

**To:** All Dental Program Personnel

**From:** Field Advisory Committee of the National Oral Health Council (NOHC) ELC

**Subject:** Clinical Excellence Awards for **General Dentistry**  
**Senior, Mid-Career, and Junior Dentists Categories**

Nominations are being solicited for the annual clinical excellence awards for general dentistry. These awards offer recognition to IHS, Tribal, and Urban Program general dentists who demonstrate outstanding clinical skills. The Field Advisory Committee of the NOHC ELC will review and score nominations and announce the winners.

### **Background**

The service mission of the IHS Dental Program is to raise the oral health of American Indians and Alaska Natives to the highest possible level. To carry out this mission, the IHS provides preventive and restorative oral health services in both clinical and community settings. It is appropriate that the IHS Dental Program have special mechanism to recognize clinical excellence. The award described herein is intended to meet that need.

### **Description of awards**

Awards for clinical excellence will be available annually to junior, mid-career, and senior general dentists serving in IHS, Tribal and Urban Program dental facilities.

A minimum of one year of service in the IHS is required, but total clinical experience may be within or outside the IHS. Total years of clinical experience will be used to determine which award dentist is eligible for:

- The junior award is limited to general dentists with four or fewer years of clinical experience.
- The mid-career award is limited to general dentists with five to twelve years of clinical experience.
- The senior award is limited to general dentists with greater than twelve years clinical experience.

### **Nomination criteria and procedure**

Individuals may be self nominated or be nominated by other Dental Program personnel. A statement from the nominee's supervisor indicating concurrence with the nomination is required. Completion of the attached award nomination form will fulfill this requirement. Criteria for selecting recipients of the awards will include:

1. Performance in the provision of clinical service

- a. Service minutes
- b. Number of patients treated
- c. Scope or complexity of services provided
2. Provision of clinical consultations
  - a. Number of dentists or programs served by on-site consultations at locations other than the nominee's professional home
  - b. Number of dentists or programs served by telephone or e-mail consultations
  - c. Frequency with which nominee's consulting services are utilized
3. Program development
  - a. Increasing scope or complexity of care provided
  - b. Increasing amount of services provided throughout program
  - c. Introduction of new programs and services
  - d. Integration of dental team into new facility
4. Clinical presentations and contributions to continuing education
  - a. Newsletter articles
  - b. Oral presentations to professional groups
  - c. Participation as presenter at CDE courses
  - d. Other oral, written or electronic presentations of clinical information
5. Clinical impact (demonstrated impact on access or quality of care)
6. Other demonstrations of commitment to clinical excellence
  - a. Postgraduate training
  - b. Membership in professional organizations
  - c. Clinical awards
  - d. Other relevant data

Points are awarded for each of these criteria during the review process. Scores are derived primarily from data included in the written submission. Nominations not briefly addressing each of the criteria are at a distinct disadvantage to those that address all six.

While the format of the nominations is not specified, one simple and effective outline for the nomination is six headings corresponding to the main criteria, each followed in bullet format by data supporting the nominee with respect to the specific criterion. Narratives and brief relevant personal recollections are adequate; extensive essays and lengthy personal testimonials are not suggested. Regardless of format, nominations should be limited to no more than two pages, plus the signed nominations form. Reviewers will be asked to look for evidence or documentation of

the nominee's impact with respect to all criteria. Reviewers will not evaluate nominations in excess of two pages.

complete submission should include both the attached nomination form and a narrative or outline addressing the nominee's accomplishments with respect to the criteria.

**Nominations should be emailed to:** [marilyn.weeden@ihs.gov](mailto:marilyn.weeden@ihs.gov)

**Nominations can also be mailed to:**

Dr. Marilyn Weeden

1515 Lawrie Tatum Road

Lawton, Ok 73507

**Nominations must be received no later than close of business April 11, 2014.**

Submissions after this date will not be accepted.

**Indian Health Service Dental Program  
Clinical Excellence Award Nomination  
General Dentist  
Category: Junior- Mid Career- Senior**

**Dentist Nominated:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Current Assignment:** \_\_\_\_\_

**Endorsements:** (Both signatures are required)

**Nominator:** certify, to the best of my knowledge, that the attached narrative or outline accurately describes this dentist's accomplishments and abilities.

\_\_\_\_\_

(Name and Title)

\_\_\_\_\_

(Signature and Date)

**Supervisor:** believe this dentist exhibits those attributes the award for excellence was designed to foster.

\_\_\_\_\_

(Name and Title)

\_\_\_\_\_

(Signature and Date)

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