

# Graduate Student Orthodontic Program Manual **2022-2023**



**DEPARTMENT OF  
ORTHODONTICS AND  
ORAL FACIAL GENETICS**

**SCHOOL OF DENTISTRY**

Indiana University  
Indianapolis

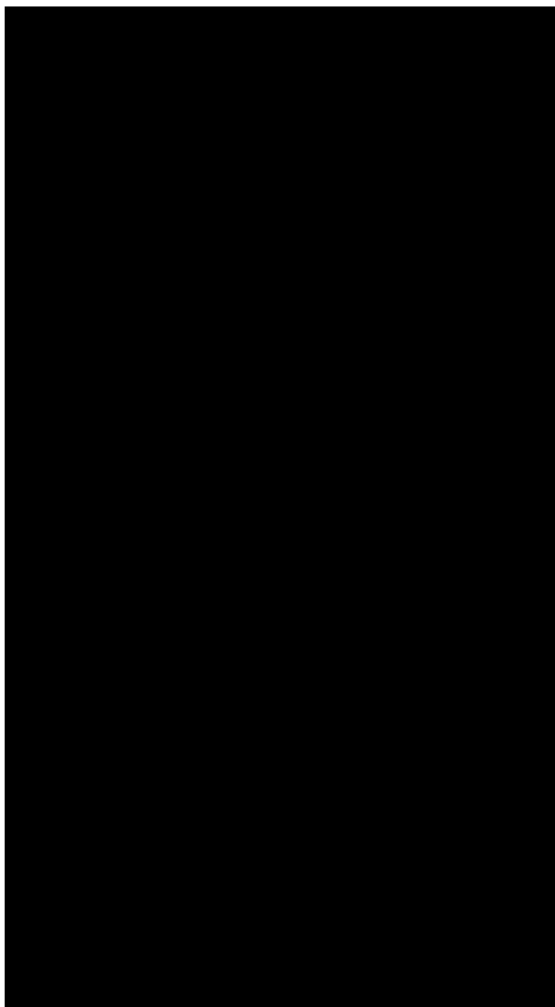
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## Foreward

The Graduate Orthodontic Program at the Indiana School of Dentistry (IUSD) welcomes you! The following manual will help orient you to the program, as well as the policies and guidelines that direct your educational experience. The manual also aims at achieving the mission and goals of the program.

# FACULTY

## Faculty Credentials and Administrative Positions



Full-time, Chair, MSD Program & Clinic Director  
Full-time, Clinical Assistant Professor  
Full-time, Associate Professor  
Full-time, jointly appointed with Mech. Engineering  
Full-time, Associate Professor  
Adjunct  
Adjunct, Craniofacial Orthodontics Co-Director  
Adjunct  
Adjunct  
Adjunct, Craniofacial Director  
Adjunct  
Adjunct  
Adjunct  
Adjunct  
Adjunct  
Adjunct  
Volunteer  
Volunteer  
Volunteer  
Professor Emeritus  
Professor Emeritus  
Professor Emeritus  
Professor Emeritus

\* *Diplomate, American Board of Orthodontics*

^ *Diplomate, American Board of Medical Genetics*

## **Clinical Coverage (as of July 2022) – Subject to Change**

### ***Full-Time***



Tuesday AM/Wednesday PM/Thursday PM (weekly)  
Monday - Wednesday/Thursday AM (weekly)  
Tuesday PM/Thursday (weekly)  
Thursday AM (twice a month)/ Friday PM (twice a month)

### ***Adjunct/Volunteers***



Friday (once per month)  
Tuesday (once per month)  
Thursday AM/ Friday PM (weekly)  
Wednesday (twice per month)  
Wednesday/Friday (weekly)  
Thursday (once per month)  
Tuesday (one per month)  
Wednesday (once per month)  
Friday (weekly)

## **STAFF**

### **Clinical Support Staff**



Clinic Support Specialist  
Dental Assistant  
CFA Patient Care Coordinator  
Dental Assistant (CFA clinic)  
Dental Assistant  
Dental Assistant/Technology Coordinator  
Dental Assistant

### **Graduate Orthodontics Laboratory**



Lab technician

### **Business Office**



Patient Services Supervisor  
Patient Services Assistant  
Patient Services Assistant  
Patient Services Coordinator

### **Administrative and Academic Staff**



Assistant to the Chair

# 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 who will:

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

To that end, the Program strives to recruit and maintain a diverse and internationally renowned faculty who teach multiple clinical techniques including straight-wire mechanics, segmented arch mechanics, functional appliances, and implant anchorage mechanics. Moreover, 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 Indiana University School of Dentistry are to:

- provide a comprehensive clinical and didactic education experience that prepares graduates to provide effective orthodontic treatment for their patients;
- prepare orthodontic graduate students with the scientific background to make competent treatment decisions and critically assess the quality of orthodontic treatment they provide;
- equip graduates with the knowledge and technical skills to pass state board and the American Board of Orthodontics examinations;
- reinforce professional and social responsibilities that will prepare graduate students to become orthodontic leaders and address the public need;
- provide graduate students and practicing clinicians with continuing education opportunities about recent advances in orthodontics and related fields;
- advance the orthodontic profession through the development, execution, and dissemination of basic, applied, and educational research; and,
- serve as a resource for public leaders and community stakeholders

# II. PROGRAM INFORMATION

This manual will be revised to meet the changing needs or situations of the department. 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 (see Resident Feedback Section) that will enhance the program and fulfill the mission of the Graduate Program. Each graduate student and faculty member must use common sense in approaching a topic or situation that is not covered in this manual. These policies are considered standard operating procedures until changes to the manual are made and approved by the Department Chair and/or Program Director. This manual is a supplement to any IUSD and IUPUI Policies and Procedures, the IUSD Orientation Manual, and the IUSD 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**

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The Orthodontic Graduate Program at 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, our program is approved without reporting requirements. The program is 24 months in duration and includes didactic coursework, clinical training, teaching experiences, and a research project component. The campus awards a master's degree in orthodontics (MSD) and the Department of Orthodontics awards a certificate in orthodontics to those completing the program. Both the master's degree and certificate are required components of the program. Therefore, all graduate students 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 (written) examination of the American Board of Orthodontics (ABO). They are also strongly encouraged to complete the Phase III ABO Clinical Examination for board certification. 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 critical thinking, patient care, and practice management. A hypothesis-testing research project is a mandatory component of the program and required by CODA Standard 6. The project must meet IUSD criteria for a master's degree and be approved by a departmental committee, as well as the school's Graduate Student Research Committee prior to starting the project.

All completed research must adhere to all institutional (IRB, IACUC, IUSD, and IUPUI, etc.) policies. Graduate students are trained and responsible to teach in the pre-doctoral laboratory, pre-doctoral orthodontic course, and pre-doctoral orthodontic clinic.

**Graduate students are expected to attend all classes, clinics, and/or allocated 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 Tuesday through Friday depending on faculty coverage. **Graduate students are expected to stay in clinic to help other graduate students if they themselves have no patients scheduled.** Additionally, **attendance is mandatory for special programs that may be held during regular school hours, in the evenings, and/or on weekends.** Preparation for patient care and didactic courses, as well as research, is expected to require additional time outside of the regular program. Graduate students 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 highly recommended that graduate students 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/ research activities. The program **begins on July 1** each year and **ends on the second Friday in July, two years following entry** into the program. The date of graduation will be decided one year in advance by the program director and department chair.

## **Important Dates**

### ***Meetings and Program Events***

Below is a list of important meeting/event dates that graduate students are expected to attend. Additionally, important events in the program are listed for convenience. The 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 sufficient notice (please note that there may be other events that require graduate student attendance, which are not included below).

<b><u>Event</u></b>	<b><u>Month</u></b>	<b><u>Year(s)</u></b>
Arbuckle Department Golf Outing	July	Incoming, 1 & 2
Program Graduation	July	Incoming, 1 & 2
GORP	August	Program discretion
Great Lakes Association of Orthodontists Meeting	Sept/Oct	1 & 2
IUSD Orthodontic Program Interviews	Oct	1 & 2
IUSD Orthodontic Research Milestone Presentations	Nov/April	1 & 2
Departmental Holiday Functions	Dec/Jan	1 & 2
IUSD Orthodontics Comprehensive Exam	March or April	2
ABO Phase II Exam	April	2
IUSD Research Day	April	1 & 2
American Association of Orthodontists (AAO) Meeting	April	2
Qualifying Examinations (Written & Oral)	May/June	1
IUSD Orthodontics Mock Board Exam	June	2
Departmental Community Service Events	TBD	1 & 2

## **Tuition and Other Costs**

IUSD requires that tuition be paid on a timely basis; otherwise, a graduate student who has not paid the required tuition may not participate in clinic or didactic courses. If such a situation occurs, the status of the graduate student in the program must be reconsidered. Alternatively, remediation may be required to make up lost time (medical leave, maternity leave, etc.). The Board of Trustees establishes 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 graduate student is expected to secure a laptop computer at his/her own cost that meets the specifications of the IUSD Informational Technology (IT) Department. Laptop computers will be used extensively throughout the residency program for classes, projects, assessments, and patient cases. As such, laptop computers should be brought to school on a daily basis. Since HIPAA-sensitive information might be stored/accessed on that computer, each graduate student must be careful about allowing another person access to the computer. **Additionally, each computer/portable device must be encrypted and possess all other security features required by the institution.** Prior to graduation, the graduate student must attest that they are not retaining any patient related information on their devices outside of the institution or follow the established protocols to assume responsibility for that data. The department requires that all data related to patient care and all presentations be downloaded to departmental files as teaching materials prior to graduation. To minimize the potential loss of patient sensitive information, graduate students are asked

to utilize university provided accounts/folders/storage to maintain and transfer any patient related information rather than a flash drive (USB). Any potential flash drive used during residency program must be encrypted; there are no exceptions to this policy.

Graduate students will not be required to purchase books for their courses, as the department provides textbooks. Students are asked not to write in the textbooks since they must be returned prior to leaving the program. A student can elect to purchase their own textbooks should they desire to keep them as a reference after the conclusion of the program. Specific orthodontic instruments must also be purchased; these instruments are typically purchased for the student prior to their arrival and charged to their respective bursar account. In addition, graduate students must pay all mandatory rental and sterilization fees. Digital cameras are provided for use in the clinic, so students are not required to purchase their own personal camera.

During the second year of the residency, graduate students are required to register for the ABO Phase II Examination. Students are responsible for covering the fees associated with the examination. Alumni support is sometimes available to help offset the costs; however, these funds are not guaranteed. The graduate student will need to include these costs as part of the cost of attendance.

**Each graduate student is responsible for their personal living expenses and educational costs.**

Graduate students are expected to assess their financial needs and personal goals and to make decisions that do not diminish the educational experiences or undermine their ability to meet departmental/institutional expectations. Each graduate student is expected to prepare their own financial portfolio. The Office of Student Financial Aid can be reached at (317) 278-1549; they can aid with the identification and acquisition of loans and scholarships.

## **Credentialing**

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In order to see patients in the graduate orthodontic clinic, graduate students must attain and maintain all the credentialing required by the school/university. The dental school asks that each graduate student maintain confirmation of such credentialing within the school's designated credentialing repository (IU Credential Tracker, ICT). Periodic audits are conducted to ensure that students are following these regulations. Individuals found to have any expired credentialing will be notified via the ICT system and given a strict timeline to complete the necessary task. The same report will be forwarded to the Program Director and Clinical Support Specialist. Students who fail to resolve the identified credentialing deficiency, by the specified date, will have their clinical privileges suspended. Such a clinical suspension could also result in the extension of a student's residency program and/or dismissal from the orthodontic residency program. Some of the required credentialing items that students must maintain are listed below (note: this provided list may not include all the required credentialing):

- Indiana Limited Dental Residency License/Indiana Dental License
- Up-to-date Immunizations
- Compliance and Privacy Training
- Blood Borne Pathogens Training
- Sexual Harassment Training
- CPR
- N-95 Fit testing
- COVID Attestation

The Indiana State Board of Dentistry requires that each graduate student apply for and obtain either an



Indiana Dental license or a limited dental residency permit. Applications for the limited dental residency permit can be found using the following link: <https://www.in.gov/pla/3390.htm>. The application requires that each graduate student complete an application form and have their enrollment in the orthodontic residency verified by the dental school/ orthodontic department. International students will require a social security number in order to apply for the dental residency permit. Graduate students must successfully obtain the limited dental residency permit within 4 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 previous link (current fee schedule: \$0 new permit, \$0 permit renewal). Each graduate student is responsible for identifying funding to cover required fees associated with the limited dental residency permit, if needed.

**Failure to obtain a limited dental residency permit will result in the loss of clinical privileges.**

Graduate students who can provide documentation of a valid Indiana Dental license are not required to obtain a limited dental residency permit.

## **Fellowship/Stipend**

Non-military graduate students currently receive a fellowship from IUSD. Students whose tuition is paid by their country are not eligible for the fellowship. The fellowship varies depending on the year of residency and its availability is subject to review by the department Administration. The fellowship is paid each fall and spring semester directly to the Bursar to cover tuition costs. If tuition and fees are already paid, the Bursar will deposit the excess into your bank account. The graduate student 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 <https://one.iu.edu> (One. IU) and the Office of the Bursar.

## **Extra-Curricular Educational Requirements**

In addition to the courses taught at the dental school, graduate students are frequent guests at continuing education programs held by numerous local and regional orthodontic societies and other professional entities. All graduate students are expected to attend these programs when they are approved or scheduled by the Orthodontic Department. Additional courses may be attended if approved by the Program Director. If any, non-mandated, extra-curricular courses carries an additional fee, graduate students are expected to cover these associated costs.

## **Representation and Elections**

At the beginning of the program, the class will select several class officers to represent them in various capacities. Each class will elect a class president to represent their interests and serve as a liaison between faculty, staff, and the graduate students within the department. To facilitate early communication between the department and the class, the **Class President** must be selected by the second week of the residency program. The second-year Class President will serve as the “Chief Graduate Student” for a 12-month period. The First-Year Class President and the Chief Graduate Student are expected to contribute to the departmental mission by attending indicated faculty meetings, reporting graduate student concerns or satisfactions with the program, communicating the outcomes of the meetings to the graduate students, organizing meetings or responsibilities with the other graduate students, disseminating information to the other graduate students, coordinating special events/activities for the graduate students, providing student updates to the alumni association, and fabricating/disseminating messages to guest speakers who may lecture to the graduate students. Both the Chief Graduate Student & First Year Class President will also

assist the Program Director/Clinical Administrator with coordinating/scheduling graduate students for presentations, rotations (pre-doctoral clinic, craniofacial clinic, and orthodontic dental emergency service rotation), setting lunch & learns, cleaning assignments, and other classes or events. Other duties include meeting with the Program Director as needed to enhance or maintain the program. The Chief Graduate Student will be asked periodically to contribute by reviewing information for accuracy and developing various projects necessary for the motivation and organization of the program. The Chief Graduate Student is also expected to help maintain excellent working relations amongst the graduate students, staff, and faculty.

All graduate orthodontic students will also vote on two (2) representatives to serve on the **Advanced Graduate Organization (AGO)** and represent the Orthodontic Program in this interdepartmental student organization. The class must select one (1) representative for the **Graduate Student Professional Conduct Committee (GSPCC)** and will work with other GSPCC members to assess potential ethical/behavioral breaches and determine possible sanctions if necessary. Finally, the class must elect one student to serve as the American Association of Orthodontists (AAO) Resident Champion. This individual will serve as a student liaison to the AAO and disseminate pertinent news and professional opportunities with all other students. The AAO Resident Champion can be a 1- or 2-year position depending on student interest and/or student effectiveness. This position will be elected by all graduate students of the program.

## **Performance Evaluation**

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IUSD orthodontic graduate students are evaluated throughout their program. Graduate students 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 graduate students for orthodontic practice and meet the criteria for accreditation of the orthodontic program, contain several components: patient care (clinic), didactic, laboratory, research, and teaching. Evaluation of graduate students provides valuable feedback to the graduate students and faculty concerning progress in the program and content of the program and is a necessary part of accreditation. Evaluation will incorporate components of a course (didactic, clinical, or laboratory) although the weight of each can vary depending on the course. Graduate students will also take several competencies at various points throughout the program to ensure they 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 beginning of the course. All components of each course must be passed in order to pass the course. Grades for orthodontic courses, in particular clinic courses, may be based on the following components: patient care and progress; orthodontic, dental, and general knowledge; scheduling; clinic attendance; time management; adherence to clinical procedures and policies; and multiple interactions/participation (patient/peer/staff/faculty) within the program.

At least twice a year, graduate students will meet with the Program Director, faculty, and Clinical Support Specialist to review their progress through the program. Graduate students will be evaluated by the orthodontic faculty at the end of the first year through a written and oral examination. The Program Director will discuss the evaluation with each graduate student in order to acknowledge strengths and to encourage improvement where deficiencies are noted. If it is determined that there is a significant deficiency in the delivery of patient treatment or understanding of orthodontic concepts, remediation will be instituted. Remediation might require additional didactic or clinical experiences, some of which may lengthen the program for a particular graduate student. The grade given for the course will reflect the remediation required and the resulting competency of the graduate student. The graduate student might be

placed on probation during this time depending on the extent of the deficiency. In case a graduate student cannot compensate for their deficiencies, the graduate student may be asked to repeat the academic year or be dismissed from the program.

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

During the residency program, graduate students are strongly encouraged to complete as many of the cases that they initiate as possible. Due to the complex nature of orthodontic treatment, an absolute number of completed cases is not placed upon the graduate students. However, in order to graduate, second year graduate students are required to critically assess the final records and complete case evaluations of patients treated in the clinic (15-30 cases). These cases may be cases that the graduate student has personally managed and completed, but they may also be a case completed by a previous graduate student. **All cases** must be written in the most current electronic ABO format (available at <https://www.americanboardortho.com/orthodontic-professionals/about-board-certification/downloads-and-references/>). A general timeline 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. **Submitted cases should be in the form of a merged PDF document and follow the requested format.** Graduate students may submit their case write-ups ahead of schedule and are encouraged not to wait until the last minute to work on this activity. The cases are typically due by the first or last Friday of the month listed. If the school or department is closed on that day, they are due the following day the department is open for business. If a graduate student is unable, for any reason, to submit the designated number of completed case write-ups by a scheduled due date, they should contact Clinical Support Specialist or the Clinical Director immediately and provide the reason for their inability to complete the requirement. **While completing the case reviews, patient documentation such as models (physical or electronic), radiographs, or other components of the patient record should NOT be taken from the school premises nor be left where others can access them.** Doing 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 disciplinary sanctions. Additionally, graduate students should not attempt to copy and paste information from the axiUm record because doing so will necessitate the document to be approved by the faculty again.

## **Case Write-Up Schedule**

<b><u>Requirement</u></b>	<b><u>Month</u></b>
First 10 cases due	August
Second 10 cases due	October
Third 10 cases due	December

In addition, at the end of the second year, graduate students will complete a Mock Board examination in which they will present the outcomes of finished/in progress cases (Mock Board Examination). This exam is used as another means of professional assessment. These cases must be presented in approved ABO format and an example of the appropriate format will be provided to the graduate students to guide their preparation.

## **Qualifying Examination**

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A Qualifying examination over all areas covered in the curriculum and patient care will be given at the end of the first year of the residency program. The Qualifying Exam consists of an oral and written component, which is given separately. These exam dates are scheduled for all graduate students a semester in advance and cannot/ will not be modified, except under extreme circumstances.

The written component of the exam will cover all didactic content given to date. First year course instructors will be asked to submit questions pertaining to the material they taught during the year. To receive a passing grade on the exam, students must attain an overall score of at least 75% and a score of at least 40% on each individual section (i.e., a score of at least 40% for each faculty section must be earned). Failure to earn at least 40% on a faculty section will require re-examination in that particular subject area.

Failure to earn at least 75% on the entire exam will require the student to repeat the written exam. No more than one re-examination will occur for either the entire exam or a single exam section. Any graduate student who fails to obtain a passing grade after one re-examination will be required to meet with the Program Director. The Program Director, with council from the Orthodontic Department and Academic Affairs Office, will then decide the future status of the graduate student in the orthodontic residency program. Poor performance on this exam could result in an additional year of the orthodontic residency training or immediate dismissal from the program.

The oral component will focus on case diagnostics, treatment planning, and the clinical application of orthodontic knowledge. Graduate students will be given thirty (30) minutes to discuss a case with the faculty and an additional 30 minutes to answer questions in a clinical scenarios format. The case will be determined by the Program Director/ Clinic Director and varies each year. Graduate students will not be familiar with the case and will therefore be given thirty (30) minutes to prepare immediately prior to discussing the case with the examiner(s). The testing order for the examination will be determined and disseminated to the graduate students prior to the exam. This 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, clinical scenario-based questions. In order to meet these standards, in addition to course work, the graduate students must read on their own time and incorporate any knowledge attained during patient treatment.

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

## **Comprehensive Examination**

During the spring (March) of the second year, a Comprehensive Examination will be given to help graduate students prepare for the American Board of Orthodontics Phase II Written Examination. The didactic courses conducted in the residency program present the pertinent information tested on the exam, but no other formal course is currently held within the residency program to prepare students for the exam.

Although the comprehensive examination is designed to increase the graduate student's understanding of orthodontics, if a severe deficiency on the part of the graduate student is identified, remediation might be necessary. If remediation is recommended, the graduate student will be informed of the need and the specific requirements for remediation by the Program Director. The graduate student is responsible for completing the remediation within the specified time period; otherwise, action will be necessary by the Program Director. Given that the intent of the exam is to assist in the preparation of the Phase II ABO

Written exam, which **MUST** be taken to be eligible to graduate from the orthodontic residency program, there is no set score to denote “passing”. However, students who score below a 60% on the exam will review areas of concern with the Program Director and be encouraged to address these areas prior to sitting for the ABO exam.

The ultimate purpose of these examinations/presentations is to:

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

## **ABO Phase II Examination**

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All second year graduate students **MUST** take the Written ABO Phase II Examination. Registration for the exam occurs during the fall and/or early spring of the graduate students’ second year. The actual exam is typically held during the month of April. Students must pass the Phase II examination to be eligible to sit for the Phase III Clinical examination and achieve Board Certification. Student success on the Phase II exam will require independent preparation. Students are encouraged to review the exam material provided on the ABO website and begin preparing for the exam early on during the second year of the program.

## **Academic Standards**

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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. **Additionally, graduate students must maintain a 3.0 (B) grade point average in their graduate level specialty in orthodontics coursework.** Any specialty area course that is graded below B must be repeated.

## **Probation**

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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”. 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 the next academic semester, will be declared ineligible to re-enroll.
- A graduate student on probation will not be restored to good standing until an overall GPA for graduate coursework of at least 3.0 is achieved.
- While on probation, a graduate student must achieve a 3.0 GPA for specialty related courses 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**

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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 two (2) 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., cheating, lying, etc.)
- Unprofessional behavior within or outside the program (i.e., being arrested, inappropriate social media, physical altercations with IUSD students/staff/faculty etc.)
- Violation of the policies outlined in the IUSD/Orthodontic student manuals.

In lieu of dismissal, the faculty and Program Director may require graduate students to complete additional time in the residency program, if deemed appropriate. Any graduate student who is required to complete a remedial year is ineligible for scholarships and stipends from the department. Graduate students will be responsible for arranging their own health insurance, as the department will not cover it. Depending on the courses to be repeated, the graduate student 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 graduate student is once again charged the flat fee and eligible for departmental financial support.

### **Appeals and Due Process**

Any decision that 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 Graduate Student Handbook on Academic and Other Policies. This handbook is available online through the Office of Graduate Education.

### **Evaluation Appointments**

All graduate students 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 actions by the graduate student will be provided to the involved individual when needed. Any remediation or action is expected to be completed by the date indicated on the evaluation. If the graduate student does not complete the remediation or expected action by the given date, the graduate student 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**

Graduate students 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**. Additionally, 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.

**Patients must ONLY be seen during clinic times, with appropriate faculty coverage (this includes graduate students treating fellow graduate students).** All graduate students are also expected to provide patient care for their own patients and with the assigned faculty member unless there are special arrangements. If during an approved absence, an emergency or other treatment is necessary, the graduate student is responsible for working with the Clinical Support Specialist to enlist the cooperation of other graduate students in treating their patients. If an emergency situation faces one graduate student, other students may be asked to help support the clinical activities of the involved student's patients to ensure continued and timely care.

### ***Patient Records***

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

- A. Review and documentation of medical history (conduct medical consultations as needed)
- B. Patient records
  - a. Clinical examination completed and recorded, including:
    - i. Periodontal Screening Record (PSR)
    - ii. Initial and updated patient vitals (blood pressure, pulse, height, weight)
  - b. All required radiographs taken and reviewed for optimal quality:
    - i. Panoramic radiograph
    - ii. Lateral cephalogram
    - iii. 3D CBCT (when indicated, i.e., asymmetry)
    - iv. Two maxillary incisor and one mandibular incisor periapical (required for 18 & older when periodontal concerns are present)
    - v. Bitewing radiographs (two to four, based on need-required for 18 & older when periodontal concerns are present), or
    - vi. 3D cone beam radiograph (as needed, i.e., impactions, craniofacial anomaly, TMD, growth modification, research purpose)
  - c. Electronic models with bite registration (diagnostic casts if requested by the faculty member)
  - d. Cephalometric analysis
  - e. Photographs (3 extra-oral profile, smiling frontal, non-smiling frontal, 5 intra-oral: right buccal occlusion, frontal occlusion, left buccal occlusion, maxillary occlusal, mandibular occlusal), which meet ABO standards. Some faculty may also ask you to acquire an image of the dentition in an edge-to-edge position, as well as an anterior overjet image.
  - f. Orthognathic surgery patients might require two 45° extra-oral photographs, two profile photographs, and a sub-mental vertex photograph (consider a CBCT).
  - g. All photographic and radiographic images must be entered into Dolphin
- C. List of problems and goals
- D. Completion of a required consultations with other healthcare providers
- E. **Treatment plan approved by the designated faculty (treatment should never be started without this step)**
- F. Consent form signed by legally responsible patient or legal guardian
- G. Contract signed by legally responsible patient or legal guardian and returned to the financial office

- H. Financial agreement approved by IUSD and adhered to by legally responsible patient or guardian
- I. Patient Privacy and HIPAA form signed by legally responsible patient or legal guardian
- J. Contract & Referral Form (must be completed and returned to the business office prior to beginning treatment)

**No graduate student is to commence treatment or make referrals to other health care providers until steps D-J are completed.** Any graduate student 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 business office receives the approval.** If patients who are covered by Medicaid wish to pay for orthodontic treatment personally, the business office must approve this 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 graduate student to generate and submit a list of all patients in their care, a list of completed clinical experiences, and a calculation of faculty case assignments. Graduate students should review each patient on this list with specific regard to abnormal circumstances that have extended treatment, problems with patient compliance, oral hygiene, caries, or other issues that have affected treatment time and outcome. In addition, patients who have been in treatment for less than two years, but who possess 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 (i.e., warning letter, dismissal, etc.), and acted upon to correct the situation.

Patient chart audits will be conducted periodically during the program to determine the status of patient care and completeness of records. Each graduate student will be provided with feedback concerning the adequacy of each record audit. Any identified record deficiencies should be modified by the denoted date and shown to the Clinic Administrator/Clinical Director. Significant and consistent deficiencies will be addressed by the Program Director and could negatively impact a students' clinical grade. Deficiencies that result in patient neglect, mistreatment, and/or are in direct conflict with departmental or school policy may be cause for disciplinary action or dismissal.

### ***Patient Screening and Assignment***

Graduate students will assist in screening 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 graduate student should complete a screening form for each patient and then **must** have a faculty member check the patient appropriateness for the graduate, undergraduate, or faculty practice clinic (the attending faculty member should initial the bottom of the screening form). If the case is appropriate for one of the specified clinics, the patient/guardian should be taken to the financial/business office so that the patient service supervisor or patient service coordinator can review potential treatment costs. The graduate student is to return all screening forms to the Clinical Support Specialist following screening of a patient and after a treatment note is entered into the patient's electronic health record. Periodically, graduate students are asked to complete orthodontic screening appointments in clinics throughout the dental school. In these situations, the student should complete the screening in the non-departmental clinic and then return to the orthodontic clinic to review the screening form with an attending



faculty member. If the patient is deemed acceptable, the patient and/or their guardian should be escorted to the orthodontic financial/business office to review the financial documentations.

The Orthodontic Department favors potential patients who will work well with the faculty, students, and staff in our department and provide an adequate learning experience for our students. **Individuals who appear disruptive, overly demanding and/or uninterested in orthodontic treatment should not be accepted into the department for treatment.** Furthermore, individuals who present with active decay, periodontal concerns, or unaddressed medical problems should be referred to an appropriate dental or medical provider/specialist for treatment and encouraged to seek entry into the department after these concerns are addressed.

If a patient requires information about the clinic prior to a screening appointment, the receptionist can either mail or fax the application. Once the screening appointment is complete, the Clinical Support Specialist will assign the patient to a graduate student 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 tried to contact the individual 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 Clinical Support Specialist 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 Clinical Support Specialist who will remove the patient from the graduate student list.

Following the scheduling of a records appointment, the Patient Services Coordinator/ Clinical Support Specialist will make a chart for the patient and give it to the assigned graduate student at the time of the records appointment. These are temporary documents that will be scanned and destroyed once the records appointment is completed.

Graduate students are always expected to follow the instructions of attending faculty. If graduate students disagree with faculty instructions, they should discuss their differences away from the patient. **Unless unique situations necessitate otherwise or special arrangements have been made, all patients should be scheduled with the assigned faculty to ensure a favorable treatment outcome.** Patient reassignment to another graduate student or attending faculty member is typically not done unless very extreme situations arise (unavoidable schedule change by patient, complete deterioration of the graduate student-patient/parent relationship). Should this be required, the students, patient, and parents will need to meet with the Clinical Director prior to this change being finalized.

### ***Treatment Documentation***

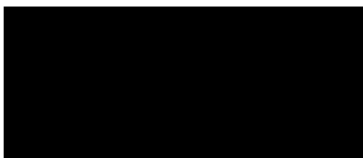
At the conclusion of each patient visit, graduate students are expected to document the events of that visit in the patient's electronic patient record. A treatment entry should be included and approved by the attending faculty member in axiUm prior to the graduate student's departure for the day. Each entry should completely and succinctly document all the events of the patient's appointment (including any adverse or unexpected events). 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". **Graduate students should NOT use abbreviations in their treatment notes, since the notes in the patient's chart may be used by individuals outside of the department, who are unaware of "common orthodontic abbreviations".** Examples includes: "Patient presented for an AA. or NV: AA." While certain selected abbreviations may be common to the student or a small group of persons, all individuals who review the chart should be able to understand what occurred during the treatment, and the use of excessive abbreviations makes this extremely difficult, especially

during periodic audits by the school.

Progress notes should contain some basic information. Please ensure that the following information is **ALWAYS** included.

- Purpose of the patient visit
- Individuals present with the patient
- **Review of Medical History, Allergy Review, and documentation of findings**
- Evaluation of Oral hygiene (OH)
- Appliances being utilized in the case (bracket type, bracket slot size, etc.)
- Evaluation of Appliances (denoting if anything was broken or missing)
- Time in treatment/Estimated treatment time
- **Assigned Faculty and Attending Faculty**
- Treatment rendered at the appointment
- Current wires being utilized
- Current elastics being utilized
- **Interpretation of all obtained radiographic images (if taken at the visit)**
- Areas to assess at the next visit, as well as anticipated treatment at the next visit
- If supplemental treatment is completed during a visit (acquisition of radiographs, photographs, impressions, etc.) an appropriate code **MUST** also be entered into the patient's health record along with the general visit note. Please refer to the code sheets, available in the clinic, for the listing of procedures and their associated codes.

An example of a patient progress note is depicted below:



Jul 20/21	TMason	TMason	D0330P	C	0	GORTHO	NO	IUSD-Panoramic radiograph
Jul 20/21	TMason	TMason	D8670	V	0	GORTHO	NO	Periodic ortho treatment visi
Jul 20/21	TMason	DAIbriht	NOTE		0	GORTHO	NO	
<p>Pt [REDACTED] present to IUSD Grad Ortho clinic for archwire adjustment with father [REDACTED]. Patient screened for COVID-19 and denied any symptoms.</p> <p>Pt rinsed with hydrogen peroxide-based, antimicrobial rinse (Peroxyl) for 30 seconds prior to initiating treatment/evaluation (per COVID-19 guidelines).</p> <p>Med hx: Pt reports no changes.</p> <p>Assigned faculty: [REDACTED] (Attending faculty today: [REDACTED])</p> <p>Appliance: 0.022 3M MBT brackets.</p> <p>Date of initial bonding: [REDACTED]</p> <p>Time in treatment 8.5/24 mo. Upper 4s EXT case</p> <p>Archform: Ovoid lower.</p> <p>Total IPR performed to date: None</p> <p>OH status: Fair.</p> <p>Comfort status: Pt reports no poking wires or abnormally uncomfortable areas.</p> <p>Findings:</p> <p>*Mx: 19x25 posted SS wire intact. No debonded brackets or extruding wires.</p> <p>*Mand: 0.018 NiTi wire intact. No debonded brackets or extruding wires.</p> <p>*Midlines: Upper 1 mm to L. Lower 1 mm to R.</p> <p>*Canines: Class I on R. Class II on L by 2 mm.</p> <p>*OB: 2-3 mm</p> <p>*OJ: 2 mm</p> <p>*Spacing (distal to upper 3s):</p> <p>&gt;&gt;UL: 0.5 mm</p> <p>&gt;&gt;UR: 2 mm</p> <p>Panoramic radiograph obtained, showing smooth condyles, no septal deviation, intact mandibular border, and developing 8s in all quadrants except LR. No pathology identified. No significant root blunting. Dilaceration in UL5 root.</p> <p>Treatment rendered:</p> <p>&gt;&gt;Mx: Maintained to 19x25 SS posted wire. Active tiebacks placed from U6s to post distal to U2s. Elastomeric tied all.</p> <p>&gt;&gt;Mand: Progressed to 19x22 SS wire. Elastomeric tied all.</p> <p>Discussed findings and treatment rendered today with pt. Patient was dismissed in good health.</p> <p>NV-1: Continue space closure in UR. Consider using elastic on R from post to lower 6 to help open bite and prevent additional mesial movement of UR6.</p> <p>NV-2: Bond 7s and perform repositions.</p>								

It is critical that health histories are reviewed at each patient encounter and noted. These reviews protect the patient from adverse reactions during and after treatment and also provides documentation regarding Standard of Care provided to the patient at each visit.

A patient should be questioned at each visit to determine if the health status or medications have changed. The record should have a dated notation that the patient was asked about recent health, allergies, and medication changes. Any changes should be updated in the patient's record.

Allergy history review is necessary for each visit to evaluate any potential risk factors that may occur during or after treatment. Patients should be asked if there are any updates to their history prior to treatment.

It is strongly suggested to create an allergy alert in the EHR if allergies have potential to affect the patient during or after treatment.

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 if oral hygiene is found to be insufficient. 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 must be completed during the initial records appointment and entered into axiUm. Any patients found to have a compromised periodontal state should be referred to the Periodontal Department or to their referring dentist for periodontal treatment. A PSR should be re-completed at least once each year, while the patient is in treatment at the orthodontic clinic.

### **Missing CDT codes for documented services**

Proper charting of a patient encounter requires that all procedures provided, and/or attempted to be provided, be referenced and the appropriate CDT code selected for the encounter be documented in the code set.

Radiographs taken for progressive, diagnostic, and/or definitive purposes must be documented and coded appropriately in order to support the medical necessity of the treatment provided, deliver continuity of care, and to ensure that the necessary services normally delivered during the procedure have been performed.

### **Missing documentation needed to support CDT code(s)**

Documentation details are to not only meet the required definitions and nomenclature of the code sets selected, but they also to support the medical necessity of the care provided to the patient.

Radiographic images many times strongly support the patient's need for treatment and the medical necessity of the encounter. Complete documentation is to include the type of radiographs taken or being referenced, the date of service of those films, and the interpretation of the films.

Documenting the type of radiograph(s) taken collaborates the procedure code chosen for the encounter and ensures that charges have not been omitted. It also allows for the films to be referenced or confirmed by an outside entity if they are needed for any future care or possible legal matters.

Documentation of the interpretation provides continuity of care for other providers that may need to access the chart in the future. If the interpretation will not be performed during the current encounter, documentation can still be provided to include justification of not being performed during the initial encounter and in turn provide a date when the interpretation is anticipated to take place due to the educational environment and the need to collaborate with faculty.

**All patient entries (treatment notes and associated codes) should be entered into the electronic health record within 24-48 hours of the visit.** Notes should be approved by the faculty who oversaw the care as soon as possible. Failure to do so could place the institution at risk and result in loss of clinical privileges.

### ***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 graduate students).
- Patients should be treatment planned within one month of records acquisition.
- 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 Clinical Support Specialist'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 department will forward a letter to the patient indicating that they are being inactivated from our clinic and must seek continued orthodontic treatment in a private practice. The department will inactivate the patient from the business management system.
- If the **patient breaks or cancels two records appointments**, the department will forward a letter to the patient indicating that they are being inactivated from our clinic and must seek continued orthodontic treatment in a private practice. The department will document the broken or cancelled appointments in the patient's chart and indicate the inactivation. The department will inactivate the patient from the business management system.
- If the patient **breaks or cancels two treatment appointments without good reason**, the department 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 the clinic and must seek continued orthodontic treatment in a private practice or that they should be debonded. The department 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 department will forward a letter via certified mail to the patient indicating that they are being inactivated from our clinic and must seek continued orthodontic treatment in a private practice or can make an appointment for debonding by a certain date. The department will document the broken or cancelled appointments in the patient record and indicate the inactivation. The department will inactivate the patient from the business management system.
- If the **patient does not call for an appointment for two or more months**, the department will forward a letter to the patient documenting the broken or cancelled appointments or lack of making appointments. The letter should indicate that the patient must make and keep regular orthodontic appointments; otherwise, they will be inactivated from the clinic and must seek continued orthodontic treatment in a private practice or be appointed to be debonded. They are to be asked to call for an appointment within three weeks (give an exact date in the letter). The department will document the broken or cancelled appointments in the patient record and indicate that a letter was sent. The department 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 department will forward a letter via certified mail to the patient indicating that they are being inactivated from our clinic and must seek continued orthodontic treatment in a private practice or can call by a certain date to be debonded. The department will inactivate the patient from the business management system.
- If a **patient postpones treatment initiation longer than one month past the treatment plan**, the Clinical Support will notify the Program Director. A decision will be made whether the patient can proceed with treatment, is reassigned to a new resident, or dismissed from the clinic. In cases where there is an extended delay, the patient may need to be re-screened or have new diagnostic records acquired, especially if the delay was greater than 6 months. This decision is made because of the effect on the graduate student-learning situation.

**No case transfers are to occur without the prior notification of the Clinical Director, who will then notify the Clinical Support Specialist to make the necessary changes.** If a case transfer is approved, the transferring graduate student will take progress records before the transfer is completed and enter a progress note outlining the treatment rendered and treatment remaining. Upon receipt of the transfer, the receiving graduate student will review the case and re-treatment plan with the attending faculty.

Once a case has been re-treatment planned, the receiving graduate student 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 After-Hours Services***

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Typical clinic hours are Monday through Friday 9am to 12 noon and 1pm to 5pm. The Department of Orthodontics maintains an "after hours" service line for active orthodontic patients of record. Patients have access to graduate students and the assigned attending after-hours by dialing **(317) 260-3869** and asking for the graduate student on call. The term "afterhours" refers to times outside of normal business hours and includes weekends and holidays. All patients of record are given the department's services and phone numbers by their assigned orthodontic graduate student. 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. 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.

**The following policy is in effect for Patients with an Orthodontic After-Hours Situation:**

### ***Emergencies during regular clinic hours***

IUSD Graduate Orthodontic patients of record who are experiencing a dental emergency during regular clinic hours will usually be seen in the orthodontic clinic with the graduate student to which they are currently assigned. Graduate students are expected to see their patient when they present for an emergency. If a patient's regular graduate student is unavailable, the patient has been inactivated 1 year or less, and/or is currently on recall, the patient will be scheduled at the discretion of the Clinical Support Specialist with another available graduate student to manage the dental emergency. A patient that was inactivated previously by our clinic will need to seek treatment in another clinic.

Emergency 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

Patients will be triaged by the graduate student and attending faculty. The patient's well-being will be ascertained, and any diagnostic tests deemed necessary will be performed with the patient's permission. The patient will then be informed of the diagnosis and advised of the treatment options and their respective prognoses. When the patient has made an informed decision on the treatment of choice, the graduate student 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 necessary.

If emergent care of an oral surgical nature is necessary, the patient may be referred to their general dentist, the University Hospital Oral Surgery Clinic, or the first floor IUSD Oral Surgery Clinic that day for treatment by the students assigned to that clinical rotation. If no further care is needed or desired, the patient will be re-appointed with their current graduate student, or if no graduate student is currently assigned, re-assigned to a new graduate student in the Graduate Orthodontic Clinic by the Clinical Support Specialist for further treatment per standard operating procedures. The graduate student and faculty will then document the appointment appropriately in the electronic health record (axiUm), including notation of any return appointments scheduled.

### ***After Hours orthodontic care:***

If a graduate student receives a call from a patient after business 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 situation requires immediate treatment, the graduate student is to contact the Clinic Director, who will meet the graduate student and the



patient at the Graduate Orthodontic Clinic to manage the situation. If the Clinical Director is unable to meet the graduate student at the school, the graduate student should contact a fellow graduate student or identify another witness to accompany them to the dental school. **Graduate students 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.** Any patient contact (phone call, treatment rendered, etc.) that occurs after hours **MUST** be noted in axiUm and approved by the Clinical Director no later than the next business day. Failure to properly document patient-doctor clinical contact will result in disciplinary action, including but not limited to, suspension of clinical privileges. Periodically, individuals with non-orthodontic emergency needs call the orthodontic after-hours emergency phone; in these situations, the graduate student should have the patient call the dental after-hours emergency number (317-944-5000), if the patient is an IUSD patient of record or (317-274-7433) if the patient is not an IUSD patient of record.

### ***Graduate Student "After Hours" Coverage Schedule:***

After hours coverage in the Graduate Orthodontic Clinic is done by special clinic assignment within the department. Each summer, the graduate students, Clinical Support Specialist, and Clinical Director will work to create the emergency coverage schedule for the entire year. It is expected that during a rotation as the "after-hours coverage graduate student" (graduate student on-call) the student will be available during regular clinic times for the entire week that they are assigned. However, it is expected that all graduate students 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 graduate students have a class scheduled during clinic time, every effort should be made to schedule emergency patients at an alternate time, so that a graduate student does not miss class AND the emergency patient is managed in a timely fashion. The on-call graduate student will be called if his/her services are required **and must be no more than 20 minutes away from the dental school.** If for some reason the student is not able to attend to their on-call duties, they **MUST** contact the Program Director so another student can be identified. **Switching rotation assignments is NOT generally accepted, so please plan your schedules accordingly.** If a switch is approved, this information **MUST** be relayed to the Clinical Support Specialist so that the official rotation schedule can be updated appropriately. Failure to do so may result in disciplinary action, including, but not limited to, suspension of clinic privileges and the student being sent before the Professional Conduct committee.

### **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 graduate student observe frequent incidents of broken appliances, deliberate acts of destruction, or flagrant 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/or the graduate student must sign the letter.

Continued breakage after the first letter is reason for patient inactivation. In this situation, a letter of inactivation should be sent to the patient/parent documenting the breakage and the decision to stop treatment at the dental school. The Clinical Support Specialist will inactivate the patient in axiUm.

In special circumstances, additional charges might also be placed for consistently broken appliances. However, the patient/parent should be warned of this possibility and the method of treatment payment confirmed before the actual charge is applied. A note indicating that the patient/parent was informed of this possibility should be placed in the record prior to actual charges. The graduate student should then consult



the Clinical Director/Program Director, Clinical Support Specialist, and Patient Services Supervisor to have the additional charge applied to the patient's account.

## **Debonding**

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Prior to debonding, the graduate student should confirm that all desired treatment goals were met and that the faculty and patient are satisfied with the treatment outcome. The student should then confirm an appropriate mode of retention (based on the initial treatment plan, as well as the treatment rendered) and obtain approval from the attending faculty for debonding and the final retainer design. **If the patient still maintains a balance for treatment, they should only be given one (1) pair of Essix retainers at the end of the debonding appointment. The patient 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 up to that point. If a patient wants a retainer, they will need to pay for it prior to impression acquisition. The payment will be deducted from their balance.

In some instances, the graduate student 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 graduate student/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 (extra-/intraoral photographs, lateral cephalogram, panoramic radiograph (or a 3D CBCT), and an intraoral digital scan of the patient's mouth).** Please see the Clinical Director if circumstances arise that prevent final records from being placed.

## **Laboratory Work**

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### ***Study Models***

All graduate students are expected to pour and rough trim **1** set of study models, following the guidance of the Orthodontic Laboratory Technician. The rough trimmed models must occlude on the heels in centric occlusion and be free of bubbles or voids that prohibit proper occlusion. Each graduate student is expected to obtain the written approval of Graduate Orthodontics Lab Technician that the models have been prepared appropriately.

Electronic models are typically used to obtain an occlusal representation of the patient's occlusion within the Graduate clinic. Each resident is responsible for accurately scanning and "finalizing" the occlusion on each of their patients. In the event the intraoral scanners are nonfunctional, students are expected to obtain maxillary/mandibular alginate impressions and a bite registration and submit these diagnostic records to the Graduate Orthodontics Lab for pouring. Once the stone models have been produced, the graduate student **should confirm the quality of the models and then** use the intraoral scanners to scan the stone models. **It is the responsibility of the graduate student to ensure that satisfactory digital records of the patient's teeth are obtained.** Failure to scan the physical patient models will negatively impact the student's clinical grade and may also result in the loss of their clinical privileges. Two-year retention records are also required

of patients (please consult with the Clinical Director about what information is required during such appointments).

Each graduate student should maintain a list documenting the lab work they have completed during the program. This information may be requested to verify work or address other potential concerns. **Graduate students are NEVER to send lab work to an outside lab without the permission of the Clinical Support Specialist or Clinical Director.** Individuals found conducting such activities will face disciplinary action, including but not limited to the loss of all previous lab work credit, clinical suspension, and/or program dismissal. Regardless of the lab or clinical work in question, the graduate student is ultimately responsible for the quality and the existence of the necessary material.

**Additionally, physical patient information (models, photographs, etc.) should NEVER be removed from the dental school premises; this includes de-identified information.** It is permissible to access electronic patient records via the school's remote access platform, but the transportation of all other materials could lead to a breach of patient confidentiality and a violation of the school's HIPAA policy

### ***Appliances***

All graduate students are expected to make **twenty (20)** individual (note: a full set of retainers counts as two) acrylic and wire retainers themselves. Each graduate student 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, Clinical Director, or designated clinical faculty 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 graduate student.

Graduate students are required to fabricate **5 palatal expanders** during the residency program. After the completion of these 5 appliances, subsequent expanders can be sent to the Graduate Orthodontic Lab for fabrication. Graduate students are expected to fabricate all other appliances to be used for patient care during the residency program (i.e., transpalatal arch (TPA), lingual holding arch, quadhelix, Essix retainers, etc.). In the event an appliance needs to be fabricated by a local or regional laboratory, please see the Clinical Director/Clinical Administrator for approval and processing.

### **Clinic Staff**

The Clinical Support Specialist is responsible for supporting the clinical operations of the orthodontic clinic. They have multiple responsibilities concerning the clinic and the program. Graduate students should abide by the requests and advice given by the Clinical Support Specialist. Graduate students are to comply with their requests in a respectful, timely, and efficient manner. If graduate students have questions concerning any of the clinical operations, they should talk with them first. If there is confusion or potential conflict with the request given by the Clinical Support Specialist, the students should consult with the Clinical Director.

The Dental Assistants help graduate students in the clinical area. They are instrumental in providing graduate students 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, etc.). Graduate students are to **ALWAYS** be respectful and compliant. Should professional or personal issues arise between a graduate student and staff member they should discuss the problem with the Clinical Support Specialist/Clinical Administrator or Program Director.

## **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 must be prioritized because of the discrepancy between the number of assistants and graduate students. Graduate students are encouraged to review the appointments made by other graduate students 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/cleanup take first priority on any given day.
- **Support during aerosol generating procedures is the next priority.**
- Banding and/or bonding are given next priority. First year graduate students should be given priority over second year graduate students because of the learning and skill differential. Graduate students should consider that they do not need an assistant for banding until it is time to mix cement and/or seat an appliance.
- Assistance with archwire removal or replacement for second year graduate students is the next priority.
- Assisting with record taking for second year graduate students is the next priority.
- First year graduate students may receive help from an assistant to mix alginate and to retract cheeks and hold mirrors when photographs are taken. However, each first year graduate student is expected to take his/her own photographs, radiographs, and impressions.
- An assistant can instruct the first year graduate student how to use the cephalostat and the panoramic machine, but the graduate student is expected to take his/her own radiographs.

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

## **Ordering Instruments, Supplies, and Equipment**

The Clinical Support Specialist/Clinic Coordinator is responsible for ordering clinical supplies or instruments. **Graduate students should NEVER “negotiate” with any external vendor for products or services on behalf of the program or school.** Any potential donations (services or materials) from external companies should be directed through the Clinical Support Specialist, who assists with monitoring the clinic’s budget and all company donations. Additionally, no graduate student is allowed to order instruments or supplies for

the Department or charge any personal items to IUSD, communicate all supply requests to the Clinical Support Specialist. The department has a modest clinical budget with which to secure products and services for the graduate students during the residency program.

Graduate students should use great care when utilizing services and products to ensure that the budget is not wasted, and the clinic becomes unable to order the necessary items to conduct patient care. Examples of prudent material utilization includes cleaning and re-applying brackets rather than removing and discarding old brackets, providing patients with an acceptable number of elastics (1-2 bags), ensuring the wire appropriate wire is handled carefully when preparing it for clinical use, etc.

## IV. RESEARCH

### Objectives

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

- To familiarize the graduate students with the systematic methodology of solving problems and making valid conclusions so that they can:
  - evaluate scientific literature relative to diagnostic, treatment and practice methodologies, and
  - 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. Graduate students are referred to the Program Director and to the IUSD website for additional information. The primary mentor **MUST** be a faculty member of the IUSD, and it is highly preferred that they be a faculty member in the orthodontic department, but this is not absolutely mandatory. The primary mentor must give approval before the proposal is sent to other research committee members or to the IUSD Graduate Student Research Committee at any stage of development. All graduate students must have at least one member of the department faculty on their research committee for a degree to be awarded from the institution. A **minimum** of **3** individuals **MUST** be selected to serve on the graduate student's research committee. Prior to sending the proposal to the IUSD Graduate Student 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 graduate student. The graduate student must allow each committee member adequate time (a minimum of one week) to review the proposal and forward comments/recommendations to improve the research.

Graduate students 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, proof of submission must be submitted to the Program Director and IUSD Office of Graduate Education before clearance for graduation will be given. Prior to graduation, the Office of Graduate Education (IUPUI campus) must formally approve any conducted theses.

Meetings should be scheduled on a semi-frequent basis to discuss research progress, problems, and solutions. All graduate students are expected to attend and contribute at these meetings. **Graduate students who fail to progress with their master's research project or meet the research milestones established by their mentor, research committee, and the Orthodontic Department could have the length of their program extended or be dismissed from the program.** To ensure the timely progression of research, a number of research milestones have been incorporated into the program. The list below indicates the current milestones in place for the orthodontic program (please, note that additional milestones may be established to further support the research efforts of the graduate students):

- Research progress presentation at the departmental research milestones meetings
- Submission and presentation of the student's research proposal to the IUSD GSRC by the end of the summer session of their 1<sup>st</sup> year (August of the beginning of their second year)
- Presentation of their research at the IUSD Research Day during the 2<sup>nd</sup> year (or an external research meeting during the spring of the 2<sup>nd</sup> year). The presentation of a clinical case report can also be presented if the student is unable to present a poster about their research due to a lack of data collection/analysis.
- Completion of their formal research defense by the last week of June of the 2<sup>nd</sup> year
- Formal submission of a manuscript (to peer-reviewed journal) or thesis (to IUSD) by the first Monday of July of the 2<sup>nd</sup> year

Any graduate student who fails to adequately create, modify, and/or finalize their manuscript or thesis will forfeit their right to be first author on the manuscript. Should a lack of graduate student involvement be identified by the graduate student'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 graduate student can give permission to another co-author 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. Graduate students 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

### **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 graduate students are expected to follow the guidelines stated in these sources. If a student observes a member of the institution behaving or conducting themselves in a manner inconsistent with institutional expectations, they can make an **anonymous report** at **888-236-7542**. Please note that IU policy prohibits retaliation against anyone making a good faith disclosure of suspected misconduct or policy violations.

Graduate students are also expected to always uphold the highest levels of professionalism. 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 events/meetings

Graduate students are expected to treat all faculty, staff, other graduate students, and patients with respect in all areas of the school. Personal and professional problems must be addressed in a professional manner. Any disagreements with clinical 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 from the residency program.

Within the clinic and each laboratory there are appropriate personal protective equipment, safety equipment, and other requisite items to operate safely. Each year graduate students will be required to update their Blood Borne Pathogens/OSHA certification either electronically or through an annual school-wide update.

### **Attendance**

**All graduate students are expected to attend all seminars, lectures (including all scheduled lunch time lectures), and clinics on a timely basis.** These events will typically take place between **8AM** and **5PM** but there may be instances in which students may be required to be in attendance outside of these hours.

**PLEASE NOTE: Arrival after the beginning of a denoted class/designated start time or departure prior to 5PM will result in at least 1 hour deduction of the students' personal time.**

**"Being early is on time, being on time is late, and being late is unacceptable."**

All graduate students must submit a written time off request to the Clinical Support Specialist/Clinical Administrator after clearing the absences with their appropriate instructors, who will evaluate the timing of the request relative to clinical and didactic assignments. Excluding extreme circumstances, time off requests should be submitted **no less than 2 weeks** prior to the time in question; requests submitted with less than a 2-week notice may NOT be approved. The Clinical Support Specialist will forward the request to the Program Director with her recommendation relative to the impact on the program for final approval. **Students should not assume that a submitted time off request is approved and should wait until they receive confirmation from the Program Director/ Clinical Support Specialist before making any travel arrangements. When approval is given for a request, the graduate student will receive a signed copy of the form.** A copy of the signed form will be filed by the Clinical Support Specialist and necessary actions initiated (i.e., patient cancellation). Each graduate student is responsible for requesting time off in writing from any course director or clinical attending faculty of their absence. The Clinical Support Specialist will be responsible for sharing approved absences with the business office personnel and the dental assistants, so that the necessary clinical changes can be made. **No graduate student is allowed to**

**contact the receptionist and/or their assigned dental assistant directly concerning rescheduling or canceling appointments, this should always be filtered through the Clinical Support Specialist.** Continued absence or abuse of the attendance policy will require evaluation of the graduate student's status within the program.

**No graduate student, dental assistant, or receptionist has approval to change their clinic schedules (block or unblock clinical time) without approval by the Program Director or Clinical Support Specialist. Additionally, no scheduled clinic may be cancelled for any graduate student without the preapproval of the Program Director or Clinical Support Specialist.**

Second year graduate students are expected to contribute to the pre-doctoral orthodontic module. Failure to support the Orthodontic Pre-doctoral Director with these activities will result in a negative impact on the student's semester assessment and could also compromise the fellowship/stipend that they receive during the second year of the program. To ensure adequate coverage, no more than one graduate student may request time off during any one pre-doctoral class session. The Pre-doctoral Program Director must approve the request also.

**No graduate student 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.** If an instructor cancels class for any reason, students should use the provided time to complete lab work, make advances with their research, or conduct some other form of educational enhancement. This especially applies to Mondays; courses and other events can and will be scheduled at various times and graduate students will be expected to attend.

Program time not scheduled for clinic or didactic courses should be used for independent study, research, review of patient records, and laboratory projects. **Patients must only be seen during clinic times, with appropriate faculty coverage (this includes graduate students treating fellow graduate students).** In general, department time outside of clinic hours should not be used for patient care, as no faculty are assigned. Graduate students are not allowed to appoint patients for treatment on non-clinic time 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 who 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 another faculty. **Graduate students are required to be in attendance during clinic hours whether or not patients are scheduled; a graduate student is not permitted to leave early just because there are no more patients scheduled.** They should stay to help their practice partner and gain additional patient exposure or work on other projects.

**Students that violate any component of the attendance policy will face disciplinary action that could include but is not limited to course grade reductions, loss of personal days, submission to the Graduate Student Professional Conduct committee, and/or dismissal from the program.**

## **Vacation, Sick Leave & Professional Development**

Each graduate student 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 follows:

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|--|----------|
| • Independence Day                         | 1 day    |
| • Labor Day                                | 1 day    |
| • Thanksgiving Break (Thursday and Friday) | 2 days   |
| • Winter Holiday                           | ~10 days |
| • Martin Luther King Jr. Day               | 1 day    |
| • Spring Break (March or April)            | 5 days   |
| • Memorial Day                             | 1 day    |
| • Juneteenth Holiday                       | 1 day    |

Rising second year graduate students 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. **All vacation time is subject to change due to the fluid internal/external environmental factors.** **A minimum of 3700 instructional hours is required by CODA and must be achieved during the 2 years.**

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 graduate student is assigned after- hours call duty during the time they are requesting to be absent, they are responsible for finding someone to substitute and must inform the Clinic Support Specialist/Clinical Administrator and Clinical Director who is serving as the substitute (pending approval). The substitute must also agree to the switch. **Switching duties without informing the Clinic Support Specialist or Clinical Director is unacceptable.** The Graduate Program Director is not required to approve additional leave from the program. Graduate students are expected to take maximum advantage of their educational program, since their future livelihood and patient care is dependent on it. Graduate students who take unapproved or excessive amounts of additional leave from the program will be required to make up the time at the end of the program. In other words, the normal graduation date for that student will be extended to compensate for the missing time, if unapproved time is taken for any reason or if the faculty decides that requested time off for any reason is excessive. Alternatively, students may be asked to complete tasks during scheduled vacation times to counterbalance the time away from the department and minimize the need to extend the time in the program past the designated graduation date. This policy also includes maternity leave in excess of the graduate student's available balance (as specified by the IUSD Graduate Student Handbook). As of the most recent version of this manual, no formal paternity leave policy for graduate students has been established by IUSD but this would apply to that situation as well.

Graduate students who miss school due to sickness are encouraged to contact the department as soon as possible so that patients can be contacted and/or rescheduled if necessary. Students should bring documentation from a physician confirming that they received medical treatment to address their illness upon their return to the department. The intentional abuse of the department's sick leave policy could result in the loss of all professional development days and submission to the Graduate Professional Conduct Committee for disciplinary action. **Failure to submit the required healthcare documentation will result in a commensurate reduction of the graduate student's allocated personal days**

Extended absences from the program can severely affect graduate student learning, patient treatment, and peer cooperation. Therefore, the Chair, Program Director, and Clinical Director will work with the graduate



students to determine coordination of patient treatment, didactic work, and research (i.e., maternity leave, severe chronic illness, etc.). **Emergency absences will only be approved for reasonable situations** (i. e. family member death, property devastation, etc.).

Graduate students requesting permission to attend continuing education (C.E.) courses are responsible for their own expenses (if approved). Permission depends on such factors as patient care, exams, instructor permission, etc. The graduate student departmental time-off request form must be submitted at least 2 weeks prior to the C.E. course of interest. **Approval by the Program Director must be obtained prior to making any clinical schedule changes or other travel arrangements. If plans are made prior to attaining proper approval, the graduate student risks acquiring travel adjustment fees or possibly a complete forfeit of all travel related expenses. The approved form must be given to the Clinical Support Specialist for tracking.** If a continuing education course or special event has been approved by the Program Director and the clinic is closed for the event, all graduate students are required to attend the event.

During the residency program, each graduate student is allotted **10 days (80 hours)** for scheduled time off. The primary function of these days is to support student activities that will further their education and/or prepare them for entering the workforce (job interviews, office observations/shadowing, attending CE courses, etc.). However, the time could also be used for the student to attend personal life events (**weddings, social events, etc.**). The students are encouraged to use their best judgment when deciding how to utilize this time. Students must submit an official time-off request to the department at least 2 weeks prior to requested date(s). Any request submitted within the 2-week period may not be approved. Students are strongly encouraged to obtain official approval from the department prior to making any travel arrangements. Should arrangements be made, and approval is not granted, the student bears full financial responsibility. Once a student's allocated time has been fully utilized, any additional time away from the program will result in a delay in the students' graduation date.

## **Travel**

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The Department is awarding \$1000 in travel funding for the current academic year (*ending June 30 of each year, **with no rollover***). You may also apply for an additional travel support through the IUPUI Graduate Office at the link of <https://studentaffairs.iupui.edu/get-involved/student-organizations/funding/index.html>

Please complete the Travel Authorization form for any day or overnight trips only if you are seeking reimbursement and submit to the Assistant to the Chair. Also, be sure to complete a time off request form for any time off and submit it to the Clinical Support Specialist (*both forms are located at N:\DSOF\Public\Grad Students*).

- All trips must be approved via a departmental travel authorization form and submitted prior to trip departure.
- Official, itemized receipts must be submitted and must include your name, date, itemized services, total amount, and payment method. All other forms of receipts will NOT be accepted. The TRAVEL Office may ask for copies of your credit card statement or bank statement on top of itemized receipts if they deem necessary. Your confidential data will be redacted.
- Food receipts do not need to be submitted as per diem is paid per day per city. In other words, per diem is how you are reimbursed for your food during your travel.
- Gas receipts do not need to be submitted as mileage is reimbursed.
- If you share a hotel room with your classmates, please be sure that your name is listed on the lodging receipt.

- Please note that if anyone besides you, the traveler, pays for anything, we cannot reimburse anyone but the traveler/student.
- If you elect to bring family with you on a school sanctioned event, you may not be fully reimbursed for your lodging.
- **In general, you will be responsible for booking all your lodging, flights, and registrations.**
- All receipts must be legible. Email receipts are fine as long as they are itemized. If receipts are illegible, then you will be responsible for contacting vendor to request new one(s)
- Again, the TRAVEL office may ask for copies of your bank or credit card statement if the receipt you submit is not sufficient.
- For per diem to be reimbursed, you must provide a copy of your itemized lodging receipt or the address of where you stayed (with a friend or family).
- Reimbursements can take **up to 60 days**. All students are required to sign-up for direct deposit at the link provided above. Please notify the Assistant to the Chair once you have signed up.
- Parking receipts for lunches in Indianapolis will not be reimbursed unless you submitted a travel authorization form for the luncheon or dinner pre-trip.
- If you book via Hotwire or Expedia, they do not provide a breakdown/itemized receipt via email, and you will have to request itemized receipts from them. Hotwire has been refusing to do so, so please be aware of this.

## **Copiers/Duplication**

Currently, the department maintains several photocopiers/printers in the department to allow graduate students to print and duplicate assigned readings and other materials at no charge. This benefit may be reconsidered in the future depending upon the status of the machines, the cost of upkeep and paper, the use by the graduate students, and the policies of the school. Graduate students are responsible for copying their own reading material or assignments. Pursuant to the University's interpretation of 17 U.S.C., having one graduate student make copies of a copyrighted work for others (including other graduate students) is an infringement of the author's copyright. A graduate students' use of copyrighted material is covered by the fair use provisions, which excludes this activity. 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. Additionally, students are asked not to print patient records for treatment planning unless the case will be submitted to the state for Medicaid support. All printed office paper without patient health information should be recycled; there are multiple recycling containers in the hallways and patient lobby.

Please note that any printed documentation containing patient sensitive information (patient full facial shots, patient telephone number, patient birthdate, etc.) should only be disposed of in the designated shred bins and not in the regular trash or recycling bins. **Students must never print patient related information and leave it on a printer, copier, or other areas in the department, such activities are seen as a breach of school HIPAA policy and will result in immediate disciplinary action.**

## **Telephones & External Communications**

Personal calls and text messages 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 CLASS, IN THE CLINICAL AREA DURING PATIENT CARE, OR OTHER SPECIAL EVENTS IS STRICTLY PROHIBITED.** This includes the use of any electronic smart device (phones and watches), text messaging, as well as verbal conversations. **Engagement in such activities will result in immediate disciplinary action.** If an emergency situation necessitates the use of a cell phone during class, students

should quietly excuse themselves to address the issue and return to class as soon as possible. **No exceptions will be made to this policy and no further warnings will be issued on the subject.**

Long distance telephone calls related to patient care should be placed or approved by the Clinic Support Specialist. 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 graduate student is expected to pay for any long-distance charge incurred that is not patient related. The department highly discourages students from providing patients with their personal cell phone numbers. This policy is in place to reduce/ eliminate the possibility of students being harassed by patients. All patients should be given the clinic's main number and also the number to the after-hours phone line if they need assistance outside of the typical workday.

Due to the demanding nature of this program, business/work hours are also not a time to communicate with individuals via social media (Facebook, Snapchat, Instagram, etc.). Such activity should be limited to a student's lunch break and after formal program hours.

Additionally, communication with dental school patients should only be conducted to facilitate patient care.

**When communicating with a patient, institutional phones should be the designated mode of communication.** Students should refrain from contacting patients using their personal cellular device (phone call and texting) and should also avoid using social media platforms or other messaging services to engage with the patient. The dental school does support communication with patients through teledentistry, if needed, and graduate students should consult with the Program Director if this mode of communication is indicated. Please remember that all patient-doctor interactions (including phone calls) **MUST** be properly documented in the electronic health record.

## **Hygiene and Dress**

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To maintain the highest level of professionalism, the Graduate Orthodontics Program generally requires a more stringent dress code than that of other programs. **All IUSD dress policies that pertain to Infection Control Standards remain in effect (please see the IUSD dress code for appropriate personal protective equipment (PPE) in the clinical setting.** Graduate students 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. Men may wear a dress shirt without a tie or a polo shirt only after receiving approval from the Program Director. In either case, shirts should be neatly tucked into the students' slacks. Women are not allowed to wear dresses, blouses, or sweaters that show cleavage or abdomens. **All students must also wear footwear that adequately protect their feet (closed toe shoes with socks or protective stockings).** Although slacks are preferred, below or near knee length skirts may be worn. In addition, graduate students are expected to maintain cleanliness and neatness in all clinical areas, conference rooms, laboratories, and office areas in which they work. **Due to recent health considerations, scrubs are also appropriate in the clinical area.** Jeans and/or shorts are not professional attire and should **NEVER** be worn to the department during regular Monday-Friday workdays. The Graduate Program Director will consider any other exceptions to these standards on a case-by-case.

## **Communication Media**

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**Graduate students are expected to keep up with their IU e-mail daily.** Important information such as policy changes, meeting requests, and polls will only be disseminated to graduate students via their official Indiana University e-mail account. Students **MUST** also wisely utilize their Outlook and axiUm calendars to remain up-to-date on all activities within the program.

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

**A student's IU e-mail account 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. The preferred method of transmitting patient sensitive information to other healthcare providers is through axiUm and not your IU Microsoft email accounts. **If you must send any patient related information through your IU email account, the email subject should always begin with the word [Secure Message].** This will ensure that the email will be properly encrypted and safeguard the integrity of the information being disseminated. Unprofessional use of the school-based e-mail will result in sanctions as determined by the Program Director. Additionally, students are encouraged to utilize university provided data storage accounts to store all forms of pertinent patient information. Flash drives (USBs) are NOT to be utilized unless they have been properly encrypted. Random audits will be conducted to ensure that students are being compliant with this policy. Individuals found using non-encrypted flash drives will be asked to immediately delete all information from the drive and may be reported to the graduate professional conduct committee.

**As students of the IU Orthodontics Residency Program, students represent the school and department at all times, while inside and outside the actual school building.** This representation also applies to interactions on social media. A high degree of professionalism is always expected from all students. Thus, a student's actions should never portray themselves or the institution in a negative light. Students should use extreme caution when posting statements, images, and/or other information in a public venue (this includes venues that are cyber-based). **Inappropriate or questionable conduct/behavior that portrays the student in a negative manner or that compromises the reputation of the IU institution is unacceptable and will result in disciplinary actions by the department and/or Graduate Student Professional Conduct Committee.**

## **Electronic Resources**

Currently, multiple digital cameras and intraoral scanners are available for student use in the clinical area. This equipment should never leave this area and care should be utilized when handling them during patient care. An inappropriate usage and/or neglect that results in the breakage of this technology could result in disciplinary action or the graduate student being asked to cover the repair costs. The network printers are accessible from each graduate student's personal computer and desktop computers throughout the department. Faculty, graduate students, 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 and other electronic departmental devices, **food and drinks are not to be consumed around electronic equipment in didactic, clinical, or laboratory areas.** If equipment or network problems occur, the IT help desk should be notified at [htshelp@iu.edu](mailto:htshelp@iu.edu). No graduate student is allowed to install software on any of the departmental computers, nor are they permitted to copy software for personal use. **If an accident occurs and a machine is damaged, please inform the Program Director immediately**

Unless specifically requested or needed as a part of class, **computers or other electronic devices** are **NOT** to be used during lectures or seminars. Additionally, students should not use department equipment to watch non-educational related events (golf, basketball, movies, etc.) during business hours.

For graduate students interested in using patient information from the IU School of Dentistry to establish a professional portfolio, they must follow all required institutional patient release protocols, which include but are not limited to:

- Attainment of patient/guardian consent to retain patient treatment information and for what purpose
- Completion of the institutional patient information attestation, which confirms that the graduate student is aware of the patient information requirements related to patient information and assumes responsibility for safeguarding the requested patient health information

Compiling and/or retaining patient health information without following the proper protocols is not permitted and can result in disciplinary action within and outside of the school, as well as significant fines by regulatory authorities.

## **Program Completion**

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Graduate students will be provided with information before and during the program that outlines what tasks/requirements must be completed to successfully complete the residency program. Students will also be provided with check-lists that outline these tasks and who within the institution must confirm that the required tasks have been completed. All such check-list must be submitted to the Department of Orthodontics and/or the IUSD Office of Graduate Education to be cleared for graduation. Should a graduate student have any questions regarding the stated tasks/requirements, please consult with the Program Director, Graduate Education Coordinator, or Associate Dean for Graduate Education.

## **Resident Feedback**

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To foster a high degree of clarity between the IU orthodontic graduate students and the faculty/staff that they will work with, students are encouraged to contact the Program Director with any questions pertaining to the material presented in this manual. The department is also committed to the perpetual enhancement of the residency program; as such students are welcome to submit suggested changes for review by the Program Director and the department's administration. Suggested changes can be submitted to the Program Director in writing, or electronically via email or through our online feedback assessment form using the following QR code .



The residents should also be aware that they can submit complaints or report potential violations of orthodontic CODA standards directly to CODA. The procedure for filing a complaint to CODA can be found on the CODA website under the Policies/Guidelines section (<https://www.ada.org/en/coda/policies-and-guidelines/file-a-complaint>). Any submitted concern(s) will be reviewed by members of the Commission and then shared with the program for potential action.