acrylic and wire retainers themselves. Each resident is expected to maintain a list documenting the patients whose retainers they made and obtain the written approval of the quality of the retainers from the Graduate Orthodontics Lab Technician prior to patient delivery. Poor quality retainers or retainers that do not fit or meet the specifications of the instructor will not be approved and will need to be remade by the resident.

Clinic Staff

The Clinic Administrator is responsible for clinical operations of the orthodontic clinic. She has multiple responsibilities concerning the clinic and the program. Her word is law. Residents are to comply with her requests in a respectful, timely, and efficient manner. If residents have questions concerning any of the clinical operations, they should talk with her first.

The Dental Assistants help residents chair side. They are instrumental in providing residents with insight in the practice of orthodontics and may offer guidance from time to time. They may also ask you to reconsider your work if it is of poor quality (i.e. x-rays, impressions). Residents are to be respectful and compliant.

Dental Auxiliaries

All dental auxiliaries and staff are a part of the IUSD team treating patients with orthodontic needs. They contribute significantly to patient care and to the learning environment. As such, they deserve respect and, in some cases, are empowered with certain authority within the clinic. Their duties are assigned by their immediate supervisor and, indirectly or directly, by the Program Director and/or Chair. Tasks assigned to auxiliaries by the Chair, Program Director, or faculty are considered top priorities. Auxiliaries can only be expected to do one thing at a time.

Requests for assistant support have to be prioritized because of the discrepancy between the number of assistants and residents. Residents are encouraged to review the appointments made by other residents at that time to minimize conflict with assistant support. This is not always possible so the following guidelines should be followed:

- Assistant support cannot be expected during non-scheduled clinic times. They may have other assignments.
- Chair and instrument preparation and cleanup takes first priority on any given day.
- Banding and/or bonding are given next priority. First year residents should be given priority over second year residents because of the learning and skill situation. Residents should consider that they do not need an assistant for banding until it is time to mix cement and seat an appliance.
- Assistance with archwire removal or replacement for second year residents is the next priority.
- Assisting with record taking for second year residents is the next priority.
- First year residents may receive help from an assistant to mix alginate and to retract cheeks and hold mirrors when photos are taken. However, each first year resident is expected to take their own photos, radiographs, and impressions.
- An assistant can instruct the first year resident how to use the cephalostat and the panoramic machine, but the resident is expected to take their own radiographs.

The resident and the attending faculty are ultimately legally and medically responsible for the care of the patient. All residents are responsible for any care delivered by an auxiliary to their patient, which means the resident is expected to at least check the patient at the beginning and end of each appointment. Residents should check all patients to determine that a requested task was completed properly. The residents are responsible for learning the Dental Laws of the State of Indiana and assign clinical tasks accordingly to dental assistants and hygienists.

Ordering Instruments, Supplies, and Equipment

The Clinic Administrator is responsible for ordering clinical supplies or instruments. No resident is allowed to order instruments or supplies for the Department or charge any personal items to IUSD. Communicate all supply requests to the Clinic Administrator.

IV. RESEARCH

Objectives

The objectives of a research project in the graduate orthodontic program are:

- To familiarize the residents with systematic methodology of solving problems and making valid conclusions so that they can:
 - evaluate scientific literature relative to diagnostic, treatment and practice methodologies
 - select appropriate diagnostic, treatment, and practice methodologies to use in their practice
- To meet CODA accreditation guidelines concerning hypothesis testing research as described in Standard 6.
- To meet institutional requirements.

Requirements and Deadlines

The IUSD Graduate Manual outlines some important events and deadlines of the MSD program for Orthodontics. This information can also be found in the current edition of the Graduate Student Handbook published by the Office of Graduate Education.

Research required for a master's degree must meet the specifications of the MSD program and the IUSD Graduate School. Residents are referred to the Program Director and to the IUSD Website for additional information. Prior to sending the proposal to the IUSD Research Committee for approval, the committee should meet at least once to discuss the proposal. All committee member remarks and suggestions should be sent to the primary mentor as well as the resident. The resident must allow each committee member adequate time (a minimum of one week) to review the proposal. The primary mentor must give approval before the proposal is sent to other departmental committee members or to the IUSD Research Committee at any stage of development. All residents must have at least one member of the department faculty on their research committee for a degree to be awarded from the department.

Residents must defend either a manuscript or a thesis based on their research in front of their committee, other faculty, and peers. No graduation clearance will be signed for insufficient defense of research. If pursuing the manuscript option, verification of submission must be received before clearance for graduation will be given. Theses must be approved formally by the Office of Graduate Education on the IUPUI campus prior to graduation.

Meetings may be scheduled on a monthly basis to discuss research progress, problems, and solutions. All residents are expected to attend and contribute at these meetings. Residents who fail to progress with their Masters Research project and meet the research milestones established by their mentor, committee, and the orthodontic department will be dismissed from the program. Any resident who fails to adequately create, modify, and/or finalize their thesis or manuscript will forfeit their right to be first author on the manuscript within a year after graduation. If a lack of resident involvement is identified by the resident's research mentor or committee that would constitute a loss of right to be the first author on a manuscript, the incident will be presented to the Program Director for discussion and final verdict. Another option is that the resident can give permission to another coauthor to become first author by converting a thesis into a publishable manuscript.

Release of Copyright

In accordance with Indiana University's Intellectual Property Policy (IPP) and the policies of the Department of Orthodontics and Oral Facial Genetics, all inventions, creations, innovations, discoveries, and improvements while at Indiana University are the property of the Indiana University Board of Trustees. In the event where the IPP or Department policy changes or conflict, the more stringent requirement prevails. Residents of the program irrevocably transfer any claim to the aforementioned property to Indiana University for public use. While mostly applicable to research, this release is not limited to that context alone. This applies to the development of patient related information/material, case reports, and class presentations.

V. DEPARTMENT POLICIES

All residents are expected to treat all faculty, staff, other residents, and patients with respect in all areas of the school. Personal and professional problems must be addressed in a professional manner. Disagreement with treatment must be handled discretely and not in front of a patient. This is considered an ethical issue and failure to comply can result in referral to the school's professional conduct committee and possible dismissal.

Ethical Guidelines, Violation of Rights and Property, and Infection Control

The Department of Orthodontics and Oral Facial Genetics follows the guidelines published in the IUSD Graduate Student Manual and other IUSD Administration Directives. All residents are expected to follow those guidelines or face disciplinary action or dismissal.

Residents are expected to uphold the highest levels of professionalism at all times. As representatives of the department, their actions reflect on the department's reputation and, therefore, will be held accountable accordingly whether in the clinic, class, or at extracurricular meetings.

Within the clinic and each laboratory are appropriate personal protective equipment, safety equipment, and other requisite items to operate safely. Each year residents will be required to

update their Blood Borne Pathogens/OSHA certification either electronically or through an annual school-wide update.

Attendance

All residents are expected to attend all seminars, lectures, and clinics on a timely basis. All residents must submit a written request for time off to the Clinic Administrator/Clinical Director after clearing the absences with their appropriate instructors, who will evaluate the timing of the request relative to clinical and didactic assignments. The administrator will forward it to the Program Director with her recommendation relative to the impact on the program for final approval. However, **no absence is to be assumed to be approved until the Program Director/Clinical Director presents the resident with a signed copy of the form.**

Each resident is responsible for requesting time off in writing from any course director or clinical attending faculty of their absence. The Clinic Administrator will be responsible for giving the dental assistant a copy of the approved absence sheet so that the necessary clinical changes can be made. No resident is allowed to contact the receptionist directly concerning rescheduling or canceling appointments, except in the case of an emergency. Continued absence or abuse of the attendance policy will require evaluation of the resident's status within the program.

A maximum of 5 days off due to illness, personal needs, pregnancy, practice evaluation, etc is allowed each year. Otherwise, equivalent time will be added to the end of the program, pending a decision by the Program Director in consultation with the Department. This time is not to be used for vacation.

No resident has approval to change clinic schedules. No scheduled clinic may be cancelled for any resident without the preapproval of the Program Director.

Second-Year Residents are expected to contribute to the pre-doctoral laboratory module each Spring. To ensure adequate coverage, no more than one Resident may request time off at any one session. The pre-doctoral program director must approve the request also.

No resident should assume that when classes are not scheduled Monday through Friday that they have time off for personal use unless they have filled out the Request for Time Off form. This especially applies to Mondays; courses and other events can and will be scheduled at various times and residents will be expected to attend.

Time not scheduled for clinic or didactic courses should be used for study, research, review of patient records, and laboratory projects. Time not scheduled for clinic should not be used for patient care, except in the case of patient emergencies or approved, supervised research. Instructors are not assigned during that time to cover clinic. Residents are not allowed to appoint patients for treatment on those days so that they can be absent during regularly scheduled clinics. The Department of Orthodontics and Oral Facial Genetics cannot take responsibility for any emergency or other patient situation that occurs as a result of treatment during that time. Patients that cannot be seen on days on which the assigned clinical faculty covers must have the approval of the assigned clinical faculty to be appointed during clinics covered by other faculty. **Residents are required to**

be in attendance during clinic hours whether or not patients are scheduled; a resident is not permitted to leave early just because there are no more patients scheduled. They should stay to help their partner and gain additional patient exposure or work on other projects.

Vacation and Sick Leave

Each resident is expected to take their vacations during the school breaks and holidays each year. Those breaks and holidays vary with the dental school schedule, but are usually taken as:

Independence Day – 1 day
Labor Day – 1 day
Thanksgiving Break – Thursday and Friday – 2 days
Winter Holiday – about 10 days
Martin Luther King Jr Day – 1 day
Spring Break – March or April – 5 days
Memorial Day – 1 day

The rising second year residents also receive a summer break of 5 days the week following graduation. Incoming first-years have no summer break their first year as they are required to attend orientation and core courses.

Additional time must be requested in writing to and approved by the Program Director/Clinical Director at least two weeks ahead of time. Patient care, course work, and other responsibilities will be considered in the decision to provide additional time. If a resident is assigned emergency call during the time they are requesting to be absent, they are responsible for finding someone to substitute and must inform the Program Director, Clinical Director, and Clinic Administrator who the substitute is. The substitute must also agree to the switch. Messages indicating that information is to be passed to either the program director or clinic administrator are unacceptable.

The Graduate Program is not required to approve additional leave from the program. Residents are expected to take maximum advantage of their educational program since their future livelihood and patient care is dependent on it. Each year residents are allotted a maximum of five (5) additional days that may be taken. These 5 days are meant for visiting private practices, job interviews, sick days, or unexpected events like family emergencies. **They are not intended for extending or supplementing vacation time and such requests will not be approved by the Program Director/Clinical Director.** These five days do not carry over from one year to another but it is not the intent of the department for each resident to use all 5 days each year. After a resident's 5 days have been used the resident will be required to make up the time in clinic if more days are taken or if unapproved time is taken for any reason. This policy also includes maternity leave in excess of the resident's available balance.

Extended absences from the program can severely affect resident learning, patient treatment, and peer cooperation. Therefore, the Chair, Program Director, and Clinical Director will work with the residents to determine coordination of patient treatment, didactic work, and research. **Time missed beyond a total of five days whether personal or sick leave each year will be added to the end of the program.**

Copiers/Duplication

Currently, the Department maintains a copier in the Clinic to allow residents to duplicate assigned readings at no charge. This benefit may be reconsidered in the future depending upon the status of the machine, the cost of upkeep and paper, the use by the residents, and the policies of the school. Residents are responsible for copying their own reading material or assignments. To help keep costs to a minimum and promote green initiatives on campus, it is strongly recommended to read/study from electronic documents as much as possible. All white office paper is to be recycled; there are multiple recycling containers in the hallways and patient lobby.

Pursuant to the University's interpretation of 17 U.S.C., having one resident make copies of a copyrighted work for others (including other residents) is an infringement of the author's copyright. A resident's use of copyrighted material is covered by the fair use provisions, which excludes this activity.

Telephones

Personal calls should be kept to a minimum so that business can be conducted and that other individuals are not inconvenienced. Telephones in faculty offices or at staff desks are assigned to those individuals only and are not for general use. **Cell phone use during clinic or class is strictly prohibited. This includes verbal conversations as well as text messaging.**

Long distance telephone calls related to patient care should be placed or approved by the Clinic Administrator. No other calls are to be charged to that number or to any other phone line in the Department. The Department and University Information Technology Services monitor these calls for any abuse and notify the School of Dentistry of suspicious activities. The resident is expected to pay for any long distance charge incurred that is not patient related.

Hygiene and Dress

The Graduate Orthodontics Program requires a more stringent dress code than that of other programs. All IUSD dress policies that pertain to Infection Control Standards remain in effect. Residents must achieve and consistently demonstrate professional standards of personal hygiene and dress. Short or long sleeve dress shirt with tie is considered standard uniform for all men within the clinic. Women are not allowed to wear dresses, blouses, or sweaters that show cleavage or abdomens. Although slacks are preferred, below or near knee length skirts may be worn. In addition, residents are expected to maintain cleanliness and neatness in all clinical areas, conference rooms, laboratories, and office areas in which they work.

Communication Media

Residents are expected to keep up with their e-mail daily. Important information such as policy changes, meeting requests, and polls will only be disseminated to residents via their official Indiana University e-mail account.

Each resident will be provided a mailbox in the clinic area to receive hard copy items. Items will not be hand delivered so it is imperative residents check their mail daily. It is the responsibility of each resident to update any vendors or other contacts with their forwarding address upon graduation. Resident contact information will only be given as the school address, unless the resident personally relays that information to someone requesting it. The chief resident will be responsible for obtaining each resident's consent for giving personal information to vendors.

E-mail is only to be used for academic purposes. As described in University Information Technology Services' policies, e-mail is not to be considered private and is a matter of public record. Patient information is not to be conveyed via e-mail; rather, axiUm should be used. Unprofessional use of e-mail may result in sanctions as determined by the Program Director.

Electronic Resources

Currently, two digital cameras are available in the clinical area. These cameras should never leave this area. The network printers are accessible from each resident's personal computer. Faculty, residents, and staff with patient imaging tasks have priority for using the imaging system. Surfing the Internet for nonacademic purposes should be limited to times other than 8-5 work hours and has no priority.

To prevent damage to computer equipment, **food and drinks are not to be consumed around computer equipment.** If equipment or network problems occur, the help desk should be notified.

No resident is allowed to install any software on any of the departmental computers. No resident is allowed to copy software for personal use.

Unless specifically requested or needed as a part of class, **computers or other electronic devices** are not to be used during lectures or seminars.