University of Oklahoma
College of Dentistry

Clinic Operations Manual

2011-2012
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FOREWORD

In support of the mission of the University of Oklahoma College of Dentistry, the clinical facilities provide an environment where the knowledge and technical abilities gained in the classroom and laboratory can be applied through the clinical treatment of patients. The College is committed to the philosophy of **comprehensive patient care (CPC)** -- the provision of all dental services needed by patients accepted for treatment in the pre-doctoral program.

While clinical program parameters may restrict the type and complexity of the services the student, will personally render, his/ her training will include appropriate interactions with dental specialties, in-house graduate/residency programs and, on occasion, extramural referrals for dental care that may be beyond the student's knowledge, skills and expertise. In this way, the commitment to the CPC concept is continually stressed.

This commitment is vital to the College's mission of graduating the competent dental practitioner with not only the technical abilities to render general dental care, but also the judgmental maturity to recognize his/ her limitations and to seek the assistance of more qualified colleagues in the interest of addressing the patient's total dental needs.

The delivery of dental care requires the interaction and integration of many dental disciplines. It is imperative that the student has a working knowledge of the procedures he/ she will be expected to perform in each discipline. Entry into the clinical phase of dental education implies that the student has mastered the basic procedures of these disciplines and can now apply his/ her skills and knowledge to the actual treatment of patients.

Of equal importance is the ability to coordinate and integrate the demands of each clinical discipline into a coherent whole. Becoming familiar with the operations of the clinics initially may seem an overwhelming and bewildering task as the student will encounter multiple clinic policies, protocols, and procedures that define what can and cannot be done in given clinical scenarios. It is therefore imperative that the student's introduction to the clinical program and the policies that govern its operations be as complete and thorough as possible.

The student will be afforded the opportunity to apply his/ her knowledge of the science and art of dentistry to the equally important business and practice of dentistry. These are challenging objectives and success in this phase of the educational process, will in many ways be the most accurate benchmark of success following graduation.

This manual is a reference to assist the student's understanding of what will be expected in the clinics and to facilitate the student's transition from the classroom and laboratory to the clinical setting. It is primarily devoted to those policies and protocols that will govern general clinical activities; specific departmental objectives and minimum clinical experiences are outlined in manuals and handouts distributed by the individual departments and should be consulted for the most accurate information regarding departmental requirements.

The student is expected to be thoroughly familiar with the contents of this manual and to consult it as often as necessary to facilitate his/ her clinical experiences. It will be assumed that the student clearly understands and abide by the policies and procedures contained herein. Failure to adhere to published protocol cannot be blamed on ignorance! Even if a given circumstance or situation is not addressed in this manual, the student will be expected to seek clarification and guidance before he/ she act.
Section A

General Information & Clinic Guidelines
CLINIC OPERATIONS

Management of the pre-doctoral and baccalaureate clinical program is the primary responsibility of Clinic Operations which monitors or directs the following: clinic and rotation schedules; patient assignments; clinic finances; equipment and supplies inventory/requisition; patient questions and information; patient recordkeeping and chart audits; sterilization; infection control protocols; hazard communications training; adverse incident reports; general clinic policies; third-party insurance claims; and patient account management.

The primary purpose of the Clinic Operations staff is to help the student through the educational process as smoothly and seamlessly as possible. The student is expected to treat all staff with professionalism, courtesy, and respect at all times; and the student is entitled to the same in return. If you experience a problem with any staff member the student should maintain a professional attitude and make every effort to resolve the problem. The Director of Clinics will address issues that cannot be resolved with the staff member or their immediate supervisor after completion of a “Professional Conduct Report” by the student and the staff member or their immediate supervisor.


**ADMINISTRATIVE**

**Associate Dean for Clinic Affairs**: Jeanne C. Panza, D.M.D.  Room 240A

Responsibilities include the overall management of the pre-doctoral and baccalaureate clinic programs.

**Director of Clinics /Patient Advocate**: Kathryn F. Miller, R.D.H., M.Ed. Room 240

Assists the Associate Dean for Clinics in overall management of the pre-doctoral and baccalaureate clinic programs.

**OFFICE OF PATIENT MANAGEMENT**

**Staff Assistant**: Ms. Patty Dodson  Room 239

Responsibilities include assisting in the coordination of the Office of Patient Management. Also responsible for patient assignments for limited care, monitoring treatment progress, assisting in chart audits, and patient completions. Assists the Associate Dean for Clinic Affairs and the Director of Clinics in the overall administration of Clinic Operations.

**Supervisor**: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Director of Clinics
Patient Services Representative: Shonna Chiles, Jennifer Ash  
Room 238
Receives and documents incoming patient phone calls, coordinates release of records (duplications), enters patient profiles in Quick Recovery and assists the Patient Advocate.
Supervisor: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Director of Clinics

Dental Hygiene Patient Care Coordinator: Athina Griffin (DHI and DH II)  
Room 238
Responsible for patient assignment in Quick Recovery and Filemaker, monitoring treatment progress, patient release, maintenance of student information packets, assisting in chart audits, student advising on Clinic Operations policies, enters data from appointments into Filemaker, the dental hygiene database.
Supervisor: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Director of Clinics

OFFICE HOURS: 8:00 a.m. – 5:00 p.m.

Forms Coordinator: Lucille Stocker  
Room 234
Coordinates the management and inventory of forms for the pre-doctoral and baccalaureate programs.
Supervisor: Mrs. Janet Lane, Senior Administrative Assistant

OFFICE HOURS: 8:00 a.m. – 5:00 p.m.

Chart Room: (Senior Records Clerk) Rick Stuecken, (Records Clerk) David Railback  
Responsible for printing all daily Clinic Schedules, Encounter Forms, and preparation of all charts for clinic. Also responsible for maintaining patient charts in student families, assembling new charts, processing charts for late tray requests, and compiling student’s patient family of charts for chart audits.
Supervisor: Mrs. Tammy Vogt, Technical and Billing Administrator

OFFICE HOURS: 7:00 a.m. – 4:30 p.m.

Senior Administrative Assistant: Jane Lane  
Room 232
Coordinates coverage for the information desk, payroll coordinator, supervises the forms inventory, invoice processor, and assists the Associate Dean for Clinic Affairs and the Director of Clinics.
INFORMATION DESK

Front Desk Receptionist: Jo Rumley
Room 101
Responsible for greeting all patients and visitors, routes incoming telephone calls, logs and routes troubleshooting calls, coordinates service order requests, manages student telephone message system.
Supervisor: Mrs. Janet Lane, Senior Administrative Assistant

FRONT DESK HOURS: 7:30 a.m. – 4:30 p.m.

OFFICE OF EQUIPMENT SERVICE

Service Equipment Installer II: Rocky Polk
Room 135
Primarily responsible for the service, maintenance, and replacement of clinic equipment, student hand-piece repair, and general troubleshooting.
Supervisor: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Director of Clinics

Service Equipment Installer II: Darryl Vogt
Room 135
Primarily responsible for the service, maintenance, and replacement of pre-clinic laboratory equipment in Rooms 433 and 301.
Supervisor: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Director of Clinics

Preclinical Laboratory: Nick Vogt
Room 135
Responsible for stocking and cleaning the preclinical simulator lab and senior lab.
Supervisor: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Director of Clinics

OFFICE HOURS: 7:00 a.m. – 4:00 p.m.

CENTRAL BUSINESS OFFICE

Technical and Billing Administrator: Tammy Vogt
Room 293
Supervises the Central Business Office and assumes responsibility for a complex, high volume bookkeeping/accounting system for all pre-doctoral dental students, dental hygiene students, in addition to Graduate Periodontics.
Supervisor: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Director of Clinics

Patient Account Representatives: Meme Jackson, Danielle Bruckner, Van Bell, Rachel Jackson, Angie Nixon, Tracy King, Jackie Pierson
Responsible for managing patient transactions, processing insurance claims and coordinating payments from public service agencies, refunds and collections.
Supervisor: Mrs. Tammy Vogt, Technical and Billing Administrator

OFFICE HOURS: 8:00 a.m. – 5:00 p.m.
CENTRAL STERILIZATION

This area oversees the sterilization needs of the entire College, which include the pre-doctoral and baccalaureate programs, all graduate programs, and the intramural faculty practice. Diana Gorham, Victor McDaniel, Shawnda Browning
Supervisor: Mrs. Mary Gowin, Environmental Compliance Coordinator

Environmental Compliance Coordinator: Mary Gowin Room 232
Responsible for managing all adverse incident reports, faculty/staff training in infection control and hazardous waste management, monitors training and compliance for faculty, staff, and students, liaison with OUHSC Environmental Safety, OSHA, and other regulatory agencies.
Supervisor: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Director of Clinics

CLINIC DISPENSARIES

Each clinic is staffed by 1-2 dispensary clerks who manage equipment/supplies inventory, storeroom restocking, cleaning of clinics, and student needs when clinics are in session. All clinic dispensary staff are employees of the Department of Clinic Operations except those in Oral Diagnosis, Oral Surgery, the graduate programs, and the intramural faculty practice.
Supervisor: Mrs. Joni Jenkins

CLINIC HOURS: 8:30 a.m. – 12:00 p.m. and 12:30 p.m. – 4:00 p.m.
Clinic staff must clean the clinic and inventory and stock supplies before and after clinic sessions. Please do not request clinic instruments and equipment before 8:30 a.m. and 12:30 p.m. to allow clinic personnel to make these preparations uninterrupted.

Dental Clinics Staff Supervisor: Joni Jenkins Room 232
Responsible for primary supervision of pre-doctoral clinic staff, management and monitoring of daily work schedules, clinic management upkeep, chart forms, and equipment inventory.
Supervisor: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Director of Clinics
MAIN TELEPHONE/ ROOM NUMBERS

The Front Desk Receptionist can help you locate specific faculty, staff, or areas you are seeking. Some of the more commonly requested numbers are listed below. To reach any in-house number, press "1" if the extension is four digits.

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<thead>
<tr>
<th>AREA (ROOM NUMBER)</th>
<th>EXTENSION</th>
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<tbody>
<tr>
<td><strong>Clinic Operations:</strong></td>
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<tr>
<td>Associate Dean for Clinic Affairs, Dr. Jeanne C. Panza (240A)</td>
<td>34134</td>
</tr>
<tr>
<td>Director of Clinics, Ms. Kathryn F. Miller (240)</td>
<td>34143</td>
</tr>
<tr>
<td>Senior Administrative Assistant, Janet Jones (232)</td>
<td>34136</td>
</tr>
<tr>
<td>Environmental Compliance Coordinator, Mary Gowin (232)</td>
<td>1-3083</td>
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<td><strong>Office of Patient Management:</strong></td>
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<tr>
<td>Staff Assistant, Patty Dodson (239)</td>
<td>34135</td>
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<td>Patient Services Representative (238)</td>
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<tr>
<td>Dental Hygiene Coordinator (Room 238)</td>
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<td><strong>Central Business Office:</strong></td>
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<tr>
<td>Technical and Billing Administrator, Tammy Vogt (293)</td>
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<td>Billing (295)</td>
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<td><strong>Clinics:</strong></td>
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<td>Dental Clinic Staff Supervisor, Joni Jenkins (232)</td>
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<tr>
<td>Blue (306)</td>
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<tr>
<td>Brown (261)</td>
<td>1-6332/ 1-6333</td>
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<td>Burgundy (330)</td>
<td>1-4008/ 1-4009</td>
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<tr>
<td>Gold (370)</td>
<td>1-6532/ 1-6533</td>
</tr>
<tr>
<td>Green (406)</td>
<td>1-6953</td>
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<td>Oral Diagnosis - Radiology (281)</td>
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<td>Oral Diagnosis - Reception Desk (280)</td>
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<td>Oral Surgery (206)</td>
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<td>Yellow/Orange - Dispensary (431)</td>
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<td>Yellow/Orange - Reception Desk (436)</td>
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<td><strong>Equipment Servicing:</strong></td>
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<tr>
<td>Rocky Polk, Darryl Vogt, Nick Vogt (135)</td>
<td>1-6326</td>
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<td><strong>Information Desk:</strong></td>
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<tr>
<td>Jo Rumley (101)</td>
<td>1-6326</td>
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<td><strong>Central Sterilization:</strong></td>
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    Graduate Orthodontics (449)  1-4148
    Graduate Periodontics (274)  1-6531
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  Student Store (133)  1-5560
ARRANGEMENT OF CLINICS

The pre-doctoral clinics are relatively discipline-specific. That is, the nature of services needed determine in which clinic treatment would be rendered. Located on the second, third, and fourth floors of the Dental Clinical Sciences Building (DCSB), these clinics are as follows:

<table>
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<th>FLOOR</th>
<th>CLINIC</th>
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<td>2nd</td>
<td>Oral Surgery</td>
<td>Oral Surgery</td>
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<tr>
<td></td>
<td>Oral Diagnosis</td>
<td>Screenings/Emergencies/Radiology</td>
</tr>
<tr>
<td>3rd</td>
<td>Gold</td>
<td>Comprehensive Care (2011-12)</td>
</tr>
<tr>
<td></td>
<td>Blue</td>
<td>Fixed Prosthodontics (Supplemental)</td>
</tr>
<tr>
<td></td>
<td>Burgundy</td>
<td>Removable Prosthodontics/ Implantology/ TPC</td>
</tr>
<tr>
<td>4th</td>
<td>Yellow/Orange</td>
<td>Pediatric Dentistry/ Orthodontics</td>
</tr>
<tr>
<td></td>
<td>Green</td>
<td>Endodontics/ Dental Hygiene</td>
</tr>
</tbody>
</table>

Four graduate/residency clinical programs maintain clinical facilities in certain clinics. Graduate Periodontics - Brown clinic; Advanced Education in General Dentistry (AEGD) - Blue clinic; Graduate Orthodontics - Yellow/ Orange clinic; and Oral Maxillofacial Surgery in Oral Surgery clinic.

Clinic Dispensaries

Each clinic has a central dispensary staffed by one or two clinic dispensary clerks responsible for the distribution of instruments, equipment, charts, anesthetic, and other materials and supplies checked out by request. **Dispensary areas are off limits to students at all times.**

Each dispensary is stocked with the equipment and supplies necessary for all dental procedures governed by the respective discipline. Certain supplies (additional anesthetic carpules, radiographic film, amalgam capsules) require faculty approval before they will be dispensed.

For other items (electro surgery equipment, nitrous oxide equipment, and temporary crown kits, etc.) you must fill out a checkout slip. **You must return all checkout items by the end of the clinic period. If you do not, you will be charged the current replacement cost.**

If you request nitrous oxide (written faculty permission in the chart is required), the dispensary clerk will check out a mobile unit assembly. The clerk will dispense a sticker to the student for the Treatment Progress Notes section of your patient's chart with a Nitrous Oxide Analgesia Record (see below).

This form must be filled out and signed by both you and the attending faculty. **If you use nitrous oxide, remember to generate a fee under ADA procedure code #9230 (9000 in Pediatric Dentistry is no charge). NOTE: Mobile units are available in all clinics except Oral Surgery. In this clinic, nitrous oxide is piped; each operatory has quick disconnects to the nitrous oxide and oxygen lines.**

A-7
NITROUS OXIDE ANALGESIA RECORD

N₂O/O₂ Sedation Record

Informed Consent: I have been made aware of the reasons for and benefits of nitrous oxide/oxygen sedation, the potential complications related to nitrous oxide/oxygen sedation as well as the consequences of no nitrous oxide/oxygen sedation. I have also been given the opportunity to have my questions regarding nitrous oxide/oxygen sedation answered and my signature confirms my consent to receiving nitrous oxide/oxygen sedation.

____________________
____________________
Patient/Legal Guardian Signature Date

Start time:_________  End time:_________

Flow rate (Total L/min) __________; _______ % N₂O

Post-op 100% O₂ administered for _______ minutes

Condition upon dismissal: ______________________

Adverse reactions/comments: ______________________

Student Signature/Stamp ______________________

Faculty Signature/Stamp ______________________

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CLINIC LABORATORIES

The main student laboratory (Room 433) is used for most clinic-related laboratory work. However, most of the general clinics have an adjacent clinic laboratory area that provides convenient and quick access from your clinic operatory. Each area has sit-down bench spaces with air and gas outlets and quick-connects for hand pieces (tubing required). Also available are burnout ovens, casting wells, air-gas torches, model trimmers, vibrators, vacuum mixers, polishing lathes, and work sinks.

Clinic laboratories are available for use Monday through Friday, 8:00am to 5:00pm (4:30 p.m. in the Burgundy Clinic). Evening and weekend laboratory work is limited to Room 433 and hours of access are from 6:00 a.m. – 12:00 a.m. To keep the clinic laboratories in a presentable condition, the following rules will apply:

1. Use white lab paper (available in each clinic laboratory) on counter tops.

2. Use water with model trimmers at all times. Flush with copious amounts of water to prevent clogging. Turn off model trimmers when not in use.

3. Keep sinks free of excess stone, plaster, and impression material.

4. Do not change burnout oven settings.
5. Keep personal possessions, instrument boxes, articulators, casts, etc. to the minimum necessary to do your work.

6. Bring your own mixing bowls, spatulas, and hoses for vacuum mixers and hand pieces.

7. Do not use these areas for social gathering. These activities should be confined to the Student Commons.

8. **Please pick up after yourself.**

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**CLINIC HOURS**

Clinic sessions are 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. Every effort should be made to complete treatment, fill out all paperwork and have it signed by attending faculty, and turn in your instruments for sterilization by within the allotted clinic time as a courtesy to attending faculty and clinical staff. Good time management builds patient confidence.

You are not permitted to provide any clinical treatment at times other than during the normal clinic periods without specific permission by a faculty member and that faculty member must be present in the clinic. **Treating patients without direct faculty supervision is a serious infraction of OUCOD clinic policy that will result in loss of clinic privileges for a period of no less than 2 weeks and up to 1 month depending on the severity of the incident.**

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**CLINIC ATTENDANCE**

“Attendance in clinic is required unless the student is excused by the Course Director or the Director of Clinics. If not treating a patient, the student will be expected to be in the laboratory, or assisting other students in clinic”. (Source: OUCOD Student Handbook 2011-2012, “Attendance, Clinics”)

You are expected to make use of every available clinic session. The minimum clinical experiences you must complete for promotion or graduation are easily attainable if your clinic time is used regularly and consistently. Departmental minimum clinical experiences have been structured with the understanding that every student will experience an occasional patient cancellation or no show. However, other unanticipated circumstances (illness, weather, etc.) may also result in some clinic sessions not being utilized.

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**PROCEDURE FOR REPORTING ABSENCES**

Unanticipated absences, (i.e., personal illness, family emergency, transportation problems, etc.) are to be reported to Mrs. Carla Lawson, Office of the Dean 271-5444 on the date the absence occurs and before the missed class/clinic ends on that date. In the case of unanticipated absences necessitating cancellation of a patient or patients, it is your responsibility to notify the patient directly and the Office of Patient Management 271-5422.
Anticipated absences, (i.e., family events, advanced program interviews, personal business, doctor appointments, official University business etc.) should be discussed with appropriate faculty prior to the time of the absence so arrangements can be made for make-up work. The absence should also be reported to the Dean’s Office as soon as you are aware of the event. (Source: OUCOD Student Handbook 2011-2012, “Proper Procedure for Reporting Absences”)

All absences are to be reported to the Office of the Dean for documentation; however, this does not excuse the absence; arrangements must be made with individual course directors for make-up.

**DRESS REGULATIONS**

The doctor/patient relationship is a cornerstone of your future professional career. The faith and trust of your patients is directly related to their assessment of your professional decorum, your habits and attitudes, and your personal appearance. Because patient care is delivered in the College of Dentistry throughout the year, it is important that all students, whether in clinic, pre-clinic, or classroom areas maintain a professional appearance at all times. Therefore this policy is in effect from 7:30 a.m. to 5:30 p.m. Monday through Friday. (Source: OUCOD Student Handbook 2011-2012, “College of Dentistry Dress Code”)

**General Appearance**

Although there is no restriction on a student’s hair length, long hair must be kept pinned up while in clinic and in the pre-clinic laboratory. Hair must be kept clean, neat, and out of the patient’s face and operator’s eyes.

Moustaches and beards must be neatly trimmed. The remainder of the face must be clean-shaven. No jewelry worn in facial body piercing (other than ear lobes) is allowed.

**General Attire**

**Acceptable:** Dresses, skirts of professionally appropriate length, dress slacks, casual or dress shirts with collars or blouses (long or short sleeve), polo type shirts with collars, and sweaters. Most types of footwear are acceptable as long as they are clean and presentable. Socks or hosiery must be worn when appropriate. Jeans are discouraged; however, if worn, they must be neat and clean, with no holes, tears or frayed fabric.

**Unacceptable:** Rubber flip-flops, shorts, T-shirts, baseball caps or other hats. Bare midriffs, exposed undergarments, and improperly fitting clothing are expressly prohibited

**Clinical Attire**

Professional appearance should be maintained at all times by all students. Going to and from a clinic laboratory will require the appropriate clinic attire.

Hands must be clean and well manicured with fingernails short and free of nail polish to ensure efficient work and cleanliness. Artificial nails are not permitted. Certain jewelry, rings (with the exception of smooth surface wedding rings), watches, long necklaces, or large earrings must be removed during patient treatment to avoid any unnecessary collection of microorganisms and possible cross-contamination.
Clothing such as jeans, shorts, and open-toed sandals and bare ankles are not allowed in clinics.

Scrub tops and pants are required as general clinic attire; you are to wear the color assigned to your class. Scrubs are issued as part of your student kit; you are responsible for laundering them. A white short-sleeve tee shirt or a tee shirt matching the color of the scrub top may be worn under the scrub top provided no writing or design is visible and the shirt hem of the tee shirt is worn inside the scrub pants.

Shoes must be white, clean and in the judgment of the attending clinical faculty, appropriate for clinic. High-tops, clogs, sandals, and heels are expressly prohibited. Socks covering the ankles are required. To protect your family at home, these scrubs and shoes should not be worn as part of your normal dress.

If replacement scrubs are required, they must be purchased from The Uniform Shoppe and be identical to the original issued scrubs in both manufacturer and color. They must also be monogrammed with the student’s name above the pocket.

You must wear a long-sleeve gown (provided in each clinic) for procedures where splatter with blood or saliva is likely. **Gowns may not be worn outside the patient treatment area!** Contaminated gowns must be turned in at the end of the clinic session in the designated container. The College will provide and launder these gowns, but will assume no responsibility for protecting or laundering street/work clothes worn under the gowns.

Violations of this policy will be handled in the following manner:

**First offense:** Written warning (copy to Associate Dean for Clinic Affairs).

**Second offense:** Written reprimand (copy to Assistant Dean for Student Affairs).

**Third offense:** Appearance before the appropriate Periodic Review Committee, which could result in further disciplinary action.

**PAIRING OF STUDENTS**

All freshman and sophomore dental students must work in pairs while in clinic. Junior and senior dental students work solo during all clinic sessions except when in the pedo/ortho clinic where pairing is required. Additionally junior students may be paired for specific courses involving patient treatment in Removable Prosthodontics. For dental hygiene students, pairing is required only during the fall semester of the first year.

The Department of Periodontics determines the initial pairing of students in the freshman class; the Department of Dental Hygiene pairs hygiene students. You are required to work with your designated partner at all times when pairing is required. Failure to observe the clinic pairings in scheduling patients will result in clinic suspension the length of which will be at the discretion of the clinical course director. You are also expected to share available clinic sessions so that you and your partner have access to an equal amount of time for treatment of your respective patients.
Because student pairings are used in the development of rotation schedules, you may not switch partners without the approval of the Director of Clinics. For pairs wishing to change partners, all four students involved must personally inform the Director of Clinics that they agree to the switch. Even if all parties agree, the request will be postponed if there is any potential adverse impact on rotation schedules.

If your partner is absent during a clinic session when pairing is required, notify the attending faculty member in that clinic who will determine the appropriate course of action. In most instances, you will be required to find another classmate to assist you.

**CLINIC SCHEDULES**

A clinic schedule is published each semester that indicates the disciplines providing clinic coverage on each half-day of the week and when specific clinics are closed for cleaning and re-stocking supplies. The schedule will also indicate the student academic class (DS II, DS III, DS IV) and the maximum number of students that can sign up in each clinic session. The clinic schedule will be e-mailed to all students at the beginning of each semester.

Clinics are restricted solely to the academic classes designated on the clinic schedule. **You may not use clinic at any time that your class is scheduled to be in lecture or laboratory.** If one of your patients needs emergency care during a time when you do not have access to clinic, you must get written permission from [1] the course instructor to be excused from class and [2] the attending clinical faculty to be allowed into clinic to treat the emergency.
BLOCK ROTATIONS

During the third and fourth years, each dental student is required to participate in a number of clinical rotations. The Director of Clinics develops the rotation schedules with input from the departments involved. Scheduled rotations always take precedence over regular clinic time; when you are on rotation, you must attend every assigned session. You may not treat patients in other clinics when you are on rotation without the permission of the department conducting the rotation and the department covering the clinic in which you wish to work.

Once published, rotation schedules are final. Any requested changes in the schedule will be considered only if approved by the involved department and the Director of Clinics and if such changes will not compromise the student coverage necessary to staff the rotation.

Current rotations are listed below (subject to annual change). Your personal schedule will identify which weeks of the semester you are assigned. The actual number of sessions devoted to a rotation during a given week will be determined by the department involved. Unless otherwise indicated, rotations are one week in length.

**FALL - 3RD YEAR**
- Oral Diagnosis
- Oral Surgery
- Pedo Screening
- Pedo Emergency
- Dental Support Lab

**SPRING - 3RD YEAR**
- Oral Diagnosis
- Oral Surgery
- Pedo Emergency
- Pedo Screening
- Hospital

**SUMMER – 4TH YEAR**
- Oral Diagnosis
- Pedo Screening
- Pedo Emergency
- Implantology

**FALL - 4TH YEAR**
- Oral Diagnosis
- Oral Surgery
- Implantology

**SPRING - 4TH YEAR**
- Oral Diagnosis
- Implantology
- Externship (2 weeks)

Oral Diagnosis rotation: either DS III spring or summer (not both).
Implantology: Monday a.m., Tuesday a.m. & p.m., Wednesday a.m., Thursday p.m., Friday a.m. and p.m. either DS IV summer or DS IV fall, or DS IV spring (not all).

The Director of Clinics schedules all rotations except externships. Externships are scheduled and arranged by the Department of Dental Services Administration.
MINIMUM CLINICAL EXPERIENCES

The minimum clinical experiences in periodontics, operative dentistry, endodontics, removable prosthodontics, and fixed prosthodontics are summarized in the next few pages. Other clinical disciplines (oral diagnosis, orthodontics, pediatric dentistry, occlusion, and oral surgery) also have specific expectations; however, their minimum clinical experiences are generally managed in conjunction with other departments or through clinic rotations. For specific information regarding these disciplines, consult with the individual departments and/or appropriate clinic manuals*.

PERIODONTICS

Minimum clinical experiences are based on a given number of periodontal patients treated and competency examinations. Patients must be classified as Case Difficulty II or greater to count toward periodontal graduation minimum clinical experiences. Patients are assigned a Case Difficulty level based on their diagnosis and degree of instrumentation difficulty. Refer to your perio manual and to information posted in the Oral Diagnosis clinic regarding criteria for classification of periodontal patients. Current minimum cumulative clinical experiences are as follows:

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>TREATMENT</th>
<th>NO. OF PATIENTS</th>
<th>COMPETENCY EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>DS-2 Fall</td>
<td>Diagnosis and treatment planning</td>
<td>1</td>
<td>Instrumentation</td>
</tr>
<tr>
<td></td>
<td>Two quadrants scaling/root planing (S/RP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DS-2 Spring</td>
<td>Diagnosis and treatment planning</td>
<td>3</td>
<td>Videotaped</td>
</tr>
<tr>
<td></td>
<td>Phase I reevaluation</td>
<td>1</td>
<td>Plaque Control</td>
</tr>
<tr>
<td>DS-3 Fall</td>
<td>Diagnosis and treatment planning</td>
<td>5</td>
<td>Diagnosis &amp; Treatment</td>
</tr>
<tr>
<td></td>
<td>Phase I reevaluation</td>
<td>3</td>
<td>Planning</td>
</tr>
<tr>
<td></td>
<td>MT/CMT/case credit</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DS-3 Spring</td>
<td>Diagnosis and treatment planning</td>
<td>6</td>
<td>Phase I re-eval or S/RP</td>
</tr>
<tr>
<td></td>
<td>Phase I reevaluation</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MT/CMT/case credit</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First surgery + a 1 week post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DS-3 Summer</td>
<td>Diagnosis and treatment planning</td>
<td>6</td>
<td>Phase I re-eval or S/RP</td>
</tr>
<tr>
<td></td>
<td>Phase I reevaluation</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MT/CMT/case credit</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>DS-4 Fall</td>
<td>Diagnosis and treatment planning</td>
<td>6</td>
<td>Phase I re-eval or S/RP</td>
</tr>
<tr>
<td></td>
<td>Phase I reevaluation</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MT/CMT/case complete</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Second surgery (including post-op visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DS-4 Spring</td>
<td>Case Credit</td>
<td>6</td>
<td>Mock Board</td>
</tr>
</tbody>
</table>
At least two sextants of periodontal surgery on your own patient are required for graduation. At least two of your six cases required for graduation must be Case Difficulty III. You must maintain all assigned MT/CMT patients at the faculty recommended interval (usually every three months) up to the time you graduate to receive full perio case credit.

Three half-days of assisting or observation in perio surgery will count as one perio case credit. Students should refer to their Department of Periodontics Clinical Procedures and Competency Manual for additional information regarding graduation requirements. This option can only be used once. Assisting/observation does not have to involve your own patients.
The maintenance phase is an essential component of successful periodontal treatment. The benefits of active periodontal treatment - both surgical and non-surgical - may be eroded over time without continuing patient assessment and appropriate care. The overall objective of maintenance therapy is to preserve health and prevent recurrence of disease.

The appropriate time interval (normally 3 months) to the next maintenance appointment (CMT/MT) should be clearly written on the grade slip and in the patient's treatment progress notes. This interval will be confirmed by the instructor's signature on these documents. Students should consult with the instructor regarding any questions that they may have about establishing the proper time interval for each patient.

A. COMPROMISED MAINTENANCE THERAPY (CMT)

1. At Phase I reevaluation, a decision may be made to place a patient ideally requiring periodontal surgery on CMT instead due to one of the following:
   a. Plaque index > 20%.
   b. Inadequate financial resources for surgery.
   c. Medical or psychological contraindications to surgery.
   d. Disease so advanced that periodontal surgery would provide minimal improvement in long-term prognosis.
   e. Patient availability problem.

2. Protocol for placing patients on CMT:

   a. The informed consent for compromised maintenance treatment form must be signed by the patient. This form may be obtained in Brown Clinic and is to be placed in the Perio Section of the patient's chart.

   b. The patient must be maintained at the maintenance interval specified by the Periodontics faculty member as long as the patient is assigned to the student. Reasons for any variance must be documented.

3. The treatment at each compromised maintenance appointment will include plaque index, OHI, tissue evaluation, probing depths, removal of all supra and sub-gingival plaque, scaling and root planing, as needed, polishing, and fluoride treatment, as indicated.
B. PERIODONTAL MAINTENANCE (MT)

Patients who do not require any periodontal surgery at - phase I re-evaluation and surgical patients who are determined at their 12-week post-surgical re-evaluation appointment not to need any more surgery will be placed on MT. The student must continue to see the patient for MT at the prescribed interval as long as the patient is assigned to the student.

The treatment at each periodontal maintenance appointment including the 12 week post-surgical reevaluation appointment will include plaque index, OHI, tissue evaluation, probing depths, removal of all supra and sub-gingival plaque and calculus, scaling and root planing as needed, polishing and fluoride treatment, as indicated.
 Minimum clinical experiences are based on a point system where more credit is assigned for increasingly complex procedures. There are three major categories of minimum clinical experiences: Class II restorations (110 points), Composite restorations (60 points), and other restorations. The Class II restorations category includes all restorations including at least one proximal surface, there is an additional requirement that at least 20 of these points are Class II restorations and at least twenty of these points are composite Class II restorations. The Composite restoration category includes Class I, III, IV, V, and VI composite restorations. The Other restoration category includes all other types of restorations, including those that exceed minimum clinical experiences required in the Class II and Composite categories.

We require a certain minimum requirement for clinical experiences during each semester in an effort to prevent the student from falling behind in their clinical development. Current minimum clinical experiences are as follows:

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>TREATMENT</th>
<th># OF POINTS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>DS-2 Fall</td>
<td>No minimum clinical experiences</td>
<td>0</td>
</tr>
<tr>
<td>DS-2 Spring</td>
<td>As necessary; no specific categories required*</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>(Up to 16 pts may be satisfied by assisting upper classmen)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Must complete 4 patient Master Treatment Plans prior to initiating any restorative treatment in the operative clinic)</td>
<td></td>
</tr>
<tr>
<td>DS-3 Fall</td>
<td>As necessary; no specific treatment categories required*</td>
<td>50</td>
</tr>
<tr>
<td>DS-3 Spring</td>
<td>As necessary; no specific treatment categories required*</td>
<td>120</td>
</tr>
<tr>
<td>DS-3 Summer</td>
<td>As necessary; no specific treatment categories required*</td>
<td>170</td>
</tr>
<tr>
<td>DS-4 Fall</td>
<td>As necessary; no specific treatment categories required*</td>
<td>250</td>
</tr>
<tr>
<td>DS-4 Spring</td>
<td>Class II restorations (110 points)*</td>
<td>410</td>
</tr>
<tr>
<td></td>
<td>20 points must be amalgam Cl II</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 points must be composite Cl II</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Composite restorations (60 points)* - Class I, III, IV, V, VI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other restorations (240 points)*</td>
<td></td>
</tr>
</tbody>
</table>

If a student completes the minimum points of clinical experience required during a clinical grading period, they will receive the grade they earned based on the quality of the work observed in their daily and clinical performance examinations. If a student does not complete the minimum clinical experiences required for a grading period, they would receive a grade of “F”, or “I”, based on their specific situation.
Operative Clinical Competency Examinations

1. Grading Period I-VI (spring 2nd yr, entire 3rd and 4th yr): There will be one competency examination involving treatment planning. The student will successfully present an operative treatment plan to the clinical faculty in the gold clinic. Exhibit an understanding of the patient’s overall operative dental needs, the preventive and restorative materials best suited for the patient's treatment, and a proper sequence for the operative treatment needs of the patient. This competency must be completed at a passing level (a grade of 78 or above) any time between the beginning of the spring semester of the 2nd year and the final day of the 4th year.

2. Grading Period II-VI (3rd yr and 4th yr): During the third and fourth years, each student must successfully complete at a passing level (a grade of 78 or above) the following competency examinations:

   - Class II amalgam
   - Class II resin composite
   - Class III resin composite
   - Class V restoration (Amalgam, Composite, or Glass Ionomer)
   - Large Complex Class II amalgam including the restoration of at least one major cusp.

With the exception of the optional Mock Boards (which will be scheduled for you), all other clinical competency examinations may be completed in any order and during any operative clinic scheduled for your class. More than one, or all competency exams, may be completed in any given grading period. The competency examinations will be graded and points will be credited similar to all other daily procedures, however, a passing score of 78 or above must be achieved for the procedure to count as a completed competency examination. If a competency is not successfully completed (a score of 77 or less), it must be retaken at a later date, and no points will be earned for the failed procedure. Completion of all competency exams is required to be eligible for graduation. Points earned for these examinations count towards the cumulative totals.
## ENDODONTICS

### SUMMARY MINIMUM CLINICAL EXPERIENCES

**TREATMENT MINIMUM CLINICAL EXPERIENCES BY COURSE NUMBER**

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course No.</th>
<th># of Canals</th>
<th># of Recalls (suggested)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endo I</td>
<td>8205</td>
<td>2*</td>
<td>0</td>
</tr>
<tr>
<td>Endo II</td>
<td>8305</td>
<td>3**</td>
<td>0</td>
</tr>
<tr>
<td>Endo III</td>
<td>8405</td>
<td>3***</td>
<td>0</td>
</tr>
<tr>
<td>Endo IV</td>
<td>9205</td>
<td>6***</td>
<td>0</td>
</tr>
<tr>
<td>Endo V</td>
<td>9305</td>
<td>5***</td>
<td>6</td>
</tr>
</tbody>
</table>

**Cumulative Totals**

- # of Canals: 19
- # of Recalls (suggested): 6

### Minimum Clinical Experience Totals for Graduation:

- **17 Canals**
- **11 Points (for miscellaneous endodontic procedures), of which**
  - 3 Recall points / 3 Endodontic Recalls, Assisting Credit, Internal Bleaching Credit, Partial Treatments with DX and WL, etc.
  - 2 Post & Cores

*Class I - Anteriors and premolars preferred, molars by faculty approval.*

**Class I - Anterior, premolar, and molars. Class II - Anteriors and premolars by faculty approval.**

***Any tooth - Class I or Class II***

*Post and core credits for Endodontics must be completed in green endodontic clinic under the supervision of endodontic faculty*
FIXED PROSTHODONTICS

FPD utilizes a point and category system similar to Operative Dentistry. However, point credit is based not only on type/complexity of treatment but also on the grade received. Any restoration earning an overall grade of less than 7.2 receives no point credit. The current minimum requirement is 224 points, which are assigned based on the grade earned, multiplied by a difficulty factor for the given procedure. Consult your FPD clinic manual for further details.

Accumulated points must include at least one bridge and one anterior tooth competency. All other restorations in FPD are your choice, dependent on the needs of your patients.

Current minimum clinical experiences (semester/ cumulative) are as follows:

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>TREATMENT</th>
<th># OF POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DS-3 Fall/ Spring</td>
<td>As stated in the FPD clinic manual</td>
<td>21</td>
</tr>
<tr>
<td>This is a yearlong course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DS-3 Late Spring</td>
<td>As stated in the FPD clinic manual</td>
<td>21/45</td>
</tr>
<tr>
<td>DS-4 Fall</td>
<td>As stated in the FPD clinic manual</td>
<td>21/69</td>
</tr>
<tr>
<td>DS-4 Spring</td>
<td>As stated in the FPD clinic manual</td>
<td>21/224</td>
</tr>
</tbody>
</table>

The departmental manual equates the 224-point requirement to approximately 29 units of FPD work, but this is complicated by the grading factor. For example, if you earn a “C” for a metal-ceramic crown (difficulty factor 1.5), you will earn 11 points. A grade of “A” for the same crown would earn 13.5 points.

Early planning for FPD is required since virtually all other needed treatment (except dentures) usually precedes crowns and bridges. Since FPD procedures require multiple appointments and laboratory work, many weeks (and sometimes months) are involved before any credit is earned. You must anticipate FPD needs at least one semester in advance.
REMOVABLE PROSTHODONTICS

GRADUATION REQUIREMENTS:

Complete dentures and immediate dentures ________________ 16 units (4 arches)
Removable partial dentures ___________________________ 18 units (2 arches)
Relines, repairs, TX partials, misc. ______________________ 13 units
Competency Examinations ______________________________ 3 units
Total Units Required _________________________________ 40 units

QUANTITY REQUIREMENTS BY SEMESTER TO BE ELIGIBLE FOR GRADE OF:

<table>
<thead>
<tr>
<th>Semester</th>
<th>“C”</th>
<th>“B”</th>
<th>“A”</th>
<th>CUMULATIVE UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FALL JUNIOR YEAR</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>SPRING JUNIOR YEAR</td>
<td>9</td>
<td>13</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>SUMMER JUNIOR YEAR</td>
<td>17</td>
<td>21</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>FALL SENIOR YEAR</td>
<td>25</td>
<td>29</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>SPRING SENIOR YEAR</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
</tbody>
</table>

*INFORMATION PRESENTED ABOVE CURRENT TO 08/11 FOR THE 2011-2012 YEAR

TREATMENT PLANNING CLINIC

Treatment Planning Clinic (TPC) is designed to expedite the treatment planning process and provide complex treatment planning experience. Unlike the regular discipline-specific clinics that are staffed only by faculty of one department, the Treatment Planning Clinic is staffed by faculty from six disciplines: Oral Diagnosis, Periodontics, Operative Dentistry, Occlusion, Fixed Prosthodontics, and Removable Prosthodontics. This clinic allows the student to determine treatment needs without having to take the patient to a number of different clinics. Limited availability of faculty restricts this clinic to two half-days per week. It is available to DS III and DS IV students only; DS II students are expected to use regular clinics for their limited treatment planning needs.

The number of chairs available for TPC will vary depending on the semester. Please check the Clinic Schedule for the most current information on chair availability. The intent of this clinic is to provide multidisciplinary treatment planning for patients with more complex dental needs by making multiple disciplines available in one clinic. Students must obtain a signature from TPC Fixed or Removable faculty on the patient’s “TPC Clinic Checklist” in order to have a code entered in QR that students will use for scheduling an appointment for a specific patient in TPC clinic.

Students will not be considered for TPC clinic scheduling until they have completed all items requested below and have the form signed by TPC Fixed or Removable faculty.
OK FOR TPC SCHEDULING: ____________________________  
Faculty initials/ Stamp and Date

Patient Name: __________________________  Chart Number: __________________________

Student Name: ____________________________  Computer Number: _____________

Departments Required: Perio Oper Occlus Fixed Remov
(Circle All That Apply)

TREATMENT PLANNING CLINIC CHECKLIST
(Items in CAPS are standard OUCOD chart forms.)

Diagnostic materials required:
___ Completion of all Oral Diagnosis forms (Medical Alert Sheet, Adult History, Case History, Record of Existing Conditions, Clinical Examination findings, Radiographic Interpretation, Diagnoses, and Tentative Treatment Plan) by assigned student and approved by Oral Diagnosis faculty.
___ Current, diagnostic, appropriate radiographs (taken within last six months and/or representing current oral conditions).
___ Plaque index (done before TPC appointment; within last 30 days).
___ Accurately mounted diagnostic casts (white stone) representing current conditions (casts should be labeled with patient’s name and date of impression).

Prior to TPC Appointment
If indicated by Oral Diagnosis on Routing, completed consultations with Endodontics and Oral Surgery.
___ ENDODONTIC ROUTING/SCREENING FORM (HSC 7399)
___ ORAL AND MAXILLOFACIAL SURGERY TREATMENT PLAN (HSC 7388)

DEPARTMENT REQUIREMENTS:

PERIODONTICS:
___ DATA COLLECTION WORKSHEET (HSC 6325 P-3)
___ DIAGNOSIS, PROGNOSIS AND TREATMENT PLANNING (HSC 6325 P-1)

OCCLUSION:
___ PATIENT QUESTIONNAIRE (HSC 6477 P-2)
___ OCCLUSION DIAGNOSIS (HSC 6477 P-1)
___ Eccentric records (in wax or Regisil)

OPERATIVE:
___ CARIES RISK ASSESS/ OPER PREVENTIVE TREATMENT PLAN OPTIONS (HSC 6270 C)
___ INITIAL GINGIVAL TISSUE EVALUATION (HSC 6270 A)
___ OPERATIVE TREATMENT PLAN WORK-UP (HSC 6270 B)

FIXED PROSTHODONTICS:
___ FIXED PROSTHODONTICS TREATMENT PLAN WORKSHEET (HSC 6294)
(written in pencil)

REMOVABLE PROSTHODONTICS:
___ DIAGNOSTIC SURVEY OF THE EDENTULOUS PATIENT (if indicated)
___ MAXILLARY and/or MANDIBULAR RPD DESIGN completed including a preliminary RPD framework design. (OU 5091 and OU 5091-1)
___ Dental cast (Microstone), which accurately represent the patient’s current condition.
___ Ney Surveyor, Survey Table, and surveying tools.

Faculty initials, stamp, and date must appear at the top of the form in order to be given an access code for TPC scheduling.
Treatment Planning Clinic  
(New information please review carefully effective for 2011-12 academic year)

Times and Clinic
Treatment Planning clinic meets Tuesday afternoons and Friday mornings in Burgundy Clinic. There are two sessions in each clinic: 9:00 and 10:30 AM and 1:00 and 2:30 PM. TPC will end promptly at 12:00 PM and 4:00 PM.

Clinic Criteria
A patient must be seen in TPC for any of the following reasons:
- Active periodontal disease or attachment loss (or requiring crown lengthening who requires fixed treatment).
- 5 or more units of fixed treatment.
- Remake of any fixed units.
- Pending, retreats or referrals of endo also requiring FPD
- Implants
- Re-evaluation for comprehensive treatment
- Any FPD/ RPD combinations
- Maxillary RPD over Mandibular RPD

Please note the following circumstances with regard to timing of treatment planning Oral Surgery procedures:

1. Oral Surgery treatment planning should be completed after students have routed through all departments indicated on the router list except in cases where the need for treatment is urgent to address pain and infection.
2. Extraction of teeth that are not symptomatic and determined to be non-restorable will require documentation of the teeth requiring extraction and the reason for extraction in the treatment plan notes of the department making the request, or in the treatment progress notes.
3. Space infections must be addressed by Oral Surgery prior to treatment plan routing and approval.
4. Indications and referrals for "urgent" extractions to be completed prior to an approved MTP (other than space infections) should be documented in the treatment progress notes of the patient record by a faculty member participating in the treatment planning process.
5. Oral Surgery WILL NOT authorize extractions without the written indication for the extraction(s) noted in the chart by a faculty member participating in the treatment planning process.

Please note the following situations will be treatment planned exclusively in Burgundy clinic with RPD faculty:
- Complete denture over complete denture
- The following combinations,  
  IF 1) no FPD is involved, and 2) perio and operative have already been treatment planned: complete denture over natural teeth and complete denture over RPD

Late Trays
If a patient cancellation occurs, students must reconcile their encounter slip and make an entry in the patient record in Treatment Planning clinic (Burgundy) and have it signed by supervising faculty. TPC faculty will consider late trays if ALL criteria for scheduling have been met and the code has been entered in QR.
GENERAL CLINIC PROTOCOL

During clinic appointments remove all items not related to treatment (books, knapsacks, notes, etc.) from operatory counter tops and place them on the floor or tucked under counters. Reserve counter tops for instruments and supplies needed for treatment and for the patient's chart. Never seat your patient until after your armamentarium is set up and your operatory prepared.

For prosthodontic procedures done at the operatory, place white lab paper on the counter tops. Use the adjacent clinic laboratory for routine laboratory procedures; do not do laboratory work in clinic operatories.

Refer to Section G (Infection and Biohazard Control) for the appropriate infection control procedures to use for each clinic appointment. After your patient has been dismissed, reposition your operatory equipment as follows:

1. Return dental chair to an upright position, place rheostat on a paper towel and place on the chair seat then raise the chair to at least the length of the rheostat cord.

2. Reposition dental lamp and hand-piece unit over the center of the chair seat.

3. Return assistant carts to their position under the operatory counter. Position assistant cart to its lowest level so that it will fit under counter.

4. Position operator and assistant stools next to counters.

As health care facilities, the clinics must be kept as clean as possible and must present a desirable, safe, and professional image to the public. You are responsible for the cleanliness of the operatory assigned to you and for any clinic laboratory space you use.

Food and drink may not be taken into operatories, reception areas, dispensaries, consultation rooms, and x-ray facilities. The College is a smoke-free environment; the use of tobacco in any form is strictly prohibited.

No animals of any kind are allowed in the dental building (especially patient treatment areas) at any time without express written permission from the Dean's Office.
Central Sterilization (CS), located on the second floor, is responsible for the sterilization of all items and materials related to patient care in the College. The primary sterilization method is steam under vacuum pressure.

Routine sterilization of instruments, burs, and hand-pieces is required for safe patient care in all clinic areas. All students are responsible for sterilization of their own equipment that is stored in Central Sterilization when not in use. Each student has a personal storage bin in the sterilization area where sterilized items are kept until requested.

You may personally check out your student-owned items at any time. CS personnel will retrieve them for you; **you are not allowed in the sterilization area at any time.** You may not check out any equipment, instruments, or hand-pieces belonging to another student unless you present written authorization from that student. If you wish to give another student access to your equipment, you must notify the Supervisor of Central Sterilization in writing.

The instrument delivery/pickup system in Central Sterilization is designed to minimize cross-contamination. This process is as follows:

1. Pick up sterilized burs, hand-pieces, cassettes, and other equipment from the Sterile Instrument Pickup window (Room 205).
2. If you have checked out an item from the dispensary, reconcile the checkout slip when the item is returned.
3. Clean and package your hand-pieces. Clean your burs and any extra instruments you may have. Place in sterilization bags. Bags are provided in each clinic or at the contaminated instrument return window. Identify all bags with your name and DS I, DS II, DS III or DS IV.
4. Deposit used cassettes and bagged items in contaminated return window 2nd floor, room 264 located across the corridor from the Brown Clinic. Central Sterilization has automated washers to clean and dry instruments that are in cassettes. Cassettes are then bagged and sterilized. Sterilized cassettes and bagged items are returned to student storage bins. **Stay at the return window until you can hand your items directly to CS staff. If you leave your items unattended at the window, they will be logged in and sterilized; however, Central Sterilization will assume no responsibility for any reported loss, theft or damage of any items not properly logged.**

Sterilization turn-around time is approximately 30-45 minutes for burs and hand-pieces and 1/2 day for prophy kits and cassettes. An initial morning load is run at 7:30am daily to accommodate morning clinic needs. Between 12:00 and 1:00pm, three loads are run to address afternoon clinic needs. All other loads are non-scheduled -- they are run when the cart is full or when there is a need for immediate sterilization.

While turn-around times are short enough to accommodate sterilization between patients, there may be a few instances when hand-pieces are needed between sterilization cycles. In such instances, use of the STATUM STERILIZER located in Central Sterilization may be requested. Unwrapped instruments can be sterilized in 6 minutes and wrapped instruments in 12 minutes. Only 3 or 4 instruments can fit into the STATUM at a time. If necessary loaner hand-pieces may be checked out from the Central Sterilization (room 264). Immediately after patient use, they must be cleaned, bagged for sterilization and returned to room 264.
Instrument Kits

Students will be issued instrument kits from Central Sterilization. Each student will be responsible for checking out his/her kit(s) and responsible for returning them to Central Sterilization for washing, sterilizing, and storing. Students will be responsible for any lost instruments and will be required to replace them as soon as possible. If an instrument is broken or defective it is the responsibility of the student to let a staff member in Central Sterilization know about the instrument, so that it can be replaced. *Instrument Kits are not opened by Central Sterilization Staff once they are packaged and submitted for sterilization.*

**STUDENTS ARE RESPONSIBLE FOR MAKING CERTAIN THAT ANY VISIBLE DEBRIS IS REMOVED FROM THEIR INSTRUMENTS PRIOR TO STERILIZATION, CENTRAL STERILIZATION STAFF DOES NOT CLEAN INSTRUMENTS AND WILL NOT ACCEPT INSTRUMENTS OR EQUIPMENT THAT IS VISIBLY SOILED.**

Student kits/instruments provided by The College of Dentistry are as follows:

- Composite Burs
- Exam Kit
- Fixed Burs
- Fixed Prosthodontics Kit I
- Fixed Prosthodontics Kit II
- Handpieces
- Operative Kit
- Operative Finishing Kit
- Operative Burs
- Prophy Kit I
- Prophy Kit II
- Restorative Kit I
- Restorative Kit II
- Removable Burs

**Student kits provided by the Student are as follows:**

- Endodontics Kit
DENTAL SUPPORT LABORATORY
The College has an in-house dental laboratory to process crowns, fixed and removable partial dentures and complete dentures for student patients. These services are obtained via prescription (work authorization) only.

Support laboratory services are critical to the timeliness of patient care and hence to your attainment of minimum clinical experiences. To better ensure that your cases are expedited, be sure your submitted work authorizations are filled out properly and completely, including description of the required work, patient name, type of restoration and material required, case design, faculty and student signatures, and due date.

If you need a case completed sooner than the published number of days normally required (refer to laboratory service schedule), you must obtain approval from the laboratory supervisor. Do not enter the laboratory area without permission; always check in at the receiving desk first.

To submit an acrylic case to the laboratory, the Central Business Office must indicate the patient has a payment plan and must stamp the work authorization form.

Policies/Procedures Regarding Gold

All cast gold used for patient treatment must be obtained from the Dental Support Laboratory. **Do not use your own gold!** The support laboratory will not replace any personally owned gold. To use the laboratory for your gold work:

1. Fill out a Casting Alloy Requisition ("gold card") form located in the forms rack in every clinic (see next page). Include your name and student number, patient's name and chart number, date issued (date turned in to the laboratory), and type alloy requested. The card must be signed by attending faculty who will determine the initial amount of gold needed.

2. Take the card to the Central Business Office to get it stamped. The laboratory will not accept your gold card without this stamp. Stamping is required for all gold cards used for gold crowns, bridges, inlays, onlays, metal ceramic restorations, and cast dowel cores.

3. Present the gold card and FPD grade sheet to the laboratory (Room 346) at which time the requested amount of gold will be issued. A work authorization is required if the support laboratory will be doing the casting; it is not required if you are casting your own restoration (e.g., Type III gold).

4. After casting, cut the gold button off as close to the restoration as possible without distorting it. Return the casting, button, and any scrap retrieved from the casting well and/or crucible to the support laboratory. The gold will be weighed, the weights of the casting and button entered on the gold card, and the casting returned to you. You are responsible for all gold issued to you. Any gold loss exceeding the allowance of 0.20 dwt will be charged to you at the current school cost for replacement.
Recasts: If you need gold for a recast, all gold from the original issue must be returned to the laboratory. A brief statement indicating a miscast will be entered on the original gold card. You must then present a new gold card (including faculty signature). The card does not have to be re-stamped by the cashier. New gold will be issued and a recast notation made on the new card referring back to the original card. This process can be repeated as necessary until a suitable casting is obtained.

Requisitioning Artificial Teeth

To request artificial denture teeth for partial dentures, complete dentures, denture repairs, etc., you must fill out a Tooth Order Form along with any other required documents. This form must include your name, patient's name, attending faculty signature, and the necessary information regarding the requested teeth (mold, shade, cusp form, porcelain or plastic, etc.). All Masel tooth requests must be paid in full prior to ordering (consult lab for current prices).

Working Time/ Service Schedule

The schedule below indicates the average time (in school days) necessary to complete the services listed. Any request for "rush" service requires the approval of the laboratory supervisor and at least 24 hours advance notice. Approval will be contingent on work volume in progress and faculty endorsement of the request.

<table>
<thead>
<tr>
<th>DESCRIPTION OF SERVICE</th>
<th>COMPLETION TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occlusion rim</td>
<td>3</td>
</tr>
<tr>
<td>Stabilized record base</td>
<td>3</td>
</tr>
<tr>
<td>Tooth arrangement for try-in</td>
<td>5</td>
</tr>
<tr>
<td>Repairs</td>
<td>1 to 3</td>
</tr>
<tr>
<td>Crown/bridge burnout, cast &amp; cut sprue (Olympia &amp; Type III gold)</td>
<td>1 to 3</td>
</tr>
<tr>
<td>Porcelain/metal (MCR) - single units only</td>
<td>5 to 10</td>
</tr>
<tr>
<td>(Over 5 units will require additional time)</td>
<td></td>
</tr>
<tr>
<td>Porcelain application bridge</td>
<td>10 to 12</td>
</tr>
<tr>
<td>(Over 5 units will require additional time)</td>
<td></td>
</tr>
<tr>
<td>Soldering</td>
<td>2</td>
</tr>
<tr>
<td>Veneers (NOTE: Check with lab in advance)</td>
<td>10 min.</td>
</tr>
<tr>
<td>Model work (pour &amp; Pindex die)</td>
<td>4</td>
</tr>
<tr>
<td>MCRs and FGCs (wax, cast &amp; finish) - single units only</td>
<td>5 to 10</td>
</tr>
<tr>
<td>(Over 5 units will require additional time)</td>
<td></td>
</tr>
<tr>
<td>Process/finish complete dentures</td>
<td>5</td>
</tr>
<tr>
<td>RPD framework</td>
<td>7 to 10</td>
</tr>
<tr>
<td>(Additional time required for tube teeth)</td>
<td></td>
</tr>
<tr>
<td>RPD process/finish</td>
<td>5</td>
</tr>
<tr>
<td>Alter casts</td>
<td>3</td>
</tr>
<tr>
<td>Reline/rebase (case received in lab before 12:00 noon)</td>
<td>1</td>
</tr>
<tr>
<td>Microwave reline/rebase (in by 12:00 noon out by 10:00 a.m. next day)</td>
<td>1</td>
</tr>
<tr>
<td>Orthodontic appliances</td>
<td>7</td>
</tr>
</tbody>
</table>

Relines and Repairs need to be scheduled with RPD.
PATIENT PARKING

Your patients may park in the Stonewall Parking Garage, northeast of and across the street from the College. To park in the garage without being charged, the cashier on the second floor must validate your patient’s parking ticket. All patients must be escorted to the cashier’s area for payment upon dismissal. (If no payment is due and/or no fee is assessed, the patient must still be escorted to the cashier).

Patients may not park in the drive in front of the building. This area is reserved for handicapped parking and loading/unloading of patients only. If your patient is handicapped or has other legitimate reasons to park in this area, notify the Information Desk Receptionist who will provide an appropriate parking slip. Parking in this area without proper permission may result in your patient's car being towed at his/her expense.

CLINIC GOVERNANCE

The Associate Dean for Clinic Affairs has the ultimate responsibility for clinic administration; however, advice and input is received from many clinic-related committees. Student representation on these committees that help govern clinical affairs and set clinic policy better ensures attention to student interests and concerns.

Clinic Operations Committee

The function of the Clinic Operations Committee (COC) is to set procedures and policies for the operation of the student clinics. These areas of responsibility include health and safety, quality assurance and student instruments. Recommendations that have significant budgetary or personnel implications would be forwarded to the Faculty Board and Dean’s Advisory Council for review.

The Committee shall consist of five full-time clinical faculty selected by the Dean who will serve three-year staggered terms, one junior and one senior dental student, one senior dental hygiene student selected by their respective classes, the Director of Clinics and a staff representative from the Office of Patient Management and Central Business Office. The Dean for Clinic Affairs will serve as chair.

To facilitate the mission of the Clinic Operations Committee, three subcommittees will be established – Health and Safety, Quality Assurance and Instrument.

Health and Safety Subcommittee

The Health and Safety Subcommittee shall be responsible for establishing policies and procedures regarding infection control, hazardous waste management, and employee, student, and patient safety. The subcommittee shall ensure compliance with the various local, state, university, and federal policies that regulate these areas. The Health and Safety Subcommittee will annually review and revise the Health and Safety Manual as necessary and make recommendations to the Clinic Operations Committee to maintain compliance.
The subcommittee members will be selected by the Clinic Operations Committee, and shall be composed of one representative from the pre-doctoral, dental hygiene, and each of the post-graduate programs, the Environmental Compliance Officer, Director of Clinics, and a student selected by the Student Council. The Dean will appoint the chair.

Quality Assurance Subcommittee

The Quality Assurance Subcommittee shall be responsible for establishing polices and procedures that assess the quality of patient care. The subcommittee shall monitor and ensure compliance with the patient care standards of the College of Dentistry. The subcommittee will annually review data collected and prepare a report with any necessary recommendations for presentation to the Clinic Operations Committee.

Membership will be composed of two faculty members from the Clinic Operations Committee, and a student selected by the Student Council. The Director of Clinics will serve as chair.

Instrument Subcommittee

The Instrument Subcommittee shall be responsible for reviewing the student instrument kits annually and recommending additions and deletions from the kits to the Clinic Operations Committee based on information supplied by the various disciplines.

Membership will consist of two faculty members from the Clinic Operations Committee, a senior dental, and dental hygiene student, and a representative from the student store. The Dean will appoint the chair.
Section B

Patient Management Policies
PATIENT SELECTION AND ASSIGNMENT

Patient Selection

All prospective patients are required to receive a screening examination in Oral Diagnosis to determine their suitability as patients in the clinical program. After a preliminary evaluation of the medical/dental history and status, he/she will either be accepted, rejected, or referred based on an assessment of many factors including potential value to the teaching program, ability to pay for treatment, availability for regular appointments, ability of dental students to provide necessary care, etc.

The purpose of screening is to select suitable patients for treatment and to provide the student with diagnostic experiences. The student dialogue with the patient during initial screening is critical to the patient’s understanding and acceptance of the program and its parameters.

Accepted patients are in most instances assigned upon receipt of the Informed Consent materials distributed to the patient in a new patient packet provided at screening. If there is an excess of patients with similar treatment needs, these patients are placed in the unassigned patient file to await future assignment and periodic review for appropriateness in meeting the clinical experiential needs of students.

DS II / IV Faculty Advisor: Jeanne C. Panza, D.M.D.
Associate Dean for Clinic Affairs

DS III Faculty Advisor: Kay S. Beavers, D.D.S.
Associate Professor
Oral Diagnosis and Radiology
Patient Assignment Process

While most requests can be assigned within a short period of time (several days), the process can take up to several weeks depending on the nature and specificity of the request, number of students making similar requests, and number of patients in the unassigned pool. **Do not submit another patient request form just because the initial request has not been addressed immediately unless instructed to do so by a Faculty Advisor.** The student is to submit one request and include all requirements needed. Do not request more than one patient on the same form.

To ensure fairness, requests for patients are filled in the order received. If more than one unassigned patient can satisfy the student’s request, the patient with the earliest date of screening will be assigned first.

While students are on scheduled rotation in Oral Diagnosis clinic, they might screen a patient whose needs match their clinical requirement needs. **A request for specific assignment of a patient that a student has personally screened will not be honored unless there are no other students with similar requests outstanding and no other patient in the unassigned pool can satisfy their request.** This prevents "leapfrogging" over other students or patients awaiting assignment. **Students are not to make promises to any patient regarding when or to whom assignment will be made.**

A student may personally screen and request assignment of family members, friends, or relatives of patients already in your patient family. Such assignment requests will usually be honored provided the patient’s dental needs meet the student’s level of ability. Personal patients are NOT to be screened during the student’s rotation; this must be done on the student’s clinic time.

Assembly of a patient chart in preparation for assignment of a patient to a student will not occur until ALL required informed consent documents have been signed by the patient or legal guardian and returned to the Office of Patient Management within 2 (two) weeks of screening. This is policy is includes family, friends or personal acquaintances of students who are screened for the student’s own patient family.

Once a patient assignment has been made, a preliminary treatment plan is entered in Quick Recovery™; a copy is made and placed in the patient’s chart for the patient to sign. The assigned student is designated as the primary provider of the patient’s dental care and a copy of the screening sheet is then placed in the student’s mailbox. **The student will then have two weeks (10 school days) to contact the patient to arrange an appointment. Undocumented attempts to contact the patient within two weeks and failure to initiate treatment within 2 months may be considered as neglect and could result in loss of clinic privileges.**

**PEDIATRIC/ ORTHODONTIC PATIENT MANAGEMENT**

The management of pediatric/orthodontic patients is addressed through the department of Pediatric Dentistry. Ms. Romano coordinates patient assignments and the release of patients.
DENTAL HYGIENE PATIENT MANAGEMENT

Patient Assignments

Patient assignments are included in your orientation packet. The patients are assigned in the QR system and in the Filemaker database and the student’s name has been written on the outside of the chart. Be sure to read any notes in the scheduling Patient Message box on your assignment print out. Additional patients will be assigned upon written request to the DH Coordinator. This includes those patients obtained on the web site as fill-in patients for cancellations.

A patient pool of unassigned patients will be available to the dental hygiene students on the Filemaker database that is accessible via a web site that the students will be trained for with IT personnel. Five patients that are most overdue will be made available at a time. If a student contacts, or attempts to contact a patient, an entry must be made in the contact field. If a student schedules the patient, he/she must contact the DH Coordinator ASAP so that she can assign the patient to the student.

If a student needs additional patients, a Dental Hygiene Patient Request Form must be completed and submitted to the DH Coordinator. Please complete one form for each patient requested. Please note in the comments section if a specific patient is requested. Patient request forms must be date/time stamped.

The student will be notified of filled patient requests by email from the DH Coordinator.

Types of DH Patients

A. **DH Plus Other Treatment** – these patients have been accepted to the College of Dentistry for complete treatment. When possible, these patients are assigned to Dental Hygiene students for their initial prophylaxis or scaling and root planing. These patients must be seen and completed by the DH student ASAP because they are also waiting for their restorative treatment to be completed by a dental student.

B. **DH Only** – These patients have been accepted to the College of Dentistry for dental hygiene treatment only. They do not receive a dental exam or dental restorative treatment. These patients may be eligible for one emergency appointment.

C. **Recall** – These are patients who have completed their restorative treatment at the College of Dentistry and have been placed on recall.

Scheduling Patients

Students are responsible for scheduling their own patients in QR and confirming their patients’ appointments.

Students need to complete a cancellation slip for those patients that cancel their appointments. A late tray request must be completed to schedule a replacement patient if it is after 7:00 a.m. on the day of the appointment. A replacement patient cannot be scheduled if a cancellation slip was not submitted to remove the original patient from the schedule.
Be sure to follow up on the need for antibiotic pre-medication when scheduling a patient.

The DH Coordinator will ensure that the students’ charts and encounter forms are delivered to clinic prior to the beginning of clinic.

**Chart Documentation**

Be sure to read any Patient Advocate notes inserted in the chart.

Remember to include the “CDI at next recall” and “recall interval” information at the top of the recall form. Use white treatment progress note pages for additional documentation needed.

Include a dental hygiene divider if one is not present and insert all dental hygiene documents behind the divider. Dental Hygiene information follows the Oral Diagnosis section.

The student should ask each patient if he/she has had any changes in his/her phone and/or address. If he/she has, an information update form should be completed and given to the DH Coordinator.

If restorative treatment has been prescribed, the limited treatment form should be placed inside the chart. The DH Coordinator will make arrangements for the treatment needed with Patty Dodson after dental hygiene treatment has been completed. If a patient is in pain, take the chart and limited treatment form to the DH Coordinator on the same day the patient is examined.

Chart documentation must be complete and accurate. The student will be contacted for clarification if the documentation is incomplete or unclear.

Upon completion of the patient’s appointment, the student must walk the patient, chart and white and yellow copy of the encounter form to the cashier on the second floor for payment.

The charts of all dental hygiene patients are turned in to the DH Coordinator at the end of each dental hygiene appointment. Charts are to be turned in to the DH coordinator by placing them in the drop slot on the south side of her office (located in the hallway near the 2nd floor east exit). The data will be entered and any limited treatment forms will be forwarded to the Director of Clinics for approval.
Releasing Dental Hygiene Patients

If the student is unable to contact the patient with the phone numbers available in the chart and in Filemaker, he/she must complete a postcard obtained from the DH Coordinator or Scheduler who will co-sign the student's TPN entry and mail the card. The student's entry must include what numbers were called and what the result was when each number was called.

- If there is no response within 10 business days or if the card is returned with no change of address label, the patient may then be released. The student is required to follow up at the end of the 10 business day period.

- If the card is returned with a change of address label, the DH Coordinator or Scheduler will send a corrected one, with a new entry in the chart and a new response date and email the student.

Proper release of a patient includes a complete and accurate entry in the TPN's stating the reason for release and any information to substantiate release. The chart is delivered to the DH coordinator who will authorize the request for release in the chart or instruct the student to provide more follow up. Once the request for release is authorized, the DH Coordinator will enter the data into the required programs and send the patient a release letter notifying the patient that his/her care is being discontinued at the College of Dentistry, and why, and that he/she must seek care elsewhere.

Emergency Appointments for Dental Hygiene Recall Patients

It is the student’s responsibility to make arrangements with Ms. Dodson for emergency dental appointments (i.e. toothache, swelling, etc.) for patients assigned to you.

During regular hours, see Ms. Dodson (Room 239, Ext. 34135) for all patient emergencies.

During weekends and after hours, call 271-6326 and you will receive a recorded message with a pager number or cell phone number to contact the Dentist-On-Call.
DENTAL HYGIENE STUDENTS PLEASE NOTE: Current policy in the Department of Dental Hygiene in conjunction with the Office of Patient Management regarding patient requests/assignments is as follows:

1. A dental hygiene student may transfer a patient to another student with the approval of the respective Clinic Coordinator. This information should be **immediately forwarded to the Dental Hygiene Coordinator so that the patient packets of the involved students can be modified accordingly. A student cannot treat a patient who is not appropriately assigned.**

2. Screened patients identified as **DH only** may be seen for one complete cleaning only unless the patient is deemed an appropriate teaching case and continued recalls are recommended. If the patient requires scaling and root planing, he/she will also be seen for re-evaluation and continuing periodontal maintenance until deemed no longer a teaching case. Once the patient has completed his/her course of dental hygiene treatment, the chart must be turned in to the Dental Hygiene Coordinator for release.

3. All assigned dental hygiene patients (new patients or recall) will remain in the care of the assigned dental hygiene student until transferred to another student or released from the program. Phase I patients who have been accepted for limited or complete treatment must have their records turned in to the Dental Hygiene Coordinator once the dental hygiene treatment has been completed (including re-evaluation if indicated). This will allow the coordinator to make the necessary arrangements to have the patient assigned to a dental student for restorative care.
Student Responsibility with Patient Case Acceptance

The College of Dentistry, as a teaching institution, is strongly committed to providing its students with the best educational experience possible and as such makes every effort to provide patients for students that offer a wide range of clinical experiences. More importantly the College is also committed to providing its patients comprehensive care that is patient-centered and affordable.

Patients are accepted based on their educational value and assigned to students based on the student’s educational requirements. There may be instances when an assigned patient does not exactly match the assignment request made by the student; this is unavoidable as treatment needs and the patient’s treatment expectations are subject to change with time.

Students are expected to act with professionalism, responsibility, and accountability in accepting patient assignments; repeated complications in the assignment process with a particular student will ultimately result in the student becoming responsible for procuring his/her own patients for treatment.
Initial Patient Contacts

Initial interactions with patients will determine the success or failure of all subsequent patient relations. Patient confidence and trust will be reflected in their first impressions of the student and the perception of the student’s interest in their needs.

1. Students are to call the patient as soon possible (preferably within 24 to 48 hours of assignment).

2. The student should call at reasonable hours. If the student needs to contact a patient in the evening, they should do so at least by 8:00pm. Calling very late at night or early in the morning is discouraged. Elderly patients should be called relatively early in the evening.

3. **Texting** - While texting can be very helpful in conveying urgent information with minimal disruption to the person receiving the message, it is not an advisable form of communication to engage in. Students who have depended on texting their patients have been disappointed in compromising their ability to “talk” with their patient when it is important to do so for the convenience offered. Texting protected health information (PHI) is unacceptable.

4. If someone other than the patient answers the phone, the student should find out when the patient will be available and call again. It is appropriate to leave a message; however, do not assume that the message will be forwarded to the patient.

5. The student should identify him/ or herself once the patient is reached and state the reason for their call. The patient should be asked if he/she is still interested in being treated at the College of Dentistry. If yes, an appointment that is convenient for the student and the patient should be scheduled. If no, the student should document the reason in the patient’s chart and submit it to the Office of Patient Management with a “Chart Task Form” requesting release of the patient from the program.

6. The student should avoid identifying his/ her class status and they should spell his/ her name if necessary; patients often call the College of Dentistry and give a distorted or garbled version of a name that can make it difficult to identify who the student is.

7. Students should remind their patients to review the information in their copy of the “Conditions of Treatment” form (required availability for appointments, payment policies, etc.) and remind them that appointments will be 2-3 hours in length.

8. The patient should be provided with two numbers at which the student may be contacted (a cell phone number and the information desk number at school [271-6326]) and the best times to reach you. Do not provide a home phone number. Your cell phone number should not be long distance for the Oklahoma City area.

9. All scheduled patient appointments should be confirmed by the student the evening before. This is a helpful reminder to the patient and allows the student an opportunity to contact another patient if the original patient must reschedule.

10. At the end of the clinic appointment, the student should arrange his or her patient’s next appointment if possible. This is preferable to having to contact the patient again on a separate occasion and possibly having difficulty doing so.

11. If a particularly involved or complex procedure was performed, the student should call their patient that evening to inquire how well he/ she is doing. Their concern and interest will be greatly appreciated!

**IMPORTANT!** Record all phone contact attempts in the chart including the number called.
PATIENT RELEASE

**Release** involves removal of a patient from the program and discontinuation of treatment. This action requires the authorization of the Office of Patient Management and will only be implemented for legitimate reasons including (but not limited to):

- Inability to pay for treatment
- Lack of interest in the program
- Unwillingness to accept treatment recommendations
- Moving out of the area
- Three or more cancellations and/or failed appointments
- Severe behavioral management problems
- Unavailability for regular appointments
- Formal referral to collection agency
- Patient request to discontinue treatment
- Treatment not within the scope of the program- too complex

NEVER threaten a patient with release without justifiable cause. Discuss the matter with the Office of Patient Management staff before taking action. To request release:

1. Sufficient documentation on the nature or reason for the release must be in the chart; if not, release will be denied. Make an entry in the chart requesting release from the pre-doctoral program and identifying the reasons. If in doubt that release from the program is the appropriate action, consult with the Office of Patient Management staff before making chart entries.

2. Take the chart to the Office of Patient Management staff who will research and process the release if applicable by either sending the patient a letter of impending release based on problems that can be rectified with some effort on the part of the patient; or a letter of final release if the patient was already contacted regarding these issues and despite the warning, the problems still continue. If the letter is one regarding final release, the patient's name will be removed from your patient family.

3. The Central Business Office is then contacted regarding the release and will pursue collection of any remaining balance or issue a refund on the account.

A patient whose account is referred to the College's collection agency is automatically released even if you have not requested this action. You may not have access to any chart in collections without the permission of the Associate Dean for Clinic Affairs or the Director of Clinics. Re-instatement of a patient referred to a collection agency will not be allowed. The Director of Clinics must approve all re-instated patients.
Release of patients from the pre-doctoral program must be accompanied by appropriate documentation, which should include any information that may impact the future interactions of both the student and the College of Dentistry with the patient (financial difficulties, scheduling conflicts, unwillingness to accept planned treatment, mutual agreements to defer treatment, lengthy unavailability for treatment, etc.). Patient release requires authorization by the Office of Patient Management.

It is extremely important that the student establish authority in regard to College of Dentistry policies early in the relationship. Therefore the student should be very familiar with the information in this manual and be able to respond to questions regarding school policies. The student should tactfully dictate the frequency of appointments, determine treatment sequencing, and inform the patient when his/her actions may jeopardize their status in the program (frequent cancellations/no shows, failure to pay account balance, etc.).

Once a patient is officially assigned, the student must have legitimate cause for release. Examples include inability to pay for treatment, unavailability for appointments, unwillingness to accept treatment recommendations, behavior management problems, chronic lateness for appointments, and frequent cancellations or failed appointments. It is not acceptable to release a patient because of race, sex, age, or occupation. It is also not acceptable to deliberately neglect a patient whose needs to do not coincide with your expectations or academic requirements. Patient neglect is a punishable offense and will be discussed in another section.

Moreover, a single cancelled or missed appointment is not reasonable grounds for release. While patients must be available at least two half-days per week, students will seldom see any patient more than once a week. If a patient is only available once every week or two, this may not be grounds for dismissal provided that their schedule coincides with a student’s available clinic time. The student should be reasonable and flexible with their expectations.

A patient should never be threatened with dismissal unless the student has sufficient evidence that a valid reason exists. Always consult with the Associate Dean for Clinic Affairs or the Director of Clinics before you consider these actions and certainly before the patient is informed.

Patient release is also a form of patient reconciliation and will be discussed again in a later section.
INFORMED CONSENT

After screening is completed and upon tentative acceptance of a patient into the student program, each patient is provided a new patient packet for their review and signature of those documents included in the packet. The patient will have 2 (two) weeks from the date of their scheduled screening appointment to return the forms requested in the pre-paid envelope provided in the new patient packet to be considered eligible for assignment to a student. Extenuating circumstances in the timely return of these documents will be considered on a case-by-case basis.

Informed consent is an important legal concept that protects the student and the College of Dentistry against any allegation that work was performed without permission. To ensure that informed consent is fully protective, the patient must be made aware of the [1] nature of the existing medical/dental condition to be treated, [2] prognosis of the condition if left untreated, [3] any and all risks involved in treatment, [4] alternative methods of treatment, and [5] reasons for any subsequent changes in treatment.

Minimal compliance with the College of Dentistry’s informed consent policy, requires that each patient must review, sign, and return the following forms to the Office of Patient Management within 2 (two) weeks of screening: the Consent to Conditions of Treatment form, the Consent to Treatment in the Pre-Doctoral Student Program form, the College of Dentistry Payment Policy, and ultimately a Master Treatment Plan following full diagnosis and treatment planning.

Patient Consent to Conditions of Treatment Form: This form provides the patient with information regarding patient acceptance, appointment availability, financial responsibility, follow-up care in dental hygiene recall, and eligibility for further treatment at the College of Dentistry. The consent form must be signed by the patient (or the patient's parent/guardian if a minor child) and a copy is given to the patient for their records. This confirms an understanding and acceptance of the responsibilities of participation in the student program at the College of Dentistry.

Consent to Treatment in the Pre-Doctoral Student Program: Provides the patient with information regarding the risks and benefits of Comprehensive Care, Local Anesthesia, Periodontal Treatment, Restorative Treatment, in addition to the consequences of no treatment.

College of Dentistry Payment Policy: The patient will also be required to sign the College of Dentistry’s Payment Policy that outlines the financial responsibilities of the patient and a statement regarding fee reductions for pediatric patients based on income level. The patient is given the yellow copy of this form for their records.

A patient accepted for emergency care or limited treatment is also required to sign a statement of understanding of the parameters under which care is being rendered. It is the responsibility of the student to ensure that all appropriate documents relating to informed consent are complete, signed, and made a permanent part of the patient's record.

Samples of these documents are shown on the following pages.
I hereby apply for treatment at the College of Dentistry for myself or for the (minor) patient named below. In doing so, I fully understand and accept the following conditions:

**My acceptance does not guarantee that I will be assigned for treatment.**

My acceptance and ultimate assignment to a student for treatment depend on my dental needs being of educational significance in supporting the College of Dentistry in its teaching mission. If at any time my treatment is no longer considered suitable for teaching purposes, the College may discontinue treatment and release me as a patient.

**If I cannot schedule appointments or repeatedly miss appointments, I may be dismissed from the program.**

Successful treatment is dependant on my ability to keep scheduled appointments. The educational process requires the students to complete specific procedures in a timely manner as they gain experience. Significant delays in the progress of treatment as a result of missed appointments will not only jeopardize the student’s ability to complete treatment requirements, but will also decrease the success of the treatment rendered. As a rule, patients must agree to be available at least two (2) different half days per week for appointments that range from 30 (thirty) minutes to 3 (three) hours. The length of treatment can vary from 9 (nine) months to 3 (three) years depending upon amount of treatment needed and the level of complexity.

**Payment in full is expected at the time services are rendered even if I have dental insurance, except in cases where the insurance company is contracted with the College of Dentistry.**

Failure to pay on my account within thirty (30) days of the delivery of service will classify my account as delinquent, of which I will be notified by letter. Failure to pay within another thirty (30) days will result in referral to a collection agency and automatic release from the program at the College of Dentistry.

**Upon completion of my treatment, I will have an opportunity to participate in the dental hygiene recall program.**

The recall program will be offered for a period of two (2) years from the date of treatment completion. During that time I will have my teeth cleaned and checked, and x-rays will be taken as necessary according to the appropriate recall interval. If further treatment is required, I will be informed and can expect the treatment to be performed at the College of Dentistry. At the end of the two (2) year recall program, I will be released from the College of Dentistry to seek continuing care in a private or community practice setting.

I understand that once I have completed my treatment with the College of Dentistry I may not be eligible to return as a repeat patient.

As a teaching institution that provides care on a large scale, the College of Dentistry is unable to function as a long-term care facility for patients who have completed their treatment. The specificity of the dental education process requires that patients be accepted for their educational significance, which may no longer be valid once treatment is complete. Therefore, the decision to allow patients whose treatment is considered complete to return to the program will be considered on an individual basis and only in cases where the need for treatment is relevant to the educational purpose of the College of Dentistry.

The College of Dentistry or its authorized representative(s) has my permission to make and use any audio or visual materials of myself or the (minor) patient named below for any educational purpose and in the interests of health education, knowledge, or research by the College. In any publication that uses or reproduces these materials, neither I nor the (minor) patient named below will not be identified by name or compensated for their use.

Patient Signature____________________________  Print Name_______________________
Guardian Signature____________________________  Print Name_______________________
Relationship to Patient____________________________________
Witness______________________________  Date_____________________________
Consent to Treatment in the Pre-doctoral Student Program

University of Oklahoma College of Dentistry

This information is provided to help you understand the limitations of dental treatment as a patient in the pre-doctoral student program at the University of Oklahoma College of Dentistry. We want to be certain that you are well-informed regarding treatment procedures, expected benefits and risks, alternatives, consequences of no treatment, and costs of treatment so that you are confident that you wish to proceed. The dental student treating you will discuss this information with you and answer your questions.

Comprehensive Care
The philosophy of the College of Dentistry centers on providing its patients with comprehensive care that addresses their dental needs on all levels. In some situations, the treatment necessary may be beyond the educational scope of the pre-doctoral student program and, as such, comprehensive care is not possible. In these cases, patients are accepted and treated to the extent that all urgent needs and active disease are appropriately addressed and a referral to a graduate residency program or private dentist may be indicated for completion of the patient’s dental care. I have read and understand the limitations of comprehensive care as a patient accepted for treatment at the College of Dentistry.

☐ ___________________ (patient initials)

Local Anesthesia
The administration of a local anesthetic is routinely used in dental procedures to provide our patients with safe and comfortable dental treatment and is based on information provided in your medical history. Some of the risks may include discomfort at the injection site, short-term bruising of the injection site, prolonged numbness, muscle soreness in the area of the injection, allergy to the anesthetic solution (extremely rare) or an adverse reaction to the anesthetic (rare), and possible interactions with prescription drugs. I will disclose all medications to the dental student treating me during the evaluation process. I have read and understand the potential risks of the use of local anesthesia.

☐ ___________________ (patient initials)

Periodontal Treatment
The foundation for long-term success of any dental treatment is based on the patient’s understanding of and involvement in maintaining the health of his/her oral periodontal (gum) tissues. An assessment of the health of your gums will be made based on information in your medical and dental history, x-rays taken, measurements (probing depths) of the gums, reported dental habits, and information you have given about your needs and wants.

Benefits of Periodontal Treatment:
• Regain health of periodontium (gums, ligaments and bone supporting the teeth)
• Arrest the progression of periodontal disease and inflammation, and create an environment that allows gingival (gum) tissues to heal.

Risks may include:
• Sensitivity to heat and cold. This is usually temporary and improves over days or weeks.
• Rarely, an abscess may form in an area of infection.
• In areas of significant gum disease with inflammation, the gums may recede after scaling and the tooth or teeth may appear slightly longer.
• Tissue trauma and tenderness following instrumentation.

Alternatives:
• No treatment
Consequences of no treatment:
• If treatment is not administered, the condition may lead to advanced periodontal disease, including gum recession, bone loss, loose teeth, and eventual tooth loss.

I have read and understand the potential risks and benefits of Periodontal Treatment as well as the consequences of no treatment. □ __________________ (patient initials)

Restorative (Fillings, Crowns) Treatment
Part of our goal in providing Comprehensive Care at the College of Dentistry is the elimination of tooth decay and the restoration of function using materials that are well suited to the condition of the tooth or teeth. A thorough clinical exam will be done and, in addition to x-rays and information collected regarding your diet, any hereditary concerns, oral habits, current medications, systemic conditions, and oral hygiene habits, a treatment plan will be developed that is specific to your needs and concerns.

Benefits of Restorative Treatment:
• Removal and replacement of diseased tooth structure that is weak and susceptible to fracture.
• Elimination of areas that collect plaque and cause tissue inflammation.

Risks may include:
• Injury to the nerve tissue during removal of decay that may require removal of the nerve.

Alternatives:
• Extraction of the tooth.
• No Treatment.

Consequences of no treatment:
• If treatment is not administered, tooth decay will continue to advance resulting in premature loss of the tooth or teeth.

I have read and understand the potential risks and benefits of Restorative Treatment as well as the consequences of no treatment. □ __________________ (patient initials)

Signature:

I confirm that I have read and fully understand the above information including the treatment risks, benefits, and alternatives, and the consequences of no treatment. I have been given the opportunity to ask questions regarding this and my questions have been answered fully and satisfactorily.

I acknowledge that no guarantees or assurances have been made to me concerning the outcomes of the treatment that I will be receiving as a patient at the College of Dentistry.

My signature verifies my consent to the treatment recommended.

Patient Name: ___________________________________ Chart #: ____________________

Patient/Parent or Guardian Signature: ____________________________ Date: __________
(if patient is a minor/otherwise incompetent to sign)

Relationship (if signed by person other than patient) ____________________________
PAYMENT POLICY

Payment at the Time of Service
Payment is expected at the time the services are provided, unless a financial plan has been established. All services rendered are charged at the start of each procedure. Dental services provided by the College of Dentistry are not free. Department of Pediatric recall patients are required to pay for services in advance. Payment may be made with cash, personal check, or approved credit card or debit card (VISA, MasterCard, or Discover), except as noted below:
1. Screening fees must be paid in advance by cash or credit card.
2. Patients who are not patients of record but who present for treatment (walk-in emergencies (adults only) etc.) are required to pay in advance by cash or credit card for services rendered.

Patients with Dental Insurance
The University of Oklahoma College of Dentistry has participating agreements with Delta Dental of Oklahoma, and Health Choice. If you participate in either of these plans, co-payment is expected at the time of service; otherwise, payment in full is expected. The Central Business Office files as a courtesy all other insurance carriers. Many of these carriers pay the patient directly since the College of Dentistry is non-participating. In many cases, even though a patient has dental insurance coverage, you may not have any benefits if provided by a non-participating provider. For certain procedures and/or anticipated large claims, many insurance companies require preauthorization. A proposed treatment plan estimate can be provided to you upon request for you to submit to your insurance carrier for estimated cost and payment for each procedure rendered. In general, any major restorative work is paid at a rate of 50% or could be a non-covered benefit.

Reduced Fees for Pediatric Dental Patients
Some pediatric dental patients may qualify for reduced fees based on income level. The reduced fees are for pediatric dental patients only that are screened & assigned by the Department of Pediatric Dentistry. The College of Dentistry fees are in general less than those of private practice. The reduced fees are for restorative services only – they do not apply to orthodontic services.

Your signature below indicates your understanding and acceptance of the foregoing policy. Thank you for your cooperation.

Patient or Parent/Legal Guardian Signature

Date

If you are interested in applying for this, please contact the University of Oklahoma College of Dentistry Central Business Office (Financial Aid Department) at 405-271-4711. We will be happy to answer your questions or provide you with application forms. Our department hours are Monday through Friday, 8:00 a.m. to 4:45 p.m.
CLINIC SIGN UP PROCESS

The OUCOD Clinic Schedule, which is published at the beginning of the semester, indicates which disciplines provide clinic coverage during each half-day of the week, the number of clinic spaces available, and the groups of students that are eligible to schedule in these clinics. When an appointment is scheduled, a clinic space is reserved by the student in Quick Recovery™ and the patient's chart and encounter slip (fee form) will be available in the appropriate clinic for the scheduled appointment date and time.

Students can schedule appointments in Quick Recovery, but cannot cancel them. With this responsibility comes the expectation that students will maintain a level of honesty and integrity in their scheduling practices. Students will have the ability to schedule appointments for their patients but in order to effect cancellations (to accommodate late tray requests or schedule another patient) they will need to fill out a “Cancellation Request” (HSC 7871) and place it in the drop box outside of the Office of Patient Management (Room 239). The drop box is periodically checked for slips throughout the day.

**Patient Cancellation:**
If your patient cancels in advance of the appointment, fill out a patient cancellation slip and place it in the drop box as described above. If the patient cancellation occurs after 4:30 pm the day before the scheduled appointment or you do not report it until the day of the appointment, it will be considered a “No Show” and requires that the student note the incident (including the reason) in the patient's chart. *

**Late Trays:**
Late tray options are designed to assist you in fully utilizing available clinic time when unplanned circumstances arise. The daily clinic schedule is generated each day at 3:00 p.m. for the following day's business. A request for a clinic chair after the schedule has been generated requires the use of a “Late Tray Request” form (HSC 2323) that has been signed by either faculty (or staff when appropriate) confirming that space is available and faculty coverage is sufficient based on the proposed procedure. Late trays are often used for the following reasons:

- To appoint a patient on short notice (whether due to cancellation or no show of scheduled patient). Appropriate chart documentation and signatures must accompany request.
- To allow students the ability to schedule in more than one clinic (with the same patient) in a morning or afternoon session.

Late Tray requests are **not** to be used to correct poor patient or time management habits.

*No shows have traditionally been regarded as broken appointments within 24 hours however in regard to the “cancellation slip” policy, a broken appointment after 4:30 pm the day before the appointment will be considered a no show.*
Maintaining Honor in the System
Every student is expected to have cancellations; however, misuse of the ability to appoint your patient and following improper protocol in canceling the patient will result in poor utilization of clinic space. Students who indiscriminately sign up for a chair and do not cancel that chair until it is too late to appoint another patient contribute to problems related to poor clinic utilization, loss of revenue, intolerant faculty, angry classmates, and patients being neglected.

The Office of Patient Management will be monitoring the number of late trays and cancellations per student and should the number become excessive, the student will be placed on clinic suspension while the circumstances are reviewed.
Chart Task Form

The Office of Patient Management Room 239 can be a very busy place, having noted that most of the clinical policies and protocols revolve around procedures that are monitored through this area. As such students are asked to complete a “Chart Task Form” that will allow the student to leave the chart in this area with instructions for a specific task so that it can be completed or if questions arise, the student can be notified regarding their request. Chart Task forms can be found in the hall at the counter outside of the Office of Patient Management.

A sample of this form is on the following page.
OFFICE OF PATIENT MANAGEMENT
CHART TASK FORM

Patient Name: ____________________________   Chart Number: __________________________

Student Name: __________________________   Student Number: _______   Date: ____________

Student Contact Number: __________________________

ACTION REQUESTED

☐ Revisions to Master Treatment Plan (need completed “MTP Revision” form with faculty signature)

☐ Limited Treatment Complete, (remove from patient family)

☐ Pending Release Letter Needed

☐ Request for Release (sufficient documentation must be charted*)
   *Sufficient documentation implies at least three documented instances of missed appointments or unsuccessful attempts to schedule/ contact patient. An explanation of unsuccessful contact for each of the patient’s published contact numbers must be included in the note entry.

☐ Other Request: _________________________________________________________________________
   _____________________________________________________________________________________

Additional Comments: ___________________________________________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________

CLINIC OPERATIONS USE ONLY

Referred to:  ☐ Mrs. Miller    ☐ Patty Dodson    ☐ Tammy Vogt
              ☐ PSR ______________________

ACTION TAKEN

☐ Master Treatment Plan Entered

☐ Revisions to Master Treatment Plan Entered

☐ Release Request Completed

☐ Pending Release Letter Sent

☐ Limited Treatment Reconciled

Comments: __________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

Task Completed by: _________________________  Date: _____________________

Revised 08/11
PATIENT RECONCILIATION

In addition to completing minimum clinical experiences for graduation consideration, the student must also reconcile all assigned patients including all those originally assigned for complete treatment, those accepted as a transfer, and those who were provided limited care. Reconciliation involves planning the process for continued care (or removal from the program) prior to graduation and is expected of every student in order to complete the graduation sign-out process. There are four methods for patient reconciliation: [1] Completion of Treatment; [2] Transfer to Another Student; [3] Patient Release; or [4] Limited Care.

Patient Completion of Treatment

A patient is considered "complete" when [1] all treatment as indicated on the Master Treatment Plan is completed, [2] the account balance is zero, [3] the Case Complete appointment has verified that all needs have been addressed, and [4] the patient has either been placed in dental hygiene recall or has been given the option to which they may decline participation. To reconcile a completed patient:

1. The student will schedule a Case Complete appointment for their patient in Oral Diagnosis. At this appointment, the student will present all completed records; attending faculty will verify completion of treatment and make an appropriate designation in the chart requesting removal of the patient from the student’s patient family. NOTE: Patients that are Type II perio and above require a Case Complete appointment in the Periodontics department prior to scheduling a Case Complete in Oral Diagnosis.

2. Confirm with the Central Business Office that the account balance is zero. If necessary, have account status updated in the chart.

3. The patient is placed in dental hygiene recall through Oral Diagnosis. Hygiene Recall patients are usually scheduled at six-month intervals (or three months for compromised maintenance therapy [CMT]) and the program is optional for the patient. If the patient declines the option of dental hygiene recall, he/she will be released as treatment complete. A patient must be type II or above perio difficulty and an anticipated CDI of B or above to be eligible for placement in the DH recall program. Type I perio difficulty patients and perio patients whose CDI is A will be released as Case Complete.

4. The chart is then processed in the Office of Patient Management for removal from the student’s active patient family.

Patients whose treatment is complete may be scheduled for the Case Complete appointment at any time (for Type I Perio patients, as early as the fall semester of the junior year) that is convenient for the student and the patient. If additional needs are noted by attending faculty, the student will be required to treat those needs and then schedule a second Case Complete appointment. Details on Case Completing patients can be found in the student’s Oral Diagnosis Clinical Instruction manual.

Completion of patient treatment is the most desirable method of patient reconciliation and it is therefore highly recommended that students make patient assignment requests based on their ability to manage the patient’s care until completed. If a student requires counseling regarding their ability to manage their patient family, an appointment should be made with his/her Faculty Advisor.
Patient Transfer

Transfer of a patient allows students who cannot complete treatment on their patients, due to time constraints, to assign them to other students without discontinuity of care and is intended to occur at the end of the transferring student’s academic tenure. Transfers between students in the same class are discouraged and will be considered as “Reassignments” and made only under specific circumstances and with special permission of the Assistant Dean for Clinic Affairs.

In order for a student to transfer a patient whose care cannot be completed prior to graduation the student will be asked to identify these patients at the time of their meeting with Dr. Panza to discuss dissemination of charts. A “Transfer Authorization Form” will be filled out during the chart audit for these patients and will be held until after the auditing process is finished.

For the duration, the student is required to continue treatment until it no longer is possible or reasonable to do so. Once the “Transfer Authorization” forms are returned to the student the student will have several weeks to complete the forms on their transfer patients. To reconcile a transfer patient, complete the form as follows:

Section I
To be completed by Dr. Panza during a review of the student’s charts prior to sign-out.

Section II “Department of Periodontics”
The student is to complete this section with any full-time perio faculty, have them approve and sign it. Full-time faculty must order radiographs.

Section III “Department of Operative Dentistry”
The student will complete this section and have it approved with Dr. Fruits only.

Section IV “Department of Fixed Prosthodontics”
The student will complete this section and have it approved by Dr. Blanco.

Section V “Department of Removable Prosthodontics”
The student will complete this section and have it approved by Dr. Wiebelt or Dr. Tylka.

Section VI “Department of ”
The student will complete this section for any additional treatment remaining that is not included in the above sections.

Section VII Clinic Operations
This section is to be completed by Clinic Operations staff once the form is turned in.

Section VIII Central Business Office
This section is to be completed by members of the Central Business Office as the last step in the process.
Upon satisfactory completion of all sections the chart (if no further treatment can be completed) with the form should be returned to Ms. Patty Dodson Room 239. The deadline for completion of all patient transfers will be reported to students in advance with the distribution of the transfer forms for completion.

This process is done without the patient being present (unless a specific request by faculty is made to see the patient) and therefore should not depend on patient appointment availability. Additionally the senior student should avoid arranging for a student to transfer the patient to. This will be done by Clinic Operations during the summer semester months.

The information contained in this form will be used in assessing the needs of the patients to be transferred and assists the Associate Dean for Clinic Affairs in assigning these patients to students who are adequately prepared to continue the process of providing the patient’s treatment.

Each department must approve the transfer of the patient, if the transfer is not approved it is the student’s responsibility to seek the means necessary to get approval and the individual department will determine this. The student’s ability to sign out of Clinic Operations is therefore determined by their ability to meet the approval of each individual department in satisfying not only their requirements but managing the follow-up care for patients that are to be transferred.

Deliver any study casts for transfer patients to the Office of Patient Management Room 238, to be given to the student receiving the transfer patient.

A sample of the Transfer Authorization form is shown on the following page.
UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY
AUTHORIZATION FOR PATIENT TRANSFER

Patient Name: _______________________________  Chart Number: ____________________  Date: ________________

Assigned Student: _______________________________  Student #:  __________  Team #: __________  # Transfers: _________

DEPARTMENT OF PERIODONTICS
FACULTY SIGNATURE: ________________________________  DATE:  ________________

Current Diagnosis: _________________________________  Re-treatment Plan Immediate  Re-treatment Plan At Next Recall
Recall/ Maintenance Interval:  3  6  12 mos.  Last Recall/ Maintenance: ___________________________  Interval Current?  Y  N
Current Radiographs: Date ______________  Type ______________  Needed  FMX  BW’s (4)  Pa’s ____________

☐  APPROVED  Recommendations: ________________________________________________________________

DEPARTMENT OF OPERATIVE DENTISTRY
FACULTY SIGNATURE: _________________________________  DATE: _______________

Radiographs Acceptable:    Y       N        Needed:    as above    in addition to _____________________________

☐  APPROVED  Current Operative Plan Acceptable:    Y       N       Re-assess plan with new BW’s (4)

Recommendations: ________________________________________________________________

DEPARTMENT OF FIXED PROSTHODONTICS  FACULTY SIGNATURE: ________________________________  DATE: _______________

Radiographs Acceptable:    Y       N        Needed:    as above    in addition to _________________________________

☐  APPROVED  Current Fixed Plan Acceptable:    Y       N       Treatment Plan through:  STP  TPC  New DX Casts

Recommendations: ________________________________________________________________

DEPARTMENT OF REMOVABLE PROSTHODONTICS FACULTY SIGNATURE:  __________________________  DATE: ________________

New Panoramic Radiograph:    Y       N        New DX Casts  New Surveyed Casts

☐  APPROVED  Current Removable Plan Acceptable:    Y       N

Recommendations: ________________________________________________________________

DEPARTMENT OF _____________________________ FACULTY SIGNATURE:  __________________________  DATE: ________________

☐  APPROVED  Current Treatment Plan Acceptable:    Y       N       Other: _____________________________

Recommendations: ________________________________________________________________

STOP * THIS SECTION TO BE FILLED OUT BY CLINIC OPERATIONS * STOP

Date Treatment Begun: ________________  Number Prior Transfers: _________  Date Current MTP: ________________

MTP Signed by All Parties:    Y       N        Date: ________________

☐  APPROVED FOR TRANSFER  ☐  LIMITED TREATMENT ONLY  Initials Director Clinic Ops: ___________________________

STOP * THIS SECTION TO BE COMPLETED BY CENTRAL BUSINESS OFFICE * STOP


* Transfer Approved:    Y       N       Approved By: ___________________________  Date: ________________

If Not, Comments: ________________________________________________________________

RETURN THIS COMPLETED FORM WITH THE CHART AND DIAGNOSTIC CASTS TO THE OFFICE OF PATIENT MANAGEMENT ROOM 239 BY FRIDAY MAY 28TH 2010

APPROVED CPC 04/06 REVISED 04/10
PATIENT RELEASE

**Release** involves removal of a patient from the program and discontinuation of treatment. This action requires the authorization of the Office of Patient Management and will only be implemented for legitimate causes including (but not limited to):

- Inability to pay for treatment
- Lack of interest in the program
- Unwillingness to accept treatment recommendations
- Moving out of the area
- Three or more cancellations and/or failed appointments
- Severe behavioral management problems
- Unavailability for regular appointments
- Formal referral to collection agency
- Patient request to discontinue treatment
- Treatment not within the scope of the program- too complex

Never threaten a patient with release without justifiable cause. To request release:

1. Make an entry in the chart requesting release from the undergrad program and identifying the reasons. If in doubt that release from the program is the appropriate action, consult with the Associate Dean for Clinic Affairs or the Director of Clinics before making chart entries.

2. Take the chart to the Office of Patient Management who will research and process the release if applicable and forward it to the Central Business Office for processing. The patient's name will be removed from your active roster. This may take up to a month to occur as this process is generally done once monthly.

A patient referred to the College’s collection agency is automatically released even if you have not requested this action. You may not have access to any chart in collections without the permission of the Office

A patient may request reactivation if the reasons for the original release no longer apply, reactivation of a patient referred to a collection agency will not be allowed. The Director of Clinics must approve all reactivation of released patients.

Infrequently patients may be notified through a letter of pending release regarding the nature of one of the above listed problems that may be cause for release if the circumstances do not change. Patients are given 2 weeks (10 business days) to appeal the release, if no response is received; the patient is processed for final release.

If the patient responds before the proposed deadline, the student is notified by e-mail and given any additional information on contacting the patient.

Samples of the release notification letter and pending release notification letter follow.
The Office of Patient Management at the University of Oklahoma College of Dentistry is sending this letter to inform you that your care is being discontinued at the College of Dentistry. As such, you are no longer being considered eligible for further treatment and are being released from the program. This action has been taken for the following reasons:

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**Student inability to contact the patient by phone** - The College of Dentistry requires that all patients accepted for treatment have some form of phone service and that the patient will provide the most current contact number available.

**Current financial hardship** - The College of Dentistry makes every effort to inform the patient of their financial responsibility and as such expects that payment shall be received in a timely manner. You may be considered for continued treatment once your financial responsibility has been met. Please be aware that this may jeopardize the progress of your return to active treatment by requiring that you be re-screened when a lengthy time interval has lapsed.

**No longer interested in program** - Infrequently the College of Dentistry may receive notification from a patient that he/she no longer wants to continue their treatment in the program. We will prepare and forward copies of your records to another provider upon written authorization.

**Patient Relocation** - The College of Dentistry is sensitive to the flexibility of our patients’ needs to move suddenly or relocate either temporarily or permanently. Even in situations where the relocation is temporary, we require that the patient’s records be inactivated and their treatment be considered discontinued. You are encouraged to contact the College of Dentistry Office of Patient Management 271-5422 when you are able to again participate in the program.

**Scheduling Difficulties** - Successful treatment at the College of Dentistry is dependant on the patient’s availability for appointments and ability to keep scheduled appointments. The educational process requires the students to complete specific procedures in a timely manner as they gain knowledge and experience. Repeated missed or broken appointments will jeopardize the success of treatment for both the student and patient. Patients accepted for treatment at the College of Dentistry have agreed to be available at least two (2) half days per week.

**Account Sent to Collection** - Failure to pay on account within thirty (30) days of the delivery of service will classify your account as delinquent, failure to pay within another thirty (30) days will result in referral to a collection agency and automatic release from the program at the College of Dentistry.

**Non-Compliance with Treatment Recommendations** - A patient may freely reject any recommended treatment at the University of Oklahoma College of Dentistry. Upon rejection however, the College of Dentistry reserves the right to refuse the provision of alternative care and to release a patient from the program if it is determined that such alternative care is inconsistent with the College’s treatment philosophy.

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If the above information is incorrect or if you have any questions regarding the action taken, please contact the University of Oklahoma College of Dentistry Office of Patient Management at 271-5422 within 10 business days of the above listed date.

Thank You.

Sincerely,
Jeanne C. Panza, D.M.D.                 Kathryn F. Miller, R.D.H., M.Ed.
Associate Dean for Clinic Affairs         Director of Clinics
The Office of Patient Management at the University of Oklahoma College of Dentistry is sending this letter to notify you of your impending release from the College of Dentistry. This action has been taken for the following reasons:

Student inability to contact the patient by phone- The College of Dentistry requires that all patients accepted for treatment have some form of phone service and that the patient will provide the most current contact number available.

Current financial hardship- The College of Dentistry makes every effort to inform the patient of their financial responsibility and as such expects that payment shall be received in a timely manner. You may be considered for continued treatment once your financial responsibility has been met. Please be aware that this may jeopardize the progress of your return to active treatment by requiring that you be re-screened when a lengthy time interval has lapsed.

Scheduling Difficulties- Successful treatment at the College of Dentistry is dependant on the patient’s availability for appointments and ability to keep scheduled appointments. The educational process requires the students to complete specific procedures in a timely manner as they gain knowledge and experience. Repeated missed or broken appointments will jeopardize the success of treatment for both the student and patient. Patients accepted for treatment at the College of Dentistry have agreed to be available at least two (2) half days per week.

Non-Compliance with Treatment Recommendations- Patients are expected to proceed with accepted treatment in a timely manner to avoid delays that may jeopardize the success of the treatment to be rendered. In cases where a referral has been made to a private practitioner for treatment that cannot be performed at the College of Dentistry it is expected that the patient will either complete the treatment referral or provide information regarding their inability to do so.

Other Circumstances-

We would be pleased to have you continue your treatment with us as we realize the initial commitment you have made to do so; however, this will require your full cooperation. If the above information is incorrect or if you have any questions regarding the action taken, please contact the University of Oklahoma College of Dentistry Office of Patient Management at 271-5422.

If we have not received a response from you by ________________, you will be released from the program with no opportunity for re-instatement.

Sincerely,

Jeanne C. Panza, D.M.D.            Kathryn F. Miller, R.D.H., M.Ed.
Associate Dean for Clinic Affairs     Director of Clinics
Limited Care Treatment

If a patient cannot be reconciled by either of the aforementioned methods, and requires a limited amount of care, the patient may be considered for Limited Care. Limited Care is offered through the Office of Patient Management for patients with one or more relatively minor treatment needs noted during a periodic recall examination or as a result of recently graduated seniors who have patients with minor treatment needs that do not make them suitable for transfer to another student.

Senior dental students may request assignment of a Limited Care patient at any time by electronic submission. Junior dental students will be given the opportunity to submit requests in the spring semester:

1. Limited Care Patient Request requests are to be submitted electronically to Mrs. Hale in the Office of Patient Management. While assignment requests will be filled in the order they are received, there will be times when a request that is too specific will delay the process and other requests will be considered for assignment in the interim.

2. Once an assignment has been made, Mrs. Hale will notify the student and they are to report to the Office of Patient Management to sign a “Limited Care Approval” form.

Additional considerations regarding assignment:

a. Assignments will be made within 1 (one) week of submission to the Office of Patient Management.

b. Patients will be assigned to students according to the date of diagnosis.

c. Students must have a Limited Treatment request on file for assignment.

d. If the student does not respond to their e-mail within 24 hours the patient will be assigned to the next student who has turned in a request.

e. Students will be allowed 2 (two) Limited Treatment patients in their family.

f. Students must contact the patient within 2 (two) weeks of assignment to schedule an appointment.

g. Students will not be assigned another patient until treatment is resolved on the patients assigned to them.

h. Students must complete all Limited Treatment assignments. Patients will not be re-assigned.

i. The Office of Patient Management requires 3 (three) business days to enter the Limited Treatment after the student signs for the patient.
j. Students should not schedule the patient in clinic until the Limited Treatment patient has been assigned to their patient family with the correct procedure codes. Students who do not follow this protocol will be subject to possible loss of grade points for treatment rendered.

3. When the Limited Care is completed, the chart (containing the white copy of the Limited Care Approval form dated with the completion date) along with a completed “Chart Task Form” requesting reconciliation is to be returned to Mrs. Hale in the Office of Patient Management for review and removal from your patient family. This last step is extremely important. If the student re-files the chart in the Chart Room, the patient will continue to be listed in the student’s patient family and the student will be held accountable.

Once the student has accepted a Limited Care patient, they are responsible for every procedure specified on the form including any required follow-up care. Limited Care patients may be taken directly to the appropriate clinic(s) for treatment or consult as necessary; a work-up and treatment planning are not required unless requested by consulting faculty.

If additional needs are discovered during treatment, supervising faculty should make a treatment progress note outlining the additional treatment and reason why treatment is needed and sign it. The chart is then turned in with a Chart Task form to the Office of Patient Management for completion of another Limited Treatment form.

If the student cannot complete all treatment on his/her patient and have been unable to effect transfer, the patient may be a candidate for Limited Care. The Assistant Dean for Clinic Affairs will make this decision after the “Transfer Authorization” form has been completed.
You may not request either of these options until you have exhausted all efforts to transfer your patient. Further, neither option will be considered until the last few weeks prior to graduation to provide maximum time to fully explore transfer possibilities. **No patient reconciliation is considered complete until the Office of Patient Management has removed the patient's name from your active roster!**

EVERY PATIENT ASSIGNED TO YOU MUST BE RECONCILED THROUGH ONE OF THE FOUR OPTIONS DESCRIBED ABOVE BEFORE YOU WILL BE CONSIDERED ELIGIBLE FOR SIGNING OUT OF CLINIC OPERATIONS PRIOR TO GRADUATION.
UNIVERSITY OF OKLAHOMA
COLLEGE OF DENTISTRY
LIMITED CARE APPROVAL FORM

Patient Name______________________________________ Chart #: ______________________

Dept.(s): __________________

Date: __________________ Student: _______________________

Computer #: __________________ Team: __________________

Treatment Proposed:

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<th>TOOTH #</th>
<th>SURFACE</th>
<th>DESCRIPTION</th>
<th>TX CODE</th>
<th>FEE</th>
<th>DATE COMPLETED</th>
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Treatment Completed (if other than proposed):

<table>
<thead>
<tr>
<th>TOOTH #</th>
<th>SURFACE</th>
<th>DESCRIPTION</th>
<th>TX CODE</th>
<th>FEE</th>
<th>DATE COMPLETED</th>
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</tbody>
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Supervising Faculty Signature/ Stamp (upon completion) __________________________ Date: ________________

Assistant Dean/ Director of Clinics’ Signature/ Stamp of Approval __________________________ Date: ________________

As the student providing care for this patient my signature confirms my understanding that I will provide the above care in its entirety in a timely manner and that I will be responsible for providing the follow-up care that may result from any complications related to the above treatment.

Signature/ Stamp of Student Providing Care __________________________ Date: ________________

My signature as the patient named below indicates that I have agreed to have the above listed treatment performed by the College of Dentistry and that I am financially responsible for this and any additional costs that may be incurred. If you have not been contacted by a student for treatment within 2 weeks of diagnosis, call Ms. Linda Hale at 271-5422.

Patient Signature_____________________________ Date ______________________

Referral source:

Hygiene recall ______ Unassigned ______ Assigned ______

Assigned Student Signature/ Stamp __________________________ Date: ________________

Date Reconciled in QR/ Limited Treatment Database: _______________ Initials: __________ Financial Class Changed: Y  N

White Copy- CHART    Yellow Copy- PATIENT
TREATMENT ON UNASSIGNED PATIENTS

No patient may receive treatment at the College unless officially assigned. Obvious exceptions include patients seen on block rotations (Screening/ Emergency, Oral Surgery, etc.). If you are on rotation and perform an emergency procedure (for example, temporization) that will require further treatment, you must secure limited care assignment from the Office of Patient Management. Such assignment will only be granted if it does not compromise or conflict with assignment priority policies in specific disciplines.

RENDERING ANY PATIENT CARE WITHOUT THE EXPRESS WRITTEN APPROVAL OF THE ASSISTANT DEAN FOR CLINIC AFFAIRS OR THE DIRECTOR OF CLINICS (EXCEPT AS NOTED) IS A SERIOUS VIOLATION OF CLINIC POLICY AND WILL RESULT IN LOSS OF CREDIT FOR PROCEDURES PERFORMED WITHOUT AUTHORITY AND LOSS OF GENERAL CLINIC PRIVILEGES.

TREATMENT ON OTHER STUDENTS

A student providing treatment to another student must follow the same policies that govern treatment rendered to traditional patients. While a fully developed treatment plan is usually not required, the student patient must have a chart that includes a completed health history, appropriate radiographs, and verification of the treatment being rendered. A “Limited Care Approval” form is required for any work rendered by one student on another and the treatment must be approved in the chart by the faculty overseeing the procedure.

The student-patient usually will not be assigned as a regular patient to the student providing treatment. However, if a student intends to provide comprehensive care to another student, a Master Treatment Plan will be required and the student-patient will be assigned as a regular patient.
PATIENT ABANDONMENT

“The relationship between physician and patient generally continues until it is terminated by mutual consent of both parties. However, a relationship can be discontinued through dismissal of the physician by the patient, or physician withdrawal from the case, or at such time that the physician’s services are no longer required. Failure to follow up on patient care after the acute stage of illness has subsided, or neglect to give patient warnings of necessary instructions, may involve the physician in serious legal difficulties. Premature termination of treatment is quite often the subject of a legal action.

Abandonment defined as unilateral termination of the patient-physician relationship by the physician without notice to the patient.

Closely related to this type of problem is one which occurs when the physician, though not intending to end the relationship with the patient, fails to insure the patient’s understanding that further treatment of the complaint is necessary”.


The following elements must be present in order for a patient to recover damages for abandonment:

1. Unreasonable discontinuance of medical care.

2. Discontinuance of medical care against the patient’s will: termination of the physician-patient relationship must have been brought about by a unilateral act of the physician. There can be no abandonment if the relationship is terminated by mutual consent or dismissal of the physician by the patient.

3. Physician’s failure to arrange for care by another physician; refusal by a physician to enter into a physician-patient relationship by refusing to respond to a call or render treatment is not considered abandonment. A plaintiff will not recover damages unless it can be established that a physician-patient relationship has been established (i.e., Buttersworth v. Swint, 186 E.E. 770 (Ga. 1936);

4. Foresight that discontinuance may result in physical harm to the patient; and

5. Actual harm suffered by the patient.

The relationship between a physician and patient, once established, continues until it is ended by mutual consent of the parties, revoked by the patient’s dismissal of the physician, or by the physician’s withdrawal from the case, or until the physician’s services are no longer needed. A physician who decides to withdraw his services must provide the patient with reasonable notice so that the services of another physician can be obtained.
The Office of Patient Management will not tolerate willful abandonment, and has joined the Department of Pediatric Dentistry in establishing the following guidelines to aide in determining if abandonment has occurred. In cases where abandonment has occurred, a grade of “F” will be given for the DSA course Clinical Record-keeping and Patient Management for the semester during which the incident has occurred.

1) Willful or undocumented failure to see patients with treatment needs within the semester assigned.

2) Failure to see any patient for two consecutive semesters without sufficient documentation in the chart to justify such failure to see the patient.
CLINIC INCIDENT REPORTING FORM

The purpose of the Clinical Incident Reporting Form is to improve the quality of care at the OU College of Dentistry, enhance and promote patient safety, minimize the risk of recurrence of a similar incident, and to prepare for future litigation. This document is available in all clinic dispensary areas and should be completed in situations where clinic outcomes of treatment are less than desirable.

A copy of the Incident Reporting Form follows. Each form is attached to a protocol for use of the form. Supervising faculty should assist you in completing this form and sign it prior to submission. Mrs. Kathy Miller, Director of Clinics, and Patient Advocate in Room 240 will keep this document on file at the College of Dentistry.
UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY
CLINICAL INCIDENT REPORTING FORM
This report is a privileged document, subject to the work product, attorney-client, and peer review privileges.
DO NOT PHOTOCOPY, FAX OR PLACE IN DENTAL RECORD

Department________________ Clinic__________Chair #_______ Date_________Time_________
Patient Name_________________________ Chart Number_________________
Supervising Faculty____________________ Student Provider____________________
Procedure________________________________ Informed Consent?  Y  N  Written  Verbal

I. OCCURRENCE: (Include FACTS ONLY) may be continued on reverse side
Brief Description of Incident-_____________________________________________________

II. DISCOVERY:
Incident Acknowledged by (check all that apply)

Supervising Faculty _________ Other Faculty _________
Student Provider _________ Patient _________

Incident Acknowledged to: Patient___________ Family___________ Other___________
Brief Description of Information Given-___________________________________________________________

Long-term Prognosis: Good ☐  Fair ☐  Poor ☐  Undetermined ☐

Recommended Follow-Up Care-___________________________________________________________

Perceived level of Patient Understanding of Incident:  None  Somewhat  Complete
1  2  3
Perceived level of Patient Satisfaction with Explanation for Incident:  1  2  3
Resolution Proposed?  Y  N  If Yes...
Brief description of terms discussed-___________________________________________________________

III. RESOLUTION:
Type of resolution offered to the patient?  Verbal Recognition by: Faculty  Student  Other
Reimbursement: Remake  Replace  Other________
If reimbursement, requested by: Supervising Faculty  Student  Patient
Clinic Operations Approval-___________________________________________________________
Perceived level of Patient Satisfaction with Resolution/Reimbursement Offered:  1  2  3
Perceived Disposition of Patient upon Appointment Dismissal:
Worried/Angered  Mild Concern/Responsive  Unchanged

Patient Comments (in patient's own words)-___________________________________________________________

Arrangements made for resolution, including reimbursement-______________________________________________

Additional Concerns-_____________________________________________________________

Faculty Signature/ Stamp: _______________ Student Signature/ Stamp: _______________ Date: ___________

Attach copy of Treatment Progress Notes and submit to Ms. Kathy Miller, Director of Clinics
and Patient Advocate, Room 240
OU College of Dentistry Referral Process

Referrals between the pre-doctoral program and post-graduate programs occur to enhance the continuity of care in situations where the treatment needs of the patient are beyond the limitations of the pre-doctoral program. This referral process involves the various post-graduate clinics AEGD, Grad Ortho, Grad Perio, and Oral Surgery as well as the Adult pre-doctoral program and must be initiated through a consultation with and signed by full-time faculty from the referring department.

In the event that an assigned pre-doctoral patient requires referral to a post-graduate program, the assigned student needs to obtain the form from either the Assistant Dean of Clinics or the Director of Clinics who will complete the document.

The referral form (HSC 7505) is available in each of the post-graduate clinics and the Office of Patient Management. A sample of this form is on the following page.
OU College Of Dentistry
Referral Form

Patient Name: ___________________________ Chart #: ______________ Date: __________

Parent Name (if patient is a minor): ________________________________________________

Primary Phone Number: ________________________ Home   Cell   Work (circle one)

Secondary Phone Number: ______________________ Home   Cell   Work (circle one)

Assigned Student: __________________________ 

Referred From:

ADULT       AEGD       PEDO       GRAD ORTHO       GRAD PERIO

Referring Dentist: ___________________________(required)

Consulting Faculty: ____________________________

Referred To:

ADULT       AEGD       GRAD ORTHO       GRAD PERIO       ORAL SURGERY

Reason for referral: (Please Circle All Applicable)

1. Beyond the Predoctoral Program to treat.
2. No students available to treat this patient.
3. Patient requests second opinion within the College of Dentistry.
4. Referring department does not provide this type of treatment.

☐ Emergency     ☐ Non-Emergency

Treatment Requested: ____________________________________________________________

Date of Patient’s Last Visit: _____________________________

☐ It is our request that you treat this patient at the expense of Clinic Operations.
☐ It is our request that you charge and bill this patient your normal fees.
☐ It is our request that you charge and bill this patient Pre-doctoral fees.
☐ It is our request that you not charge this patient (please call if you consider this inappropriate).

.................................................................................................................................

To Be Completed By Department Accepting Referral

Date(s) Patient Contacted/Came In: _________________________________

Appointment Date: ______________________

Comments: _________________________________

FOLLOW UP CARE:

☐ No follow up needed

☐ Follow up needed: ________________________________

Chart including referral form with follow up care section completed should be returned to the referring dentist.
Section C

Patient Records Policies
THE PATIENT RECORD

Accurate and complete documentation of your patient interactions is an integral and critical part of the student's training. The written record (patient chart) is a legal document; it affords protection to the student, the patient, the faculty, and the College should any questions arise about treatment of or interaction with a patient. It contains all pertinent information regarding the patient's medical, dental, emotional, and behavioral background that might impact the type/extent of treatment rendered. Without such information, the possibility of providing inappropriate care is increased. It is also the primary source of information for decisions about the patient's status in the program. Releases, reassignments, transfers, or referrals cannot be made or defended without sufficient chart documentation. Proper records management is also important for monitoring treatment sequencing, facilitating departmental interaction in the treatment decision-making process, and providing accurate data to those to whom patient referrals are made.

CHART SECURITY

All charts are the property of the College and must always be readily available when needed. Under no circumstances are charts to be removed from the building. If it has been determined that a student has removed a patient chart from the building, the student will automatically lose their clinic privileges for a period of no less than three (3) weeks. Charts should not be kept in student lockers. Lockers will be searched when a chart is needed and cannot be readily found.

Except during times of patient treatment, chart audits, consultation with faculty, or necessary review of patient information, all charts must be kept in the Chart Room. There may be occasions when a patient record is needed relatively immediately (emergency treatment, account reconciliation, etc.). Make sure that any charts in your possession have been returned to the Chart Room as soon as it is practical. Avoid working with patient charts and study casts in areas where food is served due to infection control concerns.

REQUESTING/ FILING CHARTS

Students may request charts in their patient family using the request slips on the counter outside the Chart Room or electronically on QR. The Chart Room staff will pull the chart and file an out guide with a computer-generated chart request in its place. When the chart is returned for re-filing, the request will be pulled and discarded. Until the chart is returned, the student who originally requested it is fully responsible for its security and should avoid giving the chart to anyone else. If another person needs the chart for any reason, they will need to request it to replace the request on file for the person who made the original request.
TYPES OF CHARTS AND RECORDS

The chart refers to the entire patient folder and all contents collectively. Records refer to individual documents in the chart. There are three general categories of charts used at the College of Dentistry: Emergency, Screening, and Comprehensive Care charts.

**Emergency charts** are generated for emergency visits of patients not otherwise in the system or assigned. These are gray charts with a limited number of records that document the emergency visit(s) -- health history, consent form, record of treatment etc. An emergency chart is incorporated into a Comprehensive Care chart upon screening and acceptance into the pre-doctoral program as a comprehensive care patient.

**Screening charts** are temporary folders that are assembled specifically for use during screening. They contain all screening information, health history, patient consent form, screening radiographs, etc. For patients who are accepted, the folder is sent to the Chart Room to be assembled as a Comprehensive Care chart for patient assignment.

**Comprehensive Care charts** are charts assembled from information collected during the screening visit and are made up with department tabs and records once a patient is accepted in the pre-doctoral program.

In the pre-doctoral Comprehensive Care chart, there are two general categories of records:

**Generic records** are the basic documents common to all patients. They include the original screening sheet, patient consent to treatment form, master treatment plan, any emergency records, medical alert sheet, radiographic log, and the treatment progress notes (TPN).

**Departmental records** are documents specific to individual disciplines that are kept behind color-coded departmental tabs.

CHART ARRANGEMENT

Proper arrangement of the various documents in the chart ensures that anyone required to review specific data can readily find the information needed. The location of chart documents is fairly standardized:

1. Department documents should be maintained behind each designated department tab, Treatment Progress Notes (TPN) with the most recent sheet on the top.

2. All radiographs must be kept in the chart pocket. No other documents such as grade slips, encounter form copies, etc. should be kept there.

With the chart closed, the patient's name and chart number must be readily visible. Loose or improperly inserted pages or improperly punched pages can obscure this information and should be corrected when noted.
MASTER TREATMENT PLAN

The Master Treatment Plan (MTP) is the record of all planned treatment developed after departmental routing and specialty faculty consultation. It is also the document of “informed consent” -- the patient’s signature on the MTP gives consent to the treatment listed and protects the student and the College of Dentistry against any allegation of work being performed without permission. It is also a key element in providing a finance plan for patients who require extensive treatment. The Master Treatment Plan and the Patient Consent to Treatment Form are the two major documents that require the patient’s signature. Patients seen for limited treatment and/or emergency care must also sign appropriate documents.

Since Master Treatment Plans are generated and approved between patient visits, a patient signature may be deferred until the next appointment when an appointment with a Finance Representative from the Central Business Office is needed.

TREATING A PATIENT WITHOUT HIS/HER SIGNATURE ON THE MTP IS A SERIOUS RECORDKEEPING OMISSION THAT WILL ADVERSELY AFFECT YOUR EVALUATION DURING YOUR SCHEDULED RECORDS AUDITS.

TREATMENT PROGRESS NOTES

Treatment Progress Notes (TPN) make up the major portion of your chart entries. While documentation of actual clinical interactions with patients is mandatory, all interactions should be recorded. Decisions regarding releases, transfers, referrals, etc. are often based on non-clinical activities such as cancellations, failed appointments, and telephone conversations. Clinical interactions are actual appointments during which treatment is planned and/or rendered. Non-clinical interactions include all other activities relevant to your patient (telephone conversations, consultations with faculty, appointment arrangements, cancellations or failed appointments, personal observations, etc.). Treatment progress notes should contain factual information and avoid the use of statements that convey judgment of the patient or their behavior. When appropriate you may quote the patient in the progress note to be certain that you have accurately conveyed their sentiment.

The TPN sheet has a space at the top for the patient's name and chart number. Every newly added sheet must be identified with this information to ensure against loss should individual sheets become detached from the chart. The most recent sheet used is placed on top. The TPN sheet is arranged in seven columns:

**Date:** Enter the day, month, and year for every entry (both clinical and non-clinical).

**Procedure Number:** Enter appropriate procedure codes as listed in the current clinic fee schedule (located in all clinic dispensaries). If you have questions regarding the proper code to use, consult with attending faculty or the Director of Clinics.

Certain procedures may require follow-up care or are a continuation of a previously initiated procedure in this case it would be appropriate to use a “111” code along with other identifying information.
Fee Form Number: Enter the number on the encounter slip (ES) generated for your appointment in this column (this may also be identified as the ticket number on your slip). This slip constitutes a financial record and allows tracking of fees and payments.

Encounter slips are generated for every clinic appointment, regardless of whether or not a fee will be assessed or a payment made. Virtually every clinical TPN entry should have a number entered in this column. Even if your patient cancels or fails the appointment, enter the ES number. Encounter slips must be turned in after each clinic session, students not reconciling their encounter slip on a daily basis will be notified by the Central Business office by e-mail and given several days to do so. If the slip is still un-reconciled after several contacts, the student will lose their clinic privileges for at least three weeks.

Tooth Number: Enter the tooth number treated.

Surface(s) or Area: Enter the surface(s) or area.

Clinical Notes: Enter a complete description of clinical activity. You cannot enter too much information in these notes. Keep abbreviations to a minimum and use only widely recognized acronyms. If in doubt, spell it out!

For every clinical appointment, your first entry in this section will be Permission to Proceed (PTP) that must be initialed by attending faculty. Indicate every material used in the procedure even if its use is automatically implied or assumed.

Be specific with your description of anesthesia ("1.8cc xylocaine" rather than "one carpule of xylocaine"). If the anesthetic contains vasoconstrictor, indicate it. Record any adverse reactions to anesthetic and other parts of the procedure.

Specific locations on a tooth may be as important as the tooth number itself. If you use retentive pins, for example, identify where they are placed.

All clinical entries must be signed and stamped by you and countersigned and stamped by faculty. Cancellations and failed appointments are considered clinical entries. Non-clinical entries (phone conversations, personal observations, etc.) must be signed by you but do not require faculty countersignature.

Sample Chart Entry

You plan a two-surface DO amalgam restoration on the mandibular right first molar to replace a defective DO amalgam. During preparation, the mesial surface must be included and the distolingual cusp removed. One retentive pin is indicated for the missing cusp. Zinc oxide-eugenol is applied as an overlying base. All-Bond bonding agent is used. One carpule of anesthetic (xylocaine with epinephrine) is administered. No adverse reactions are experienced by the patient throughout the procedure. The patient was instructed that some minor sensitivity to cold might be experienced for a few days due to the depth of the preparation. The patient is re-appointed for 10 October 2001 at 9:00 AM when an MO amalgam on the maxillary second premolar is planned. Your entry might appear as follows:

Reviewed Health Hx, Vital signs noted, No changes in meds.
PTP #30-DO (replacement)
#30- MODL amal. Removed DL cusp and placed one threaded pin (DL). Placed IRM & All-Bond. Restored with amal (Valiant PhD). Checked occlusion and prox contact. 2% xylo 1:100,000 epi. 1.8 Pt tolerated procedure well. Post-op instructions given. Patient dismissed in good condition
NV: 10-10-07am (Planned: #4-MO amal)
Always escort your patient to the cashier's window. The cashier should validate the patient’s parking ticket. All encounter slips must be turned in on the same day they are issued -- no later than 1:00 pm for a morning appointment or 5:00 pm for an afternoon appointment. Failure to reconcile an encounter slip within five (5) school days of issuance will result in suspension of clinic privileges for a time period to be determined by the Associate Dean for Clinic Affairs.

If you anticipate your patient will not be dismissed before 5:00 pm due to complications in the clinic contact the Central Business Office prior to 5:00 p.m. at x14711 to inform the staff that you have a patient that will require a late dismissal and a staff member will stay to check out that patient.

Do not send your patient down to the second floor alone. Always escort your patient to ensure an appropriate exit from the building including validation of his or her parking ticket.
An integral part of the student’s education in delivering patient care is learning to properly and completely document all interactions with patients. The primary vehicle for this documentation is the patient chart. Proper management of records is important for a number of reasons. The patient chart is a legal document; it affords liability protection to the patient, to the student delivering the care, the faculty supervising the care, and the College of Dentistry should any questions arise about the treatment rendered.

The patient chart also contains all pertinent information regarding the patient’s medical, dental, emotional and behavioral background that may have an impact on the type and extent of treatment provided the patient. Providing dental care without this important information increases the likelihood for errors and inefficiency in treatment. The patient chart is also the primary source of information for institutional decisions about the patient’s treatment status within the teaching program. Issues regarding the transfer, reassignment, division of care or referral cannot be defended without proper documentation in the patient chart.

The accuracy and completeness of patient records are also important aspects of the College of Dentistry’s Accreditation process through the American Dental Association.

Evaluating the student’s capabilities in these areas is accomplished through participation in an auditing process of their patient charts. Beginning in the fall semester of the junior year, each student will be evaluated during an audit of all his/her adult patient records once each semester. The audit includes a review of all charts, an identification of deficiencies as per criteria published in this handout, a personal interview to discuss findings of the audit, and the assignment of a grade in the spring. The audit includes a review of all charts, an identification of deficiencies as per criteria published in this handout, a personal interview to discuss findings of the audit, and assignment of a grade.

The Office of Patient Management has assembled this handout with all the information necessary to assist the student in preparing for this process. Students should be thoroughly familiar with its contents as each audit approaches.
SCORING COLUMN DEFINITIONS

1. **Master Treatment Plans**
   a. A current Master Treatment Plan must be present in the chart and must have faculty, student and patient signatures.

2. **Progress of Patient Care and Appropriate Documentation**
   a. A minimum of monthly entries regarding patient care progression.
   b. The student is demonstrating reasonable attempts to continue care progression.

The scoring column titled “Demonstrates Reasonable Progression of Patient Care” will use the following codes:

- 5 = Excellent  
  No lapse in treatment or documentation
- 4 = Satisfactory  
  1-2 month lapse in treatment and no documentation
- 3 = Needs Improvement  
  3-4 month lapse in treatment and no documentation
- 0 = Unacceptable  
  Greater than 4 month lapse in treatment, no documentation

3. **Student Professionalism**
   a. Preparation for chart audit.
      • Following instructions for requesting charts and paperwork.
      • Having charts in to the auditors by the date due.
      • Reporting for your chart audit on time.
   b. Honest and accurate completion of the self-assessment form.

4. **Appropriate Signatures and Procedure Numbers**
   a. Appropriate signatures/ dates on all paperwork, which requires a student, faculty, staff or patient to sign. This includes the paperwork behind the tab of each discipline.
   b. Appropriate procedure codes, fee form numbers and tooth numbers are recorded in the treatment progress notes.
   c. Treatment progress notes should be appropriately identified with the patient name and chart number.
   d. Radiographic logs should be complete with # of films dispensed, # exposed, etc.

5. **Chart Organization**

**New Charts**

1. "Medical Alert“ sheet on the left side of the chart.
2. Treatment progress notes on the right side in the front of the chart.
3. Master Treatment Plan in front of the “Operative” tab.
4. “Master Treatment Plan Revision” forms placed on top of the Master Treatment Plan oldest to most recent on top.
5. "Limited Treatment Forms” should stay on top of the treatment progress notes until treatment is complete at which time the Office of Patient Management staff will place the form behind the “Clinic Operations” tab.
6. Unnecessary grade sheets and miscellaneous documents must be removed from the pocket of the chart.
5. **Chart Organization** (continued)

**Old Charts**

1. “Medical Alert” sheet on the left side in the front of the chart.
2. Treatment progress notes on the right side in the front of the chart.
3. Master Treatment Plan is placed under the “Medical Alert” sheet on the left side of the chart.
4. “Master Treatment Plan Revision” forms placed on top of the Master Treatment Plan oldest to most recent on top.
5. “Limited Treatment Forms” should stay on top of the treatment progress notes until treatment is complete at which time the Office of Patient Management staff will place the form behind the “Clinic Operations” tab.
6. Unnecessary grade sheets and miscellaneous documents must be removed from the pocket of the chart.

**CALCULATING COLUMN SCORES**

The scoring calculations for Columns 1, 3, 4, and 5 will use the following codes:

- 5 = Excellent 0 errors
- 4 = Satisfactory 1 - 2 errors
- 3 = Needs improvement 3 - 5 errors
- 0 = Unacceptable More than 5 errors

The scoring calculation for Column 2 is as follows:

- 5 = Excellent No lapse in treatment or documentation
- 4 = Satisfactory 1-2 month lapse in treatment and no documentation
- 3 = Needs Improvement 3-4 month lapse in treatment and no documentation
- 0 = Unacceptable Greater than 4 month lapse in treatment, no documentation

Auditors have weighed each scoring column as follows:

- Column 1 = 25 points.
- Column 2 = 25 points.
- Column 3 = 20 points.
- Column 4 = 15 points.
- Column 5 = 15 points.

Letter grades will be awarded as follows:

- A = 90 - 100 points
- B = 80 - 89 points
- C = 70 - 79 points
- D = 60 – 69 points
- F = Below 60 points
Chart Audit Helpful Information

1. Request your patient family (including any limited treatment assigned to you) out of the chart room (1) week prior to the due date for the auditors.
   a. You will receive a copy of your patient family and a blue self-assessment form. (Identify on the patient family list your Pedo patients with a P; we do not assess the Pedo patient charts in this audit.)

2. Complete your self-assessment form (including patients assigned as limited treatment). List patient names in alphabetical order.

3. Review your charts and make any necessary changes before the auditor reviews them.

4. Turn your charts into the chart room on the designated due date and the chart room staff will distribute your charts to the appropriate auditor.

5. Do not go through your patient family during your assessment and start releasing patients, turning charts in for limited treatment reconciliation etc. This makes it extremely difficult to find your chart.

6. If you need a chart during the time the charts are with the auditor, you may request the chart from the chart room. If you have scheduled a patient for an appointment, the chart will be in clinic. DO NOT GO TO THE PERSON WHO HAS THE CHART. PLEASE REQUEST IT FROM CHART ROOM STAFF.

7. Organization of charts should be by discipline.
   a. Medical Alert on the left side in the front of the chart.
   b. Treatment Progress Notes on the right side in the front of the chart.
   c. Master Treatment Plan in front of the Operative Tab.
   d. Master Treatment Plan Revision forms go on top of the Master Treatment Plan.

8. Anywhere your signature is required, make sure you also use your signature stamp or print your name.

9. Paperwork in the pocket of the charts should be moved behind the appropriate tabs.

10. Make sure all x-rays are labeled
11. All paperwork should be signed when a signature is designated for patient, faculty, staff or student.

12. Radiographic Log is complete and has the appropriate signatures.

13. Please be on time for your appointment. Each appointment will last approximately 20-30 minutes. If you cannot make your appointment at the designated time, please call your auditor to let them know that you are going to be late or need to reschedule.

14. Failure to comply with the following protocol will result in a deduction of overall points of which you could not earn higher than a grade of “C.”
   a. Failure to call your auditor if you are going to be late or need to reschedule.
   b. Failure to have your paperwork and charts turned in by the designated date and time.
   c. Failure to follow protocol for completing your self-assessment.

OTHER CHART GUIDELINES

While specific guidelines about proper chart management will be presented in many clinic-related disciplines, the following are key factors in successful documentation to be used in all clinic situations.

1. **Never** make chart entries in pencil, document in either blue or black ink.

2. Always make your own entries; do not delegate them to someone else. **Sign and stamp your entries.**

3. Be consistent in TPN entries. Leave no spaces between entries.

4. Do not include topics of a sensitive or personal nature (e.g., suspicion of drug use, confidential revelations of the patient, personal comments on patient's mental state) in TPN entries. They should be kept on a separate page and kept apart from TPN sheets.

5. **Write legibly!** Remember that others will eventually read every entry you make.

6. Distinguish between cancellations and failed appointments. By definition, cancellation occurs when the scheduled appointment is broken **at least 24 hours ahead of time.** A cancellation the night before or the day of the appointment is more accurately designated a **failed appointment** (no-show). Always accompany cancellation/no-show entries with an explanation. "**Patient cancelled**" is insufficient to justify any release decisions.

*CHART AUDIT INFORMATION REVISED 08/11 FOR THE 2011-2012 YEAR*
Section D

Financial Policies
The clinic fee schedule lists the fees charged for dental procedures provided by students in the pre-doctoral program and the dental hygiene baccalaureate program. It is reviewed and revised periodically. A copy of the schedule is kept in every clinic dispensary and is also available electronically to all faculty, staff and students by e-mail. Limited paper copies are available through the Office of Patient Management.

Despite periodic increases, fees charged are approximately 1/3 the cost of those in private practice. Since clinic fees provide a substantial part of our operating funds, the faculty, staff, and students’ close attention to and strict application of published fees is required and as such faculty, staff, and students are encouraged to refer to the clinic fee schedule as often as necessary to insure that appropriate fees are charged at all times and for all procedures. Dental treatment provided at the OU College of Dentistry is not free.

A 5-digit procedure code number identifies each procedure in the fee schedule. This code is important to identify the nature of treatment, determine the appropriate fee to charge, and facilitate the insurance filing process. The first digit identifies the health profession - dentistry is designated "D". The second digit identifies the discipline (restorative dentistry = "2", endodontics = "3", periodontics = "4", etc.). The last three digits identify the specific procedure. Each major code section ends with a "999" code to be used for any procedure that cannot be identified by a specific descriptive code. The “999" codes are not to be used for no charge or follow up visit codes and must have a narrative.

Some codes in the schedule are presented in two formats. Codes with the letter “D" are ADA-recognized codes. Other codes are for internal school use to provide departments the means to differentiate and monitor specific procedures for requirement purposes. Only the ADA codes are used to file insurance claims.

Fees listed are based on the nature and complexity of the procedure. The schedule also contains explanatory notes under some code descriptions to help determine when the use of a particular code is appropriate. If in doubt about which code to use or what fee to assess, consult with attending faculty or the Technical and Billing Administrator of Clinic Operations.
PATIENT FEE REDUCTIONS/ REFUNDS

Although published fees are standard for a given procedure, a fee reduction, waiver, or refund may be warranted on occasion. Only faculty can make suggestions for these reductions or refunds or a designated administrative staff appointed by the Director of Clinics. The amount of the reduction, waiver or refund must be entered in the patient's chart and on fee slip with both entries signed by the attending faculty. Secondly, an explanation must be given for the adjustment, procedure identified, amount for adjustment, and date of service to adjust. This must be completed on the encounter form and chart notes added by faculty, which includes faculty signature.

Unless circumstances warrant otherwise, full refunds on Prosthodontics or other work involving laboratory charges will not be allowed. The Director of Clinics must approve all fee reductions, waivers, and refunds or designated administrative staff appointed by the Director of Clinics.

COLLECTION OF FEES

Patients are expected to pay for services when rendered unless financial arrangements have been made with the Central Business Office. All services that are rendered are charged to the patient account at the start of the procedure. All payments, except as noted below, may be made by cash, personal check, or approved credit card/debit card (VISA, MasterCard, or Discover). Screening fees must be paid in cash or credit/debit card. Patients who are not patients of record but who present for treatment (walk-in emergencies, extractions, etc.) are also required to pay cash or credit/debit card for services rendered in advance of procedure to be performed.

Patients, who have delinquent financial plan payments or a delinquent account balance, will be suspended from further treatment (and subject to release from the pre-doctoral program) until their account balance is satisfied. No new services will allowed to be scheduled until the outstanding account balance is satisfied.

When the financial plan is current or the account balance is $0.00 treatment can be continued. The student assigned for a Limited Care procedure is responsible for the collection of fees assessed for that procedure. Students will not be eligible to sign out of Clinic Operations (required for graduation) until all account balances are in good standing or the financial plan is current.

Beware of "creeping" balances. If a patient pays regularly but pays only part of the fees that are charged at each appointment, the balance will increase over time. Unless the student monitors his/ her patients' accounts regularly, balances can grow insidiously and create a possible reconciliation problem later. The student should review the patient’s encounter form at each visit and assess the patient’s payment status. The last payment date prints on the encounter form plus the ageing of the patient’s account balance. Seek assistance from a Patient Account Representative from the Central Business Office to assist you for financial counseling our assigned patient with delinquent account balances.
MANAGEMENT OF DELINQUENT ACCOUNTS

If there is no payment activity on an account, a letter of delinquency is sent to the patient, without response, the patient will be given 15 days to respond and if no payment is received within the next 15 days, the account is turned over to collections or warrant intercept and the patient is automatically released from the program. Reinstatement is considered only if the patient agrees to pay the total amount outstanding on the account, and maintains a zero balance during the remainder of treatment. The Director of Clinics only can approve reinstatement. Chart requests for these charts must be approved through the staff in the Office of Patient Management in order to make any non-clinical entries as necessary. This policy ensures that the student does not provide any additional treatment that may worsen the account status.

The student will be notified when a delinquency letter or collection referral is sent to one of his/her patients so that they can assist in collection efforts, where possible. The student should inform his/her patient that even if payment cannot be made, he/she should at least respond to statements or letters received so as to avoid formal collection efforts and future credit issues.

ENCOUNTER SLIPS

The encounter slip (fee form) is used to record all charges assessed for treatment rendered. Whether or not a payment is expected or a fee assessed, an encounter slip is required for all clinic appointments. The Central Business Office automatically generates an encounter slip when the student signs up for clinic in Quick Recovery™. Each encounter slip is identified by a number in the upper right corner (see next page). This number must be entered in the appropriate column of your Treatment Progress Notes so that services rendered and accounting information can be cross-referenced as necessary.

The current account balance is recorded on the encounter slip, which lets the student know at each appointment what the account balance is. The student should get into the habit of checking this balance routinely at the start of every appointment.

The student must account for every encounter slip generated and must accompany their patient to the cashier's window at the completion of every appointment to ensure that the encounter slip is properly reconciled. Encounter slips are managed as follows:

1. Before seating the patient, enter the encounter slip number in Treatment Progress Notes column marked "Fee Form". This column should have an encounter slip entry for every appointment.

2. At the end of the appointment, the student should enter the appropriate treatment information (tooth number, surfaces involved, procedure code, treatment description, and fee) on the slip. Enter in status column A, B, C, or D. A= Started but not completed. B= In progress, C= Completed and D = Started and completed in the same appointment. Fees will be charged out with either an A or D status.

3. Written faculty request, including a brief explanation for the discounted fee is required on the encounter form and in the patient’s chart.
5. The student must accompany the patient to the cashier’s window to ensure that payment is made and that the encounter slip is properly reconciled. Students who fail to accompany their patient to the cashier’s window on more than one occasion will risk losing their clinic privileges for a period of at least 2 weeks. The only exception to this rule is for DENTURE PATIENTS ONLY who is paid in full for dentures or partials (D5213, D5214, D5110, D5120) and has a $0 balance. If the denture patient has a $0 balance but will have new charges, Example: D0150 Evaluation, the patient must be escorted to the cashier window.

9. Encounter slips must be turned in after each clinic session they are issued to the Central Business Office. Each department is responsible for all encounter slips generated for scheduled patients and is required to turn in to the Central Business Office if the student failed to pick up the encounter slip.
ENGLISH SLIP FORM

<table>
<thead>
<tr>
<th>PATIENT #</th>
<th>DATE</th>
<th>PHONE #</th>
<th>DAYS</th>
<th>AMOUNT</th>
<th>BROW</th>
</tr>
</thead>
<tbody>
<tr>
<td>7777-2</td>
<td>6/06/11</td>
<td>(405)</td>
<td>30</td>
<td>0.00</td>
<td>PREV. BALANCE 0.00</td>
</tr>
<tr>
<td>HARRY POTTER</td>
<td></td>
<td></td>
<td>60</td>
<td>0.00</td>
<td>CHARGES TODAY</td>
</tr>
<tr>
<td>3848 CHAMBERS AVE</td>
<td></td>
<td></td>
<td>90</td>
<td>0.00</td>
<td>AMOUNT CASH</td>
</tr>
<tr>
<td>NORMAN DK</td>
<td>73026</td>
<td></td>
<td>120</td>
<td>0.00</td>
<td>PAID CHECK</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>150</td>
<td>0.00</td>
<td>AMOUNT DUE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>180</td>
<td>0.00</td>
<td>PROVIDER'S SIGNATURE</td>
</tr>
</tbody>
</table>

MED#: F/C 20 PRIVATE PAY

LAST PMT.- DOB 1/01/75 36 Yrs
LAST DIAG-- TICKET #: 402852

<table>
<thead>
<tr>
<th>student #</th>
<th>discipline</th>
<th>tooth/surface</th>
<th>ADA code</th>
<th>description</th>
<th>status</th>
<th>fac #</th>
<th>faculty signature</th>
<th>amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1V1</td>
<td>OD</td>
<td></td>
<td>00000/00</td>
<td>ADULT PREVENT</td>
<td>A 237</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1V1</td>
<td>OD</td>
<td></td>
<td>00150/00</td>
<td>COMP ORAL EVAL</td>
<td>D 237</td>
<td></td>
<td></td>
<td>35.00</td>
</tr>
</tbody>
</table>

Status: A = Started but not completed; B = In process; C = Completed; D = Started & completed in this visit

Current Appointment Information

Location:
- Oral Diagnosis
- Oral Surgery
- Gold Clinic
- Blue Clinic
- Burgundy Clinic
- Brown Clinic
- Yellow/Orange Clinic
- Green Clinic
- Implantology
- Maxillofacial Prosthetics

Discipline:
- Predoctoral Program
- Dental Hygiene
- AEGD
- Graduate Periodontics
- Graduate Orthodontics
- A.M.
- PM.

University of Oklahoma
College of Dentistry
1201 North Stonewall Ave.
Oklahoma City, OK 73117

An encounter slip must be completed and turned in for every patient visit

HSC 7870
CLINICAL FEE DISCOUNTS

Important please read- policy change effective August 1, 2009.

Discounts are no longer available to student family members, College of Dentistry staff, and staff family members screened for patient care in the predoctoral program after August 1, 2009.

For student family members, College of Dentistry staff, and staff family members who were treatment planned under the discount policy of May 15, 2006; these arrangements will be honored in regard to existing treatment only. Any new treatment rendered will not be provided at a discounted fee.

DENTAL INSURANCE

If the student’s patient has dental insurance coverage, it is their responsibility to ensure that the Patient Account Representative receives the necessary information to file claims on the patient's behalf. For certain procedures and/or anticipated large claims, most insurance companies will require pre-authorization of the procedure. A proposed treatment plan (with estimated costs) should be given to the patient. The patient should submit the proposed treatment plan to the patient’s insurance carrier for estimated costs and payment for each procedure to be rendered. For the insured patient very few procedures are paid in full with many companies allowing only 1 or 2 of these procedures during a specific time period. Most insurance carriers have deductibles ranging from $25-$50 and maximums ranging from $1000-$1500 per calendar year.

Patients are expected to pay for treatment when rendered even though they have insurance. They are required a minimal co-payment at the time of service for companies the College of Dentistry has a participating agreement. Those companies are Delta Dental of Oklahoma Premier, Health Choice and Medicaid for children and adolescents. The CBO files with all other insurance carriers, as a courtesy to the patient unless the patient has a formal meeting with confirmation of coverage by the CBO insurance clerk. If the CBO insurance clerk has confirmed insurance coverage, the patient will be allowed to pay their deductible or percentage only at the time of service.

Accepting percentage is not a guarantee of payment and additional monies may be required from the patient to satisfy the outstanding balance due. Many of these carriers pay the patient directly since the College of Dentistry is non-participating. In many cases, even though the patient has dental insurance coverage the patient may not have any benefits if provided by a non-participating provider. One example is Federal Blue Cross and Blue Shield. In general, any major restorative work is paid at a rate of 50% or could be a non-covered benefit.

All insurance claims are filed automatically once the procedure has been completed (‘C’ or ‘D’ status). There are rare occasions an insurance carrier may require insurance claims to be filed on the preparation date versus the seat date. Although the student provides the dental services, the student is not authorized to sign insurance forms as a provider.
Please keep in mind insurance carriers need the following information to file claims and should be documented in the chart. If crowns and fillings are replaced, insurance carriers require the original date the crown or filling was placed initially. If dentures or partials are replaced, insurance carriers require the original date denture or partials were placed, as well, the date and tooth numbers originally extracted. MetLife insurance carriers require a pre-determination claim for a crown when billing for a core build up prior to services rendered.

INDIGENT CARE PROGRAM

Program Overview
We have been fortunate to have Delta Dental of Oklahoma’s Charitable Foundation (DDOK) sponsor funding for our indigent care patients. Funding is available for the spring and fall semester to those patients who have incomes 100%, 150% and 200% above the federal poverty level until the funds are depleted for each semester. An income matrix is used to determine the maximum funding amounts of $375, $750, $1500 to be applied towards the patient’s comprehensive treatment plan based on the current poverty levels. An assigned patient may obtain an application form from the Central Business Office along with a list of information needed to be included when the application is returned. Detailed criteria for covered and non-covered services can be obtained from the Central Business Office. In general, any esthetic treatment is not covered by charitable funds.

OTHER FINANCIAL POLICIES

As mentioned, patients are expected to pay in full for services when rendered (initial appointment). For fixed prosthodontic treatment, 50% of the fee must be paid when the procedure is initiated and the other half before delivery or cementation. For single crowns and bridges, the gold card, laboratory prescription, and departmental grade form must be stamped "1/2 paid" before the Support Laboratory will issue any gold for casting procedures. The student is not allowed to use their preclinical gold to fabricate a patient's prosthesis. It is an inferior metal. Complete and partial dentures must be paid in full prior to sending the case to the lab for processing. Any follow up visits after delivery will warrant a generic internal code (5412) at no charge $0.

For dental services that span multiple appointments (fixed/removable prostheses, scaling/root planing, complex endodontics, etc.), the total fee must be charged at the initial appointment. Do not make partial charges. If a patient terminates his/her association with the College, it is much easier to refund a credit balance than it is to collect for services that have not been charged.

When the Master Treatment Plan is completed, the patient will be provided with a copy, which is an estimate of the total fees involved in performing the recommended treatment. Stress the word estimate and make sure the patient understands that quoted fees may change if treatment is modified during the course of care. The patient should also understand that fee increases apply to all patients even if original treatment estimates were developed from a previous fee schedule. Any exception to this policy requires the approval of the Director of Clinics.
All payments on an account are always applied to the oldest account balance. If you perform a limited treatment procedure and the patient makes a payment, the money will be applied to any existing outstanding balance. Patients scheduled for endodontics treatment only will be required to pay for services in full by cash or credit card at the initial appointment. The patient will be required to check in for payment in full prior to presenting to the clinic for treatment.

This also includes limited treatment by a secondary student. The student should pay close attention to account balances throughout their clinical tenure and especially during their senior year.

PRIOR TO SIGN-OUT FROM CLINIC OPERATIONS STUDENTS WILL BE REQUIRED TO MEET WITH TAMMY VOGT IN THE CENTRAL BUSINESS OFFICE REGARDING ANY OUTSTANDING BALANCES FOR PATIENTS ASSIGNED.
Section E

Management of Patient/Visitor Medical Emergencies
INITIAL EMERGENCY MANAGEMENT

Adverse incidents may be either unusual events or unanticipated outcomes. An unusual event is a physical accident not directly caused by or the result of treatment rendered. The event may or may not cause an injury. Example: a patient who trips and falls while being seated in the dental chair. An unanticipated outcome is the result of treatment rendered where the outcome is not expected and/or is outside the "normal" range. Example: vertigo or anaphylactic reaction to local anesthetic.

Report all adverse incidents, whether emergency or non-emergency in nature, to the Environmental Compliance Coordinator, Mrs. Mary Gowin (ECC) at 1-3083 (Room 232) who will assist you with completion of the appropriate Incident Report. The student must also make complete and detailed entries of all such incidents in the patient's chart. If a patient reports an adverse incident to the student by telephone during off-hours, it should be reported on the following clinic day.

If an accident (falling down the stairs, or falling in or around the building) occurs to a visitor or patient not involved in dental treatment, contact the ECC and/or the Campus Police to investigate. All medical bills, hospitalization, ambulance transportation, etc. will be the responsibility of the visitor or patient. Do not make comments to a visitor or patient about responsibility for costs associated with non-dental accidents.

During the provision of dental care there is always the possibility, however slight, that a medical emergency may arise. While the specific nature of the emergency may vary from case to case, the following constitutes a standard protocol for the initial management of all medical emergencies:

1. Position the patient properly (varies with the type of emergency) and make sure he/she is breathing. Insure that airway and circulation are adequate. Be prepared to administer basic life support and cardiopulmonary resuscitation (CPR) as necessary.

2. Monitor vital signs; assess level of consciousness, pulse, and blood pressure.

3. Alert clinic staff or another student to notify both attending faculty and the ECC.

If the emergency is life-threatening:

1. Notify the clinic faculty. They will remain with your patient and institute basic life support if needed.

2. The clinic faculty will:
   a. Send someone to retrieve the Automated Electronic Defibrillator (AED).
   b. Send someone to the 1st floor main entrance to meet the EMS.

3. The student will:
   Call 1-4911, DO NOT call 1-6326.
   Campus Police will connect you to the EMS.
   a. Identify yourself.
   b. Identify the College.
   c. Give the floor number.
   d. Give the name of the clinic.
   e. Remain on the telephone until the EMS arrives.
PROCEDURES FOR MEDICAL EMERGENCIES

Emergency numbers must be posted by each clinic and laboratory telephone. The supervising clinic faculty must remain with the person needing emergency treatment, as they are responsible for the life support of the person until appropriate help arrives. The Campus Police must then be contacted at 1-4911 they will dispatch EMS.

The person making the call must provide the exact location and as much information about the nature of the emergency as possible to Campus Police. If the patient has had a cardiac arrest (not breathing and/or no pulse), CPR should be instituted immediately and a bystander should retrieve the (AED) from the nearest location. Inform the Environmental Compliance Coordinator (1-3083) or call cell number 550-3643 as soon as possible.

Either the student treating the patient or the Information Desk receptionist may be at the South Entrance to direct the ambulance crew to the proper location. The attending faculty member associated with the case, the Environmental Compliance Coordinator, as well as the student should accompany the patient to the emergency room. The faculty member or the ECC should not leave the emergency room until he/she has obtained the name of the physician who assumes responsibility for the case.

Document the specifics of the emergency and the actions taken in the patient's chart. The chart will be taken to the emergency room with the patient so that emergency service personnel will have access to all pertinent information. It must be returned to the College by whom-ever has accompanied the patient to the emergency room.

Following proper disposition of the emergency, the student treating the patient, and the attending faculty member must prepare a detailed report of the incident including names, dates, times, circumstances of occurrence, treatment rendered, condition of the patient, and final disposition of the case. Include the name of the physician assuming responsibility for any patient transported to the emergency room. File this report with the Environmental Compliance Coordinator. A copy of the report will be forwarded to the Dean.

Neither the student treating the patient nor the faculty involved should make any statements to the patient regarding the final disposition of any medical, ambulance, and treatment fees. The OUHSC Office of Risk Management will determine if financial responsibility rests with the College of Dentistry or the patient.
INGESTION OF A FOREIGN BODY

If a patient swallows a foreign body (gold casting, broken instrument, rubber dam clamp, etc.), immediately notify the ECC (1-3083) who will provide the student with the necessary incident report forms for documentation. Enter a full description of the event in the patient's chart. **The student will then accompany the patient and ECC to the Family Medicine Clinic (1-2577) for radiographs; it is not necessary to report to the emergency room.** If a piece of broken instrument has been ingested, take the broken instrument (and an intact instrument of the same design) along. The clinic radiologist will advise the student about any further course of action.

EVENING/ WEEKEND EMERGENCIES

It occasionally may be necessary to manage an emergency that occurs during an evening, weekend, or holiday when the College is not open. **The student is responsible for providing their patients with a telephone number to contact them should any after hour emergency occur.** If a student plans to be out of town or unavailable for an extended period of time, they should always make arrangements with a classmate to receive calls from their patients should any emergencies arise and inform the Office of Patient Management of their absence and arrangements made.

If a student receives an emergency call that requires faculty advice or aid, determine as fully as possible the nature of the emergency:

1. If related to treatment recently rendered, the student should e-mail the faculty member who supervised treatment. If he/she has not responded, then the student should e-mail another faculty member from the same department. If not related to treatment rendered, the student should e-mail a faculty member in the discipline they feel would be involved in treatment.

2. The faculty member will determine the appropriate action, which may involve calling in a prescription or rendering emergency care. If treatment is indicated, the faculty member may refer the patient to a private practitioner, the emergency dental clinic of an area hospital, or another available treatment facility.

3. If a faculty member is unavailable you may contact the Dentist-On-Call for assistance by calling 1-6326. The Dentist-On-Call will not see the patient for you but may be of assistance in prescribing medications as well as advice.

The student is encouraged to maintain a notebook for calls they receive at home or out of town to record emergency calls, measures taken, and therapeutic advice given. Once they have returned to school the student must also retrieve the patient's chart as soon as possible after treatment to appropriately document the incident and obtain a faculty signature. These policies pertain only to currently assigned patients under the care of dental or dental hygiene students.
After Hours Protocol for Emergencies Involving Student Clinic Patients

Case 1

Patient Contacts Student Dentist

Student Assesses Patient Need/ Reviews Medical History

Student Contacts On-Call Dentist for the College of Dentistry and Recommends Appropriate Action (580-370-1440)

Documentation Made and E-mailed to Ms. Kathy Miller and Dr. Jeanne Panza

Case 2

Patient Contacts On-Call Dentist (580-370-1440)

Action Taken

Refer to Emergency Room

On-Call Dentist Contacts Student Documentation Made and E-mailed to Ms. Kathy Miller and Dr. Jeanne Panza

Page OMS at 271-5656 or 271-4949

Case 3

Medical Emergency – Go Directly to Emergency Room
EMERGENCY EQUIPMENT/SUPPLIES

Emergency (crash) carts are available in every clinic. They are checked monthly to replace outdated medicines and drugs, replenish oxygen tanks, etc. The basic emergency equipment listed below constitutes the contents of each emergency cart.

**EMERGENCY CART SUPPLIES**
- Oxygen delivery system (tank, mask)
- Pocket Mask
- Blood pressure cuff and stethoscope
- Tongue retractor
- Flashlight
- Pair of scissors
- Pencil and note pad
- Airway (adult and child)
- IV connecting tubing set
- 500 mg dextrose solution (1 bag)
- Tonsil suctions
- Tongue blades
- Tourniquet
- Alcohol and prep packs
- Roll of paper tape
- Band Aids
- Angiocath 22-gauge
- Nasal Canula Prongs

**EMERGENCY DRUG KIT**
- I.V. lidocaine
- Atropine Sulfate
- Nitrostat (nitroglycerin) aerosol
- Benadryl (diphenhydraminehydrochloride)
- Solumedrol (methylprednisolonesodium succinate)
- Adrenalin (epinephrine) - 1: 1000
- 22 gauge needles
- Trachea needle
- 3 cc syringe (3)
- 10 cc syringe (2)
- Albuterol oral inhalation

The information on the pages that follow represents the most current policies adopted by the OU College of Dentistry regarding treatment of patients with hypertension. Included in this information are the current guidelines for Endocarditis Prophylaxis.
University of Oklahoma College of Dentistry
Guidelines for Treatment of Patients with Hypertension

The Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure has issued new guidelines for classification of hypertension for purposes of prevention and management as of May 2003.

Blood Pressure Scheme for Adults:

- **Normal**  
  Systolic BP < 120 and Diastolic BP < 80

- **Pre-hypertension**  
  Systolic BP 120 - 139 or Diastolic 80 - 89

- **Stage 1 Hypertension**  
  Systolic BP 140 - 159 or Diastolic 90 - 99

- **Stage 2 Hypertension**  
  Systolic BP > 160 or Diastolic > 100

For patients with hypertension, the basic BP control target is < 140/ <90, but the target is < 130/ < 80 for patients with diabetes or renal disease.

**Policy Amendment Approved by the Clinic Policies Committee on May 13, 2009:**

- Students are required to measure vital signs at the initial appointment and use critical thinking skills to determine the need to measure vital signs at subsequent appointments.
- Vital signs are always measured prior to requesting PTP for the administration of local anesthetic.

<table>
<thead>
<tr>
<th>Pressure Range</th>
<th>OUCOD Dental Therapy Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;120 &lt; 80</td>
<td>Routine dental management, recheck every recall.</td>
</tr>
<tr>
<td>120 - 139</td>
<td>Routine dental management. Recheck on subsequent visits.</td>
</tr>
<tr>
<td>80 - 89</td>
<td>Stress reduction protocol if indicated. Refer to physician if in this range for 3 consecutive appointments.</td>
</tr>
<tr>
<td>140 – 159</td>
<td>Recheck in 5 minutes. If still elevated, other factors (age, apparent health, apprehension, history of hypertension, etc.) will determine if dental treatment is possible at this time or medical referral is necessary.</td>
</tr>
<tr>
<td>90 - 99</td>
<td>Recheck in 5 minutes. If still elevated medical consult prior to dental treatment is indicated. After medical clearance, routine dental care with indicated stress reduction.</td>
</tr>
<tr>
<td>160 – 180</td>
<td>Recheck in 5 minutes. Immediate medical consultation if still elevated. No dental therapy until elevated blood pressure under control.</td>
</tr>
<tr>
<td>100 - 110</td>
<td></td>
</tr>
</tbody>
</table>
The following is a summary of the 2007 American Heart Association revisions for recommendations for endocarditis antibiotic prophylaxis.

**Endocarditis Antibiotic Prophylaxis IS Indicated for the Following Cardiac Conditions**

- Prosthetic cardiac valves
- Previous infective endocarditis
- Congenital heart disease (CHD)*
  - Unrepaired cyanotic CHD, including palliative shunts and conduits.
  - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure.‡
  - Repaired CHD with residual effects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibits endothelialization).
- Cardiac transplantation recipients who develop cardiac valvulopathy.

*Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.

‡Prophylaxis is recommended because endothelialization of prosthetic material occurs within six months after the procedure.

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**Dental Procedures for Which Endocarditis Prophylaxis IS Indicated**

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa*. (See Below)

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**Dental Procedures That Do Not Require Endocarditis Prophylaxis**

*The following procedures and events do not need prophylaxis: routine anesthetic injections through non-infected tissue, taking dental radiographs, placement of removable prosthodontic or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of primary teeth, and bleeding from trauma to the lips or oral mucosa.
<table>
<thead>
<tr>
<th>Situation</th>
<th>Agent</th>
<th>Regimen: Single Dose 30 - 60 minutes Before Procedure</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Amoxicillin</td>
<td>2 grams</td>
<td>50 milligrams/ kilogram</td>
<td></td>
</tr>
<tr>
<td>Unable to Take Oral Medication</td>
<td>Ampicillin OR</td>
<td>2 g IM* or IV+</td>
<td>50 mg/kg IM or IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cefazolin OR</td>
<td>1 g IM or IV</td>
<td>50 mg/kg IM or IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ceftriaxone§</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic to Penicillins or Ampicillin Oral</td>
<td>Cephalexin‡ OR</td>
<td>2g</td>
<td>50 mg/ kg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clindamycin OR OR</td>
<td>600mg</td>
<td>20 mg/ kg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Azithromycin or OR</td>
<td>500mg</td>
<td>15 mg/ kg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clarithromycin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic to Penicillins or Ampicillin and Unable to Take Oral Medication</td>
<td>Cefazolin or ceftriaxone§ OR</td>
<td>1 g IM or IV</td>
<td>50 mg/ kg IM or IV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td>600 mg IM or IV</td>
<td>20 mg/ kg IM or IV</td>
<td></td>
</tr>
</tbody>
</table>

* IM: Intramuscular
+ IV: Intravenous
‡ Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosage
§ Cephalosporins should not be used in a person with a history of anaphylaxis, angioedema, or urticaria or ampicillin.

Antibiotic Prophylaxis is not routinely indicated for most dental patients with total joint replacements. The above regimen is acceptable when indicated. Indications are for the following groups of patients:

1. All patients within the first two years of joint replacement.
2. Patients with immunocompromised status, SLE, rheumatoid arthritis, etc.
3. Patients with compromising medical conditions such as cancer, type 1 diabetes, HIV infection/ AIDS, previous prosthetic joint infections.
Section F

Guidelines For the Use of Ionizing Radiation
PURPOSE

The appropriateness of dental care is intimately related to the accuracy of diagnosis. Dental radiographic images constitute a vital diagnostic tool in dental practice. While the risks of ionizing radiation to patients and operators are not fully understood, statistical estimations of risk must be weighed against specific benefits. Risk analysis is usually based on the biological effects seen in laboratory studies and at higher doses. These data are then extrapolated and inferences made about the hazards to human beings exposed to x-radiation. It is generally accepted that diagnostic levels of x-radiation have the potential to cause harmful effects. This concern alone demands that professional judgment always be used when handling radiation.

The purpose of this document is to establish guidelines that will govern the use of ionizing radiation within the College of Dentistry. The intent is for patients to receive the minimal amount of radiation necessary for the purposes of diagnosis and treatment. The decision to expose any patient to radiation for diagnostic purposes should take into account that any exposure to ionizing radiation is potentially harmful. The policy statements in this document apply to all patients who are treated or evaluated within the College of Dentistry. The only exceptions are consenting patients who are participating in research protocols approved by the Radiation Safety Committee and the Office of Research Administration.

The ionizing radiation guidelines in this section are reviewed annually and revised as necessary. They incorporate those procedures and protocols that improve the risk-benefit ratio by maximizing the diagnostic yield from radiography and minimizing exposure to unnecessary radiation. You are expected to be thoroughly familiar with these guidelines and to apply them in every instance of radiation use.
POLICY ADMINISTRATION

The College's ionizing radiation guidelines comply with the Federal Radiation Control for Health and Safety Act, the Consumer-Patient Radiation Health and Safety Act, the Oklahoma Department of Health Rules and Regulations, the Oklahoma State Dental Practice Act and with the recommendations of the American Dental Association. The Director of Oral Radiology shall serve as the College's Radiation Protection Representative (RPR) with advice and input from the Clinic Policies Committee.

1. The RPR is responsible for establishing, implementing, and monitoring policies on radiographic practices for all diagnostic radiation sources in the College. He/she will also work in cooperation with established university radiation standards and radiation protection programs to coordinate, monitor, and control the use of x-ray and other imaging equipment.

2. Only faculty, students, and those staff certified by training and under the supervision of dental faculty may make radiographic exposures. Dental faculty will personally establish tentative diagnoses and prescribe the appropriate radiographic procedures.

3. If a student is judged to lack required technical skills, he/she will be required to complete a competency review in technique and knowledge of radiation protection principles.

4. The RPR will conduct periodic continuing education programs for all staff operating x-ray generating and processing equipment. All such staff must be thoroughly conversant with all materials regarding radiation hazards, safety practices, and state and federal radiation rules and regulations.

5. Radiographic images made as part of a diagnostic workup should be confined to the Oral Radiology clinic whenever possible. Reasonable exceptions are radiographic images made as part of treatment in other clinics, off-site training programs, and student externships.

6. When installing or remodeling radiographic facilities or purchasing new equipment, the Supervisor of the Health Sciences Center Radiation Protection Program shall complete an acceptance survey.

7. The RPR is responsible for implementing and monitoring a facility-wide radiographic quality assurance program.

The Radiation Protection Representative and the Clinic Policies Committee are responsible for controlling the use of ionizing radiation and for ensuring the consistent application of this policy by all clinical departments and programs. Every entity with radiographic capacities is expected to monitor daily compliance with this policy. Applicable portions of this policy must be posted or otherwise available in each satellite area. All actions taken to maintain safety and quality must be documented with quality assurance activities assigned to specific staff or faculty members in each department and program.
CRITERIA FOR
RADIOGRAPHIC EXPOSURES

To minimize radiation exposure to faculty, staff, students, and patients, the making of all radiographic images must be strictly governed according to the following protocols:

1. All radiographic images must be prescribed in writing in the patient's record on the Radiographic Log and signed by the licensed attending dental faculty member. Prior radiographic images, if available, should be evaluated before new radiographic images are ordered. Only those additional views needed for complete diagnosis/treatment planning will be exposed. This does not preclude making a new intraoral survey if it is appropriate to the diagnosis.

2. The need for all radiographic images, as established through history and clinical examination, is based on the professional judgment of dental faculty.

3. Radiographic images ordered on a routine basis or for screening purposes only are prohibited. Screening radiographic images will be kept to the number needed to determine the acceptance of a patient for treatment and will become part of any subsequent diagnostic radiograph series.

4. When a need for radiographic images is established, students will be required to produce a minimum number of radiographic images consistent with an adequate diagnosis of disease.

5. Radiographic images should only be made on patients capable of compliance or under appropriate sedation.

6. The need for radiographic images during and/or after treatment, and the frequency of recall radiographs, will be based on the patient's needs and the professional judgment of the attending dental faculty.

7. Radiographic images will not be made only for administrative purposes (including insurance claims or legal proceedings). However, diagnostic radiographic images may be used for administrative purposes. Radiographic images of patients will also not be made merely for the purpose of training or demonstration. Radiographic images may be taken for research purposes only with the approval of an institutional review board.

8. Students must demonstrate technical proficiency in radiographic technique on manikins before being allowed to expose patients.

9. Students shall be assisted with all patients requiring three or more retake radiographic images or a complete intraoral radiographic survey. Such surveys shall demonstrate each root apex, periapical bone, and each crown with minimum overlapping.
LICENSING EXAMINATION PATIENTS Since all state/regional licensing boards require radiographic evidence of specific types of lesions, there is a potential for abuse of this policy as students prepare for these examinations. Radiographic images made for, or as a part of, any board examination must be made in compliance with this policy. All requests for radiographic images on board patients must be approved in writing and signed by a dental faculty member. There must be a need for radiographic images based on clinical indication and professional judgment; they must contribute to the proper diagnosis and treatment of the patient. Radiographic images may not be made for testing purposes alone.

PROCEDURES FOR RADIOGRAPHIC EXPOSURES

All exposed radiographic images must be made according to the following guidelines. Any technical deviations must be approved by the attending dental faculty.

1. To minimize risks associated with radiation exposure, use the fastest system appropriate to the diagnostic need. Speed group F film or digital image receptor is preferred.

2. Make periapical and bitewing radiographic images with circular or rectangular collimation that limits the beam to a diameter of 2.75 inches or less at the patient's face. Use open-ended, shielded beam-indicating devices (cones) only.

3. Ensure that target-to-skin distance for intraoral radiography is not less than seven inches; a minimum of 12 inches is preferable.

4. Ensure that total filtration is not less than 1.5 mm aluminum equivalent at 70 kVp or less and not less than 2.5 mm on machines operating above 70 kVp.

5. Use film-holding devices during standard technique; avoid digital retention of intraoral films whenever feasible.

6. Leaded aprons and thyroid shields for all intraoral radiographic images are mandatory. Leaded aprons for all extraoral radiographic images are mandatory.

7. Do not hold patients or films during any radiograph exposures. If assistance is required for children or disabled patients, an adult member of the patient's family or other non-radiation staff may help. He/she must wear a leaded apron and gloves when stabilizing the patient and must stay out of the primary beam.

7. Do not hold the tubehead during the exposure. During each exposure, stand out of the primary beam and behind an adequate protective barrier that permits observation of and communication with the patient.
9. For fixed tube heads, the exposure control switch must be in a fixed position behind the barrier or at a safe distance and must require continuous pressure throughout the exposure.

10. Use of portable x-ray generators must be limited.

11. Every x-ray generator shall have a posted list of “average” exposure factors that are appropriate for the views taken with that machine.

12. All x-ray generators must meet federal requirements for collimation and filtration.

If a malfunction is detected in an x-ray generating unit, do not use the unit until the necessary corrections have been made and the equipment recalibrated. The tube-head must not vibrate or drift during exposure. Do not stabilize equipment by hand during exposures.

For extraoral radiography, restrict radiographic images to the area in question and with the beam collimated equal to or smaller than the size of the film. Use the fastest extraoral film-screen speed combinations appropriate to the diagnostic need. The patient must wear leaded aprons and thyroid shields during extraoral radiography when diagnostic yield is not reduced.

**INFECTION CONTROL**

All patients of the College must be treated as potentially infectious. Each patient's medical history must be evaluated for indications of infectious disease prior to any radiographic images being made. The following infection control practices are required before, during, and after all radiographic exposures:

1. Wear protective glasses, gloves and masks during film and tube placement. Wear gloves during film processing while handling contaminated film packets.

2. Wash hands upon entering the clinic and after removing gloves to handle processed radiographs, film mounts, and records.

3. Keep all supplies and film packets on a covered work surface. Charts and forms must be kept away from the work area.

4. Cover all control panels, chair adjustments, position-indicating devices (cones), and tube- heads with disposable plastic. Wipe them down with an EPA- or ADA-certified surface disinfectant before and after use. Cover the exposure control switch with a disposable piece of plastic.
5. Film holders must be sterilized. Disposable items may also be used.

6. Place contaminated items in biohazard bags.

7. Place lead liners from film packets in the designated container in the dark room. Place remainder of the film packets in the red biohazard bag.

To reduce contamination, all radiographic supplies will be dispensed rather than stored in a common station. The appropriate number and type of films must be obtained from the attending dental faculty or staff in the dispensing stations. Radiographic log must be completed.

**PHYSICAL FACILITIES/EQUIPMENT**

All equipment and facilities are upgraded as necessary to meet the regulations and recommendations of the Radiation Control for Health and Safety Act of 1969; NCRP Report Number 35; HHS Publication FDA 84-822k5; and the ADA Council on Dental Materials, Instruments, and Equipment. All radiographic facilities and equipment in the College must be in compliance with the following guidelines and protocols:

1. Because portable x-ray machines present radiation protection difficulties, they should be used only when the patient cannot be transferred to a permanent radiographic facility. Rooms in which portable machines are used must have appropriate barriers. Portable barriers of vinyl sheet lead should be used where indicated.

2. X-ray equipment used for preclinical manikin instruction and animal research must provide adequate protection for all operators.

3. A radiation safety checklist must be posted by each x-ray unit and include the following:
   a. Correct kVp, mA, and exposure times
   b. Directions for evaluating the stability of the position-indicating device (cone) and tube head before making exposures
   c. Directions for using required leaded aprons and thyroid shields
   d. Description of the required operator position during exposure
4. A description of correct film processing technique must be posted in each processing area and include the following:
   a. Correct time and temperature
   b. Appropriate lighting conditions
   c. Film-feed instructions
   d. Washing, rinsing, and drying conditions (for manual processing)
   e. Replenishing regimen
   f. Film loading procedure

5. Radiographic film will be provided only when a prescription for specific radiographic images has been signed by a dental faculty member.

6. Radiograph viewing should be accomplished under ideal conditions, including dim back-ground lighting, masked view boxes or monitors of adequate and uniform intensity, opaque film mounts, and magnifying glasses.

**Portable and Hand-held X-ray Machines**

Portable x-ray equipment is defined as an x-ray machine mounted on a permanent base with wheels and/or casters for moving while completely assembled or is equipment designed to be hand-held and carried.

Below are additional requirements for portable and hand-held machines (in addition to the requirements for wall mounted x-ray units):

1. Before using in a new location (e.g. building and room), approval from the Director of Radiology will be obtained for specific location(s), procedures and estimated frequencies to ensure compliance with x-ray permits. Device must be calibrated before use by a Licensed Medical Physicist.

2. During the exposure the operator:
   a. Must be positioned so that his/her exposure is as low as reasonable achievable (ALARA).
   b. Should never be in line with the direct/primary x-ray beam.

3. Bystanders (other than the patient and the operator) should be at least 6 feet away from the x-ray machine when energized or have suitable shielding utilized.

4. The tube housing should not be held during an exposure. Hand-carried device can only be held / used as instructed by the manufacturer (held by the handle only).
OUCOD protocol for use of NOMAD: a Hand-Held X-ray Unit

Nomad is a FDA 510(k) approved hand-held x-ray unit. However, it is not equivalent to a fixed dental x-ray unit. Because of yet unknown risks associated with repeated low doses of radiation to the operator, the patients scheduled for routine intraoral radiographs at the dental school will continue to be imaged using fixed wall-mounted/mobile x-ray machines because of lower exposure dosage to the operator resulting from remote activation, higher operating potential and better diagnostic images from the stabilization of the x-ray tube-head. Consequently, it should not be used as a substitute for a fixed, mounted/mobile dental x-ray unit in permanent facilities. In some instances a hand-held dental x-ray machine is warranted over the traditional wall mounted units.

Within the dental college, there will be limited scenarios in which the use of a handheld x-ray unit such as the “Nomad” will be permitted. This may be limited to initial screenings, preclinical teaching laboratory procedures, postgraduate programs, operating rooms, any medically compromised patient where fixed/mobile x-ray units are impractical, and in instances approved by faculty. In addition, the NOMAD may be utilized in off-campus (mobile) dental clinics, humanitarian missions, forensic studies, etc. where fixed/mobile x-ray units are impractical or unavailable.

Training:
Undergrad dental and hygiene students will be introduced into the fundamentals of the NOMAD x-ray device during their pre-clinical courses: the accompanying NOMAD training video will be shown in class and some questions may be included into their core radiology examinations. However, clinical faculty or clinic coordinator will be responsible for offering a follow-up demonstration on the handling of a hand-held unit prior to its usage as needed.

Below is a summary of guidelines to follow for these hand-held devices:

1. Nomad will be checked out by the operator from the dispensary.

2. Students using the NOMAD will be under the supervision of the faculty (Undergraduate & Postgraduates) from those disciplines. Standard radiation protection procedures must be followed; the only exception being that the operator of the NOMAD physically being in the operatory with the patient during the x-ray procedure.

3. All handheld units must be obtained and returned back to dispensary personnel upon completion of the x-ray procedures.

4. Standard sensor holding devices should be used with the hand-held x-ray unit. For best image, hold the unit at the proper angle and as close to the target as possible.

5. Operator must use both hands to hold the unit to ensure steady support during the procedure.
6. The unit shield must always be in place.

7. The medical physicists at OUCOD recommend use of lead apron for the patient and the operator during the procedure.

8. All the patient must wear the lead apron & the thyroid collar during this procedure.

9. Make sure that the patient will not move during the procedure.

10. Keep all others at least 6 feet away from the primary source of radiation.

11. The NOMAD can only be used in areas in approved locations. For example, general waiting areas are not approved locations.

12. To prevent the spread of infections, a plastic bag can be placed over the machine during use.

13. Persons using the Nomad machine will be responsible for controlling the immediate area in which the device is used.

14. Only in situations such as research studies, where one operator may be taking extreme numbers of images, will a radiation-monitoring device be required.

QUALITY CONTROL

1. The following quality control checks are performed on the automatic processors:
   a. Daily cleaning films
   b. Daily check of temperature of processing chemicals.

   The staff in the main radiology clinic will be responsible for the quality control checks in that clinic and implementing whatever corrective measures are necessary to maintain the quality of the radiographs.

2. Annual inspection of all x-ray equipment to maintain performance standards with inspection reports kept in a log book.

3. All machines capable of producing ionizing radiation and processing radiographic films are under the auspices of the Director of Oral Radiology. X-ray generators are inspected on an annual basis by a representative of the Radiation Safety Office or qualified radiation physicist. Any irregularity or malfunction in an x-ray generator will necessitate that it be turned off until a determination has been made, by a qualified radiation expert, that it is safe to operate. An x-ray generator should not be operated in such a fashion that would endanger either the operator or patient. Failure to observe this will result in discontinuation of radiology privileges.
RADIATION MONITORING

Film badges or thermoluminescent personnel monitoring devices must be worn during working hours by all faculty and staff who regularly use x-ray equipment. Dosimetry reports on each employee must be kept as a permanent record available for inspection by the employee. No employee (occupationally expose worker) should receive more than 5 rems (5,000 mrem or 0.05 sievert) whole-body radiation exposure each year. This is the radiation protection guide value. For added precaution, quarterly readings above 10 percent of the radiation protection guide (0.5 mSv, or 50 mrem) should be investigated. All radiation workers should receive as little radiation as reasonably possible. Any operator who is pregnant shall not be exposed to more then 50 mrem/month during the entire term of her pregnancy. Radiation Safety Officer (RSO) of the University of Oklahoma must receive written notification of pregnancy from pregnant individual.

RECORDS

All radiographic images made and radiation exposures for each patient must be documented on the Radiographic Log in the patient's chart. All intraoral radiographic images must be mounted and labeled with the patient's name and the date of exposure, and stored in the radiographic pocket of the chart. All extraoral and duplicate radiographic images must be labeled with the patient's name, date of exposure, and right/left side orientation. Interpretation of radiographic images must be documented in the Treatment Progress Notes section of the patient's chart.

INSTRUCTIONAL SUPPORT

Director of Oral Radiology must have advanced training in radiation physics, radiation biology, radiation protection, radiographic techniques, and levels of radiographic interpretation appropriate for the group being instructed. All non-dental faculty and teaching staff who supervises student clinical radiology activities must have credentials signifying their qualifications and good standing within their disciplines. Students must be under the supervision of the teaching staff and faculty during all radiographic procedures.

Complete radiation safety manual can be reviewed at the homepage of OUHSC Radiation Safety office at: http://www.ouhsc.edu/rso/.
University of Oklahoma College of Dentistry  
Patient Care Guidelines  

I. Patient Management  

A. Patient Admissions  

1. Patients will be accepted into the pre-doctoral program when the patients’ treatment needs are within the scope of the educational experience provided. This assures that the delivery of care can be affected in a timely manner and with a certain degree of predictability based on the range of expertise of the students and supervising faculty. Patients who are not eligible for treatment will either be informed at the time of the screening consultation or after consultation with a specialty faculty member and shall be documented in the patient record.  

2. Each prospective patient will be offered the earliest available screening appointment after completion of the application process. Each patient will receive an initial oral examination during the scheduled screening appointment.  

3. No prospective patient will be denied admission to the program or provision of care on the basis of race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran’s status, or sexual orientation.  

4. Patients will receive considerate, respectful and confidential treatment at all times.  

5. Patients will be notified of personal responsibilities and all applicable College policies and procedures prior to the initiation of treatment. Each patient will receive a copy of the “Patient Bill of Rights and Responsibilities”, the “Consent to Conditions of Treatment”, the “Consent to Treatment”, and the “Financial Policies” documents and will have the opportunity to ask questions and be provided understandable answers.  

B. Patient Assignment  

1. Patients who are assigned to pre-doctoral students will receive diagnostic and treatment services that are consistent with their medical capacity along with any dental and/or medical consultations. These would include oral pathology consultations, appropriate pre-medications, timing of the procedures, post-operative medications, choice of anesthesia and pain control, and selection of the services to be rendered. Appropriate behavior management techniques may be employed to manage anxiety.  

2. Patients, or their legal guardian, will have reasonable, informed participation in decisions concerning their dental health; be informed of reasonable treatment alternatives; benefits and risks of treatment including the consequences associated with refusing or delaying treatment, and the prognosis in terms they can understand. Patients will receive a copy of the treatment plan and any documents related to financial liability once appropriate faculty consultations have been completed.
C. Treatment

1. The frequency of treatment for each patient will be determined on an individual basis and is dependant on patient availability, the complexity of treatment required and clinic availability. Active comprehensive care patients will be offered an appointment at least one time per month until treatment is completed or other mutually agreeable arrangements have been made. Therefore it is prudent to select patients whose treatment needs can be accomplished within a reasonable amount of time based on the time constraints of the educational program.

2. Patients will receive treatment in a sequence appropriate to their treatment needs.

3. Patient care will be provided under the supervision of or by faculty members.

4. Patients will have access to complete and current information about their oral health status.

5. Patients will receive treatment that meets the Care Guidelines as outlined and monitored by the Faculty and Quality Assurance Committee.

6. If a patient’s needs require skills beyond those of a pre-doctoral student, Faculty will refer those patients to an appropriate graduate student, or private practitioner.

7. Patients’ health histories will be updated and modified to reflect changes in the clinical conditions and needs, patient response to therapy, financial factors, and patient availability.

D. Completed Care

1. Upon completion of all treatment, each patient will receive an exit examination including:
   a. Assessment of the treatment provided to ensure that the applicable Guidelines of Care have been met.
   b. Assessment of the patient’s level of comfort and satisfaction with the treatment provided.
   c. Assessment of the patient record for compliance with record-keeping standards.
   d. Assessment of the patient’s current oral health status.
   e. Determination of the patient’s interest in, and appropriate interval for, examination as a participant in the dental hygiene recall program.
   f. Determination of the patient’s commitment to continue care at the College of Dentistry or the indication for referral or discontinuation of care.
E. Limited Care

1. Limited care services are available to patients who seek treatment for specific needs such as oral surgery or endodontic therapy as long as the treatment sought is within the scope of the pre-doctoral program, is congruent with the philosophy of the College, and serves to improve the oral health status of the patient.

2. Patients seeking limited services that are within the scope of the pre-doctoral clinical programs will be admitted for care when they consent to limited treatment, the limitation of care is clearly documented, and such limitations are not detrimental to their health and well-being.

F. Emergency Services

1. Emergency dental care will be available during designated clinic hours for unassigned patients on a space available, fee for service basis.

2. The College will provide a twenty-four hour dental emergency service for active patients of record via an answering service accessed with the assistance of their assigned student-doctor and managed by graduate residents within the College who are familiar with College policies and protocol.

G. Patient Release

1. Faculty may elect not to accept patients for treatment or to refer patients who request care that is inappropriate relative to these Guidelines of Care; who are non-compliant; or whose behavior poses a threat to a student, employee, other patients, and/or the College.

2. Patients whose treatment is discontinued in accordance with the “Consent to Conditions of Treatment” document will be informed in writing and will have the opportunity to appeal the decision through the Patient Advocate in the Office of Patient Management. In doing so the College will ensure that the dental status of the patient is stable, and suggest the patient seek an alternate provider for their dental care and completion of treatment.

3. Comprehensive and/or limited care patients will be notified in writing of any discontinuance of care or of a severance of the professional relationship between the College and the patient.
H. Examination Guidelines

1. Patients accepted for comprehensive care will receive a comprehensive clinical examination including the following:

   a. Complete extra-oral head and neck exam and an intra-oral examination including periodontal and pathology screening to detect the presence of odontogenic and other orofacial pathosis. The assessment will include a thorough medical, familial, social and dental assessment of risk factors for oral and systemic disease.

   b. Additional testing when such testing is indicated and justified by symptoms or findings of the comprehensive examination.

   c. Professional consultations as indicated when patients with a history or clinical findings suggest the need. Patients will be informed of the need for a consultation in terms they can understand and may be given a copy of the consultation order upon request.

I. Radiographic Guidelines

1. The frequency and extent of each radiographic examination will be determined by the professional judgment of a faculty member based on guidelines established by the Food and Drug Administration (FDA) and recommended by the American Dental Association (ADA).

2. Radiographic examinations will be ordered and interpreted by a faculty member and documented in the patient's dental record.

3. Patients will be protected with a leaded apron that includes a thyroid collar unless prohibited by the technique.

4. The fastest film speed that provides radiographs of acceptable diagnostic quality will be used according to FDA and ADA guidelines.

5. Exposure techniques will be established to ensure that processed radiographs are of diagnostic density.

6. Films will be processed with regard to time and temperature and under proper conditions of safe lighting.

7. Radiographic examinations will be identified with the date, patient's name and chart number.

8. X-ray generating equipment in the College will be inspected on an annual basis by a certified radiation physicist to assure compliance with Oklahoma Regulations for Control of Radiation.
J. Patient Dental Records

1. A dental patient record will be generated and maintained that documents all diagnostic and therapeutic actions as well as significant communication related to patient care. The record will include the health history, treatment consultation reports, dental charting, progress notes, correspondence related to care, laboratory reports, prescription data for medications, radiation history, and radiographs.

2. Active patient dental records will be stored in the Central Records Office.

3. Archiving and retaining inactive patient dental records will follow the accepted policies of the College to comply with State and Federal regulations.

4. The medical alert status of each patient will be readily available as indicated by the completion of a Medical Alert Form that is located directly on top of all other chart notes and forms. The medical alert form indicates an increased risk of complications to dental care due to a medical condition that requires alteration of routine dental treatment methods in order to maximize the safety of the anticipated results.

5. Patient records will remain confidential and managed in accordance with Federal laws. All individuals who have access to patient records will be properly trained according to guidelines established by the Health Insurance Portability and Protection Act of April 2004.

6. Copies of the patient’s record will be made available to the patient or parent/legal guardian when proper written authorization is received by the Office of Patient Management. A minimal charge is required to cover the cost of materials.

7. A chronological narrative summary of each appointment will be recorded in the progress notes, including a description of services rendered, special precautions or adaptations, unusual occurrences or observations, materials and products used, patient instructions and pertinent comments by the patient.

K. Management of Medical Emergencies

1. Any medical emergency should be reported to the faculty member in attendance in the clinic/area in which the incident occurs.

2. The faculty should handle minor problems such as syncope, nausea, sinus tachycardia, etc. in attendance.

3. Should the emergency appear life threatening the assigned student would stay with the patient while another student calls Campus Police at 271-4911. Faculty should be prepared to initiate basic life support including use of an automated electronic defibrillator located on each floor.

4. All clinical students, staff, and faculty will be currently trained in CPR.
5. All clinical areas will be stocked with emergency resuscitation equipment and
   drugs, including devices to maintain the airway and administer positive pressure
   oxygen. In areas where deeper levels of sedation are practiced, more advanced
   life support devices and drugs will be maintained. This will include the equipment
   necessary for IV drug infusion, intubation, and defibrillation.

I. Infection and Biohazard Control

1. Patients will receive care consistent with the policies and procedures in the
   College’s Exposure Control Plan, Infection Control Manual, and the OSHA Hazard
   Communication Program.

2. Universal precautions for infection control will be utilized for all patient care.

3. Nitrous oxide/oxygen will be inspected annually for proper function. Personal
   exposure to nitrous oxide/oxygen will be monitored in accordance with NIOSH
   guidelines.

4. Potentially hazardous chemicals will be labeled in accordance with NFPA 704,
   stored and dispensed in accordance with applicable OSHA and EPA standards.
   Individuals who handle potentially hazardous materials will receive appropriate
   training in the risk, hygiene, and emergency procedures applicable in the event of
   injury or exposure, and have access to MSDS information upon request.

5. Eyewash stations will be accessible in accordance with OSHA regulations.

6. An annual fire safety inspection will be conducted by the Oklahoma City Fire
   Department.

7. An on-going compliance assessment program will assure that the standards for
   infection and biohazard control are met and that mechanisms are in place to
   document corrective actions.
II. Clinical Guidelines

A. Anesthesia/ Sedation

1. Prior to the administration of any anesthetic or sedative agent, the patient’s current medical status and dental diagnosis will be reviewed, as well as the treatment plan for the intended procedure. Guided by these considerations, the proper anesthetic will be chosen by the student and approved by the faculty.

2. The type of local anesthetic and the total dosage of anesthetic and vasoconstrictor will be recorded in the dental record as a part of the procedure.

3. Other medications, including pre-medication and post-operative analgesics will be prescribed by a faculty member and documented in the patient’s dental record. All patient’s receiving agents which may result in any degree of post-procedural sedation must be accompanied by a responsible adult who will transport the patient from the clinic.

4. Nitrous oxide/ oxygen sedation will be administered only after a faculty member gives permission. Monitoring of a patient receiving nitrous oxide sedation will include pre- and post-operative vital signs as required in accordance with department guidelines. Patient monitoring needs will be required in the patient’s dental record.

B. Dental Hygiene

1. The periodontal status of each patient will be assessed.

2. Assessment/ treatment will be based on patient history and pertinent clinical data.

3. Dental hygiene services will be provided in conjunction with the Case Complete examination performed by Oral Diagnosis faculty.

4. Treatment will be performed in a sequenced and timely manner as a component of the overall dental master treatment plan.

5. Appropriate preventive measures for optimum oral health will be discussed, demonstrated, and reinforced at each appointment.

6. Adjunct services will be provided as needed according to the rules and regulations of the Dental Practice Act.

7. Services will be documented in the treatment progress notes following each appointment.
C. Endodontics

1. Diagnosis will be based upon history and the use of appropriate clinical tests.

2. A comprehensive treatment plan will include vital pulp therapy, non-surgical, and surgical treatments.

3. Difficulty levels will be established for all treatment situations and those with difficulties beyond student capability will be referred for care.

4. Emergency and limited treatment cases will be evaluated for restorability prior to providing care.

5. Treatment will be completed in an efficient and timely manner using accepted anesthesia, isolation, cleaning, shaping and obturation techniques.

6. Post-retained build-ups will be provided as a final endodontic closure when indicated in the treatment plan or requested by another restorative department.

7. Release of a patient following treatment will require faculty inspection of a final radiograph and acceptance of the closure.

8. Post treatment medication will be administered when indicated and approved by the attending faculty.

D. Fixed Prosthodontics

1. Diagnosis of treatment needs will be based on patient history, clinical examination and the use of recognized diagnostic aids.

2. Treatment plans will provide optimal function, longevity, and esthetics, when appropriate, reasonable alternatives will be offered.

3. Active disease of the hard and/or soft tissues will be controlled prior to initiating definitive restorative care.

4. Tooth preparation design will follow accepted biomechanical principles.

5. Definitive restorations will be esthetically acceptable, function well occlusally, and have contours that promote good oral hygiene.

6. Patients will receive instructions in the proper care of prostheses to maximize longevity and maintain healthy supporting and adjacent tissues.
E. Occlusion/ TMD

1. Evaluation and diagnosis of occlusal disorder and TMD will be based on an adequate patient history, examination of intra and extra oral structures and the use of recognized diagnostic aids.

2. Patients who might benefit from relatively simple treatment modalities such as equilibration or occlusal splint therapy may receive such.

3. An occlusal guard may be fabricated for patients who exhibit evidence of excessive parafunctional activity in the apparent absence of TMD.

4. Patients with more advanced TMD or occlusal disorders may be referred for faculty or private care.

F. Operative

1. Operative diagnosis and treatment planning will be based upon a complete patient medical/ dental history and the use of appropriate diagnostic aids.

2. Operative dental treatment will be provided as an integral art of the science of preventive dentistry as it relates to other disciplines of the dental profession.

3. The proper application of correct temporization methods in the treatment of emergencies and disease processes of the hard and/ or soft tissues will be provided as necessary prior to initiation of definitive operative care.

4. Proper principles of isolation of the operating field for optimum moisture control, access, and visibility will be applied during all operative procedures.

5. There will be an understanding and application of appropriate pulp protection methods in all instances of operative dental treatment.

6. Teeth will be restored to health and function by placing properly indicated restorative materials under the best biomechanical conditions possible with respect to the teeth and surrounding tissues.

7. The correct principles and procedures of asepsis, sterilization, infection control, and proper care/ maintenance of dental instruments, equipment, and supplies will be applied during all clinical treatment.

8. Principles of correct record keeping for the medico-legal protection of both practitioner and patient will be applied and regularly monitored.
Oral and Maxillofacial Surgery

1. The surgical removal of teeth and other hard and soft tissues from the oral cavity and adjacent areas will be performed; for teeth that are deemed to be nonfunctional, non-restorable or involved with caries or periodontal disease; to facilitate Orthodontic, Prosthodontic or Restorative care; to improve Oral hygiene; to treat acute or chronic infection; to prevent or eliminate pain and/or pathology; to repair traumatic or congenital defects; and to improve esthetic, cosmetic, or functional deficiencies.

2. The pre-operative diagnosis will be identified prior to any surgical intervention. The diagnosis will be based on the history, clinical examination and any appropriate diagnostic aids. For tooth extraction, this must include an adequate, current radiograph.

3. Faculty must review proposed treatment and an informed consent obtained in writing from the patient before any treatment is initiated.

4. Any tissue that is removed will be grossly examined at the time of surgery. The faculty member in attendance will decide which tissue will be forwarded to the Oral Pathology department for microscopic examination. A copy of the microscopic diagnosis will be placed in the patient’s dental record.

5. All patients will be given written and verbal post-operative instructions, prescriptions, and follow-up appointments as indicated.

G. Orthodontics

1. Patients will be screened to determine the nature of their orthodontic problem, if and when treatment is indicated, and by whom.

2. Diagnosis will be based on an adequate patient history, clinical examination and the use of appropriate diagnostic aids.

3. Treatment plans will be directed toward the management of orthodontic problems that are primarily dental in nature with treatment that should improve function, enhance esthetics, and/or facilitate prosthetic replacement.

4. Patients will receive information about proper maintenance of their appliances.
H. Pediatric Dentistry

1. Diagnosis will be based upon patient history, examination, and radiographs appropriate for age, caries pattern and developmental stage of the dentition.

2. Treatment plans will be developed to preserve primary teeth for function and space maintenance utilizing appropriate restorative procedures.

3. Restoration contour of primary and permanent teeth will restore anatomic form with acceptable cavosurface margins. Deep restorations will have documented pulp protection.

4. Anesthesia selected and administered is appropriate to the patient's history.

5. Any pre-medication and/ or sedation administered is monitored and documented properly.

I. Periodontics

1. The periodontal condition of each patient will be determined using the patient history and recognized diagnostic aids.

2. Each patient will be fully informed regarding his/ her periodontal status, etiology of disease, and recommended treatment.

3. Periodontal treatment will be performed appropriately as a part of the patient’s overall dental plan.

4. Patient tissues that are removed during surgical procedures will be submitted for microscopic examination by the attending faculty as indicated.

5. Oral hygiene instructions will be individualized and provided for each patient.

6. Treatment will focus on creating an environment conducive to periodontal health through elimination or control of etiologic factors.

7. The importance of supportive periodontal therapy (SPT) will be explained, and an individualized program of SPT will be recommended for each patient.
J. Preventive Dentistry

1. A risk assessment involving collection and interpretation of data relating to general and oral health status will be conducted for each comprehensive care patient.

2. Each patient will be informed of his/ her risk level for medical emergency and oral disease, and preventive measures for both will be incorporated in the patient’s treatment plan.

3. Preventive services and their effectiveness will be documented in the patient’s treatment progress notes.

4. Recall appointments, incorporating preventive treatment, will be recommended for patients at an interval appropriate for his/ her level of risk.

K. Removable Prosthodontics

1. Diagnosis will be based upon patient history, clinical examination, and the use of recognized diagnostic aids.

2. Treatment plans will be developed that provide function, esthetics, and reasonable service life.

3. The prosthesis will restore reasonable form, function, and esthetics relative to the psychological, physiological, and anatomical limitations of the patient and abilities of the student.

4. Patients will receive instructions about proper care of the prosthesis and surrounding tissues.
POLICY COMPLIANCE

All faculty, students, and staff who may come in contact with blood, body fluids, or tissues must adhere to the guidelines as set forth in this section. Failure to comply with policy provisions will result in disciplinary action that may include one or more of the following:

STUDENTS, FACULTY, STAFF

a. Written warning with explanation of breach of policy.
b. Remedial training measures.
c. Disciplinary procedures/ suspension, leave without pay.
d. Review by the supervisor and the Dean.
e. Dismissal.

PATIENTS

a. Verbal and/ or written warning.
b. Discontinuation of treatment at the College Of Dentistry.

Approved by Executive Committee
Printed in the Clinic Operations Manual and distributed to all clinical faculty, staff, and students.