



**Documentation Protocol for Portfolio
Development Including Goals, Objectives
and Competency Statements of
Graduates of the
Community Medical Centers,
General Practice Residency
in Dentistry Program**

in affiliation with

**The Veteran's Administration,
Central California Health Care System**

2023-2024

**Community Medical Centers
General Practice Residency in Dentistry Program
2023-2024**

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POSTDOCTORAL INTRODUCTION

General Practice Residency (GPR) programs play an important and expanding role in the education of the nation's primary health care providers in dentistry. These programs build on and complement predoctoral dental education. In these postdoctoral programs, dental school graduates: learn new techniques; become proficient in previously learned techniques; become capable of providing dental care for patients with complex medical, dental, and social conditions; and learn to integrate professional values with various aspects of dental treatment in order to provide long term comprehensive care to individuals and communities of patients.

There is a growing trend in dental education to describe curricula in terms of their impact on students (expressed as competencies) rather than on discipline-based content (expressed as behavioral objectives). Such a description focuses attention on the outcome, in terms of graduate's abilities, of educational experiences, rather than on the process of education. This focus is more likely to create a graduate with the desired skills and to encourage program directors to choose and provide educational experiences that will lead to the development of graduates with those skills.

The director and faculty of the Community Medical Centers GPR in Fresno, California, are committed to incorporating competency concepts and evaluation methodologies into the program. This document presents a method for describing graduates of the GPR program in terms of their abilities and methodologies for assessing those abilities. It is anticipated that this document will be useful for: applicants to the program desiring to know what skills they can expect to gain in the program; residents in the program who will be able to measure their progress and document their accomplishments in the areas of competency described; and for the program director and faculty who will be able to use these measures for outcomes assessment and continuous improvement of the program.

FACULTY

- COMMUNITY MEDICAL CENTERS
 - Community Medical Center - Fresno
 - * Oskar Peikar DDS (*USC*) 1.0 FTE
 - * Roger Simonian, DDS (*UOP*) 0.2 FTE
 - * Rosaura Pacheco, DDS – Pediatric Dentistry (*UCLA*) 0.2 FTE
 - * Roger Khater, DDS – (*UOP*) 0.3 FTE
 - * James Chen DMD – (*MWU*)..... 0.2 FTE

- VETERAN’S ADMINISTRATION OF CENTRAL CALIFORNIA HEALTH CARE SYSTEM
 - General Practice
 - * Mao Her-Flores, DDS - VA Chief of Dental Service (*UOP*) 1.0 FTE

 - Specialty
 - * Ari Tsikoudakis, DMD – Prosthodontist..... 1.0 FTE
 - * Robin Reisz, DDS – OMFS 1.0 FTE

**COMMUNITY MEDICAL CENTERS
GENERAL PRACTICE RESIDENCY IN DENTISTRY PROGRAM:
COMPETENCY STATEMENTS**

The following statements describe the graduates of CMC's GPR program. They are intended to communicate the expectations of the faculty to the resident and serve as the basis for evaluation of resident's satisfactory completion of the program.

DEFINITIONS^{1, 2, 3}

In order to facilitate reading this list of statements, certain terms have been predefined so they could be used in the manual without repetitive definition. These definitions are listed below. In general, the definitions proposed by Chambers and Gerrow[®] have been followed and the "Definitions of Terms Used In General Practice Residency Accreditation Standards,[®]" although some new definitions have been added and some definitions modified. In situations where it is expected that the GPR program graduate will be able to, and likely to, actually perform the necessary procedures, the terms "perform", "provide", "restore", or "treat" have been used. In circumstances where the graduate may perform some treatment but is more likely to oversee treatment or refer, the term "manage" is used. The term "appropriate" is not used in these statements to eliminate repetitive verbiage. It is assumed that all knowledge, skills, and procedures described will be performed for appropriate reasons, in appropriate circumstances, and in an appropriate manner. In this manual each statement is designated as either an area of **competency (C)** the level of knowledge, skills, and values expected of residents completing the program.

Assess: Evaluation of physical, written, and psychological data in a systematic and comprehensive fashion to detect entities or patterns that would initiate or modify **treatment, referral**, or additional assessment. Assessment entails **understanding** of relevant theory, and may also entail **skill** in using specialized equipment or techniques. But assessment is always controlled by and **understanding** of the purpose for which it is made and its appropriateness under the present circumstances. **Recognition** is a more limited term that does not subsume the notion of evaluating findings. **Diagnosis** is a more inclusive term which relates evaluated findings to treatment alternatives.

Competent: The level of knowledge, skills, and values required by residents to perform independently an aspect of dental practice after completing the program.

Competencies: Written statements describing the levels of knowledge, skills, and values expected of residents completing the program.

Diagnose: Diagnosing means systematically comparing a comprehensive database on the patient with an **understanding** of dental and related medical theory to identify recognized disease entities or treatable conditions. The concept of diagnosis subsumes and **understanding** of disease etiology and natural history.

Discuss: (communicate, consult, explain, present). A two-way exchange that serves both the practitioner's needs and those of patients, staff, colleagues, and others with whom the practitioner's needs and those of patients, staff, colleagues, and others with

whom the practitioner communicates. The conversation, writing, or other means of exchange must be free of emotional or other distorting factors and the practitioner must be capable of expressing and listening in terms the other party understands. (Caution should be exercised with using these verbs to ensure that the communication is between the practitioner and the patient. Communication between the student and faculty is language reminiscent of the old instructional objectives and is not evidence of competency.)

Document: Making, organizing, and preserving information in standardized, usable, and legally required format.

Interdisciplinary: Including dentistry and other health care professions.

Manage: Management refers to the selection of treatment-including: no intervention; choice of specific care providers-including hygienists, and medical and dental specialists; timing and evaluation of treatment success; proper handling of sequela; and insurance of patient comprehension of and appropriate participation in the process. In circumstances where the graduate may perform some treatment but is more likely to oversee treatment or refer, the term "manage" is used. In situations where it is expected that practitioners will be capable of and likely to provide treatment as well as oversee it, the terms "treat", "provide", or "perform", will be used.

Monitor: Systematic vigilance to potentially important conditions with an intention to intervene should critical changes occur. Normally monitoring is part of the process of **management**.

Multidisciplinary: Including general dentistry and specialty disciplines within the profession of dentistry.

Obtain (collect, acquire): Making data available through inspection, questioning (patients, physicians, relatives), review of records etc., or capturing data by **using** diagnostic procedures. Health histories, radiographs, casts, and consults are **obtained**. It is always assumed that the procedures for obtaining data are performed accurately so that no bias is introduced, are appropriate to the circumstances, and no more invasive than necessary, and are legal.

Patients With Special Needs: Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.

Perform (conduct, restore, treat): When a procedure is performed, it is assumed that it will be done with reasonable speed and without negative unforeseen consequences. Quality will be such that the function for which the procedure was undertaken is satisfied consistent with the prevailing standard of care and that the practitioner accurately **evaluates** the results and takes needed corrective action. All preparatory and collateral procedures are assumed to be a part of the performance.

Practice: Used to describe a general habit of practice, such as “practice consistent with applicable laws and regulations.”

Prepare (see **perform**)

Present (see **discuss**)

Prevent (the effects of): The negative effects of known or anticipated risks can be prevented through reasonable precautions. This includes **understanding** and being able to **discuss** the risk and necessary precautions and **skill** in carrying out the precaution. Because preventing future damage is of necessity a response to an internalized stimulus rather than a present one, additional emphasis is placed on supportive **values**.

Provide care (see **perform**)

Recognize (differentiate, identify): Identify the presence of an entity or pattern that appears to have significance for patient **management**. Recognition is not as broad as **assessment** - - assessment requires systematic collection and evaluation of data. Recognition does not involve the degree of judgment entailed by **diagnosis**. (Caution is necessary with these terms. They are often used in the old instructional objectives literature to refer to behavior student’s performance for instructors. They can only be used for competencies when practitioners recognize, differentiate, or identify for patients or staff).

Refer: A referral includes determination that **assessment, diagnosis, or treatment** is required which is beyond the practitioner’s **competency**. It also includes **discussion** of the necessity for the referral and of alternatives with the patient, **discussion** and cooperation with the professionals to whom the patient is referred, and follow-up **evaluation**.

Restore: (see **perform**)

Skill: The residual performance patterns of **foundation skills** that are incorporated into **competency**. The importance of the skill is more than speed and accuracy; it is the coordination of performance patterns into an organized **competency** whole.

Treat (see **perform**)

Use: This term refers to a collateral **performance**. In the course of **providing care**, precautions and specialized routines may be required. For example, infection control and rapport building communication are used. **Understanding** the collateral procedure and its relation to overall care is assumed. It is often the case that supporting **values** are especially important for procedures that are needed -- they are usually mentioned specifically because their value requires reinforcement. (“Utilize” is a stylistic affectation

that should be avoided.)

Understanding: The residual cognitive **foundation knowledge** that is incorporated into **competency**. Understanding is more than broad knowledge of details; it is organized knowledge that is useful in performing the **competency**. (Caution should be used with this term. Understanding alone is not a competency; it must be blended with skill and values.)

Values: Preferences for professional appropriate behavior in the absence of compelling or constraining forces. Values can only be inferred from practitioner's behavior when alternatives are available. **"Talking about"** values reflect a **foundation knowledge**; valuing can be inferred by observing the practitioner's attempts to persuade others. (Caution should be used with this term. Valuing alone is not a competency; it must be blended with skill and understanding.)

References

1. Chambers DW, Gerrow JD, Manual for developing and formatting competency statements. J Dent Educ 1994; 58:361-6.
2. Accreditation Standards for Advanced Education Programs in General Practice Residency, American Dental Association, 2016.
3. Chambers DW, Glassman P, A primer on competency - based evaluation. J Dent Educ 1997; 61:651-666.

The Portfolio

A portfolio is a collection of *authentic* evaluation evidence of a resident's ability to perform tasks in realistic, unaided situations representative of what will be performed after completion of the program. The portfolio refers literally to a loosely bound document in which residents assemble and organize for presentation various pieces of evidence that they have satisfied program competencies. The evidence may consist of checklists, case documentations, consultations, dictations, write-up's, rotation evaluations, personal presentations and other documentation. It is the resident's responsibility to assemble two copies of the portfolio. An important tenant in competency-based education and portfolio evaluation is the shift of responsibility from teachers to students.

Competencies

The Program Director will provide the program's competency list for the residents and faculty and train them in the evaluation methodology and technique of developing a portfolio.

Evidence

Each competency statement must have evidence of completion. A faculty member signature is necessary for each statement. A designated faculty member will work with the resident, but the resident's performance must be independent. If faculty intervention is necessary, that procedure cannot be counted as evidence toward competency.

Type of Evidence or Documentation

1. Faculty signature on the "Certification Sheet" with evidence listed as "direct observation."
2. "Observation and Evaluation Form" (attached page vi)
3. Written documentation (e.g. operating room cases, exam results, literature reviews, etc.)

Where the "Observation and Evaluation Form" or "Written Documentation" is used, evidence of more than one competency may be used. Faculty responsible for each statement will certify the resident in that competency or proficiency prior to the end of the program by considering the procedures formally documented and then examples of procedures observed that are related to that competency statement.

Standards

1. The portfolio must be completed, turned in, and approved by Dr. Peikar, the GPR Program Director, in order to receive a certificate of completion from the program.

Logistics

1. Residents will get approval for methodology and projects and gather evidence throughout the program as described above.
2. At the end of October and February and in the program the residents will submit data they have collected for review. The Program Director may request additional data collection and review at his discretion. A written review is given to each resident to show progress.
3. One month (June 1) before the end of the program, residents will turn in the completed portfolio for evaluation. The Program Director may accept it as complete, or request additional evidence, or other changes in the portfolio.
4. The Program Director will make the final decision about granting a certificate of completion from the program based on Portfolio documentation and satisfactory completion of all requirements of the institution and the program.

Portfolio Description

The completed portfolio, with tabbed dividers, in extra-large, heavy duty binders (D slant rings) shall be submitted in duplicate and consist of the following parts:

- Title page
- Table of contents
- Completed competency and proficiency statement summary sheets with signatures of the responsible faculty member and completed "Observation & Evaluation forms," documenting statements with didactic and clinical experience organized under each program goal:
 - I. Resident acts as a primary careprovider for individuals and groups of patients.
 - II. Resident plans and provides multidisciplinary oral health care for a variety of patients including those with special needs.
 - III. Resident manages the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment.

- IV. Resident functions effectively within the hospital and other health care environments.
 - V. Resident functions effectively with interdisciplinary health care teams.
 - VI. Resident applies scientific principles to learning and health care. This includes critical thinking, evidence or outcomes-based clinical decision-making and technology-based information retrieval systems.
 - VII. Resident utilizes the values of professional ethics, lifelong learning, patient-centered care, adaptability, and acceptance of cultured diversity in professional practice.
 - VIII. Understand the oral health needs of communities and engage in community service.
- Exam Results
 - Operating Room & Same-Day Surgery
 - History & Physical - EPIC
 - Operative Report - EPIC
 - Progress Notes, Physician's Orders, Anesthesia Records - copies of each patient's documentation must be included. - EPIC
 - Literature Review Paper - Components (each component must be included)
 - Title selection approved
 - Outline and bibliography with comments
 - Rough Draft with comments
 - Final paper
 - Formal presentation of paper at faculty and residents conference
 - Conference Presentation
 - Two assigned topics
 - * Prepared handout for distribution
 - * PowerPoint presentation
 - Operating room cases
 - * Case review presentations
 - * Chart completion
 - * Operating room log book completion
 - Medicine Rotation
 - * Assigned topics and prepared handouts used in dental presentations to medical team.
 - * Topics, handouts and names of medical presenter to your medical team.

- Other Evidence
 - Completion of required CMC and VACCHCS mandated employee training programs.
 - Immunizations and testing
 - Basic Life Support (Health Care Provider CPR); ACLS.
 - Consultation Requests & Documentation
 - * Inpatient
 - CRMC
 - VACCHCS
 - * Emergency Department
 - * Oncology
 - * Skilled Nursing Care Facilities
 - Community Subacute & Transitional Care Center
 - Certificates of completion - consultation programs and continuing education.
- Resident's Daily Log - separate, portable logbook
 - Daily activity including patients seen, procedures completed, clinic or rotation location.
 - On-call activities
 - Consultations
 - Assignments
 - Educational conferences and seminars, including a brief summary of each.
- Rotation Evaluations
 - Anesthesia
 - Ambulatory Surgery
 - Emergency Medicine
 - Internal Medicine
 - Oral & Maxillofacial Surgery

CMC-GENERAL PRACTICE RESIDENCY IN DENTISTRY GOALS-OBJECTIVES AND COMPETENCY STATEMENTS

A GRADUATE OF THE GENERAL PRACTICE RESIDENCY (GPR) PROGRAM WILL MEET THE FOLLOWING COMPETENCIES **(C)** UNDER EACH PROGRAM GOAL:

I. RESIDENT ACTS AS A PRIMARY CAREPROVIDER FOR INDIVIDUALS AND GROUPS OF PATIENTS.

- Emergency and multidisciplinary oral health care.
 - Treatment of dental and medical emergencies and medical risk assessment (*St. 2-4, 2-5*)
 - Perform a history and physical evaluation and collect other data to establish a risk assessment for use in the development of a dental treatment plan. **(C)**
 - Anticipate, prevent, diagnose, and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment. **(C)**
 - Evaluate and manage dental emergencies, including trauma to dentoalveolar structures and acute oral pathological conditions. **(C)**
 - Use accepted prevention strategies to help patients maintain and improve their oral health and aspects of their systemic health. **(C)**

CMC-PRACTICE RESIDENCY IN DENTISTRY GOALS-OBJECTIVES AND COMPETENCY STATEMENTS

II. RESIDENT PLANS AND PROVIDES MULTIDISCIPLINARY ORAL HEALTH CARE FOR A WIDE VARIETY OF PATIENTS INCLUDING THOSE WITH SPECIAL NEEDS.

- Providing emergency and multidisciplinary comprehensive oral health care. *(St. 2-1)*
- Using advanced dental treatment modalities.
 - Select and use assessment techniques to arrive at a differential, provisional and definitive diagnosis for patients with complex needs. **(C)**
 - Treat patients with a broad variety of acute and systemic disorders and social difficulties including patients with special needs. **(C)**
 - Provide dental treatment in the operating room. **(C)**
- Obtaining informed consent. *(St. 2-1)*
 - Obtain informed consent for dental treatment by discussing with patients, or parents or guardians of patient, the following: material facts from the evaluation process, risks & benefits of the proposed treatment, alternatives to treatment, and the possible consequences of refusing the proposed diagnostic or treatment plan. **(C)**
- Pain and anxiety control utilizing behavioral and pharmacological techniques. *(St. 2-2)*
 - Use pharmacological agents in the treatment of dental patients. **(C)**
 - Provide pain and anxiety control in the conscious patient through the use of psychological interventions, behavior management techniques, local anesthesia, oral and nitrous oxide-oxygen conscious sedation techniques. **(C)**

CMC-GENERAL PRACTICE RESIDENCY IN DENTISTRY GOALS-OBJECTIVES AND COMPETENCY STATEMENTS

III. RESIDENT MANAGES THE DELIVERY OF ORAL HEALTH CARE BY APPLYING CONCEPTS OF PATIENT AND PRACTICE MANAGEMENT AND QUALITY IMPROVEMENT THAT ARE RESPONSIVE TO A DYNAMIC HEALTH CARE ENVIRONMENT.

- Operative dentistry. *(St. 2-2)*
 - Restore single teeth with a wide range of materials and methods. **(C)**
 - Restore endodontically treated teeth. **(C)**
 - Restore coronal defects in the primary dentition – Stainless Steel Crown. **(C)**

- Replacement of teeth using fixed and removable prosthodontics/implants. *(St. 2-2, 2-4)*
 - Treat patients with missing teeth requiring removable restorations. **(C)**
 - Treat patients with missing teeth requiring uncomplicated fixed restorations. **(C)**

- Periodontal therapy. *(St. 2-2)*
 - Diagnose and treat moderate periodontal and oral mucosal disease using surgical and/or nonsurgical procedures. **(C)**

- Endodontic therapy. *(St. 2-2)*
 - Diagnose and treat pain of pulpal origin.
 - Perform uncomplicated non-surgical anterior endodontic therapy. **(C)**
 - Perform pediatric pulpal therapy. **(C)**

- Oral & maxillofacial surgery; evaluation and treatment of dental emergencies *(St. 2-2)*
 - Perform uncomplicated surgical procedures on pediatric patients. **(C)**
 - Perform surgical and non-surgical extraction of teeth. **(C)**
 - Treat intra-oral dental emergencies and infections. **(C)**

- Manage Temporomandibular disorders and orofacial pain. **(C)**

CMC-GENERAL PRACTICE RESIDENCY IN DENTISTRY GOALS-OBJECTIVES AND COMPETENCY STATEMENTS

IV. RESIDENT FUNCTIONS EFFECTIVELY WITHIN THE HOSPITAL AND OTHER HEALTH CARE ENVIRONMENTS.

- Understand hospital organization, functioning, and the credentialing process. **(C)** *(St. 2-10)*
- Use and implement accepted sterilization, disinfection, universal precautions, and occupational hazard prevention procedures in the practice of dentistry. **(C)**
- Provide dental care as a part of an interprofessional health care team such as that found in a hospital, institution, or community health care environment. **(C)**
- Develop and carry out dental treatment plans for patients, including patients with special needs, in a manner that considers and integrates the patient's medical, psychological, and social needs. **(C)**
- Use proper hospital protocol when treating and managing patients in a hospital environment. **(C)**
- Provide comprehensive management and care for individual inpatients or same-day surgery patients from the beginning to the end of a patient's hospital experience. **(C)**
- Participate with interdisciplinary health care teams in the management of patients while serving on rotations in anesthesia, ambulatory surgery, emergency medicine, internal medicine, and oral & maxillofacial surgery. **(C)**

CMC-GENERAL PRACTICE RESIDENCY IN DENTISTRY GOALS-OBJECTIVES AND COMPETENCY STATEMENTS

V. RESIDENT FUNCTIONS EFFECTIVELY WITHIN INTERDISCIPLINARY HEALTH CARE TEAMS

- Ambulatory Surgery
 - Treat patients under the supervision of a licensed medical surgeon, including patients with skin surface and subcutaneous lesions, cystic lesions, lipomas, basal and squamous cell carcinoma, excessive granulation tissue and scars.
 - Participate in the medical evaluation of patients, including history, physical examination, identifying indications and contraindications for surgery, and preoperative and postoperative care needs for the various procedures.
 - Improve the resident's ability to interpret history, physical and laboratory data for each individual patient.
 - Gain clinical experience in the surgical treatment and management of soft tissue including various suturing and wound care management techniques.
 - Increase a working knowledge of local and systemic drugs (antibiotics, analgesics), their interactions and their effect on treatment.
- Anesthesia (*St. 2-5*)
 - Participate in preoperative evaluation including ASA Risk Assessment.
 - Assess the effects of behavioral and pharmacological techniques.
 - Perform venipuncture techniques.
 - Administer pharmacologic agents.
 - Monitor the patient.
 - Manage the airway and intubation.
 - Recognize and treat anesthetic emergencies.
 - Assess patient recovery from anesthesia.
- Emergency Medicine
 - Conduct patient interview that gathers data pertinent to patient's presenting condition.
 - Evaluate and correlate data with physical findings.
 - Follow emergency department protocols.
 - Serve as a resource to the Emergency Department regarding dental and related manifestations.
 - Evaluation and treatment of dental emergencies.
- Medicine (Primary Care) (*St. 2-6, 2-7*)
 - Obtain and interpret the patient's chief complaint, medical, and social history, and review of systems.
 - Take, record and interpret a complete medical history.

- Understand the indications of interpretation of laboratory studies and other techniques used in diagnosis of oral and systemic diseases.
- Obtain and interpret clinical and other diagnostic data from other health care providers.
- Use the services of clinical, medical, and pathology laboratories.
- Understand the relationship between oral health care and system diseases.
- Interpret the physical evaluation performed by the physician with an understanding of how it impacts on proposed treatment.
- Perform a history and physical evaluation and collect other data in order to establish a medical assessment.
- Participate in the didactic program of the medicine service.

CMC-GENERAL PRACTICE RESIDENCY IN DENTISTRY GOALS-OBJECTIVES AND COMPETENCY STATEMENTS

- VI. THE RESIDENT APPLIES SCIENTIFIC PRINCIPLES TO LEARNING AND HEALTH CARE. THIS INCLUDES USING CRITICAL THINKING, EVIDENCE OR OUTCOMES-BASED CLINICAL DECISION-MAKING AND TECHNOLOGY-BASED INFORMATION RETRIEVAL SYSTEMS.
- Laboratory Medicine
 - Obtain and interpret clinical and other diagnostic data from dental and other health care providers. **(C)**
 - Use the services of clinical, medical and pathology laboratories and make referrals to other health professionals for the utilization of these services. **(C)**
 - Pharmacology
 - Use pharmacological (N₂O-O₂) and non-pharmacological behavior management skills with the pediatric patient. **(C)**
 - Prevent, recognize, and manage complications related to use and interactions of drugs, local anesthesia, and conscious sedation techniques. **(C)**
 - Literature Research (*St. 2-13*)
 - Evaluate scientific literature to gather information useful in making professional decisions for Journal Review Seminars. **(C)**
 - Select an appropriate topic, rationale and early review of literature; produce an outline and bibliography, rough draft, final paper along with a conference presentation. **(C)**

CMC-GENERAL PRACTICE RESIDENCY IN DENTISTRY GOALS-OBJECTIVES AND COMPETENCY STATEMENTS

VII. RESIDENT UTILIZES THE VALUES OF PROFESSIONAL ETHICS, LIFELONG LEARNING, PATIENT CENTERED CARE, ADAPTABILITY, AND ACCEPTANCE OF CULTURAL DIVERSITY IN PROFESSIONAL PRACTICE.

- Ethics, lifelong learning, risk management, jurisprudence, culturally diverse clinical sites, and patient centered care. *(St. 1-10)*
 - Apply principles of jurisprudence and professional ethics in the practice of dentistry. **(C)**
 - Assess patient's cultural background and expectations for dental care and perform patient care consistent with that assessment, which respects the patient's rights and dignity. **(C)**
 - Work with patients in a manner that is professional, builds rapport and puts patient's interests first, and maximizes patient's satisfaction with dental care. **(C)**

CMC-GENERAL PRACTICE RESIDENCY IN DENTISTRY GOALS-OBJECTIVES AND COMPETENCY STATEMENTS

VIII. UNDERSTAND THE ORAL HEALTH NEEDS OF COMMUNITIES AND ENGAGE IN COMMUNITY SERVICE.

- Directing health promotion and disease prevention activities.
 - Participate in community programs to improve access to oral health care or to prevent and reduce the incidence of oral disease. **(C)**
 - Participate in organized dentistry. **(C)**