DEPARTMENT OF OPERATIVE DENTISTRY
CLINICAL INSTRUCTION GUIDE
(2011-2012)

TERRY J. FRUITS, D.D.S., M.Ed.
Professor and Chair
Department of Operative Dentistry

ROBERT C. MILLER, D.D.S., M.Ed.
Professor
Department of Operative Dentistry

David Ross Boyd Professor
Department of Operative Dentistry

LYNN MONTGOMERY, D.D.S.
Associate Professor
Department of Operative Dentistry

The University of Oklahoma
College of Dentistry
Health Sciences Center
Oklahoma City, Oklahoma

NOTE: The Department of Operative Dentistry Clinical Instruction Guide is intended to be your guidelines for successful completion of your clinical operative dentistry courses. However, the Department of Operative Dentistry reserves the right to modify the contents of this guide when it is determined by the Operative Faculty that modifications are necessary to achieve the academic goals of the Department.
OPERATIVE FACULTY
(2011 - 2012)

The following faculty will be assisting in the preclinical and/or clinical courses in the Department of Operative Dentistry during the 2008-2009 academic year. Grateful appreciation is extended to these individuals for their dedication and efforts in helping provide for the educational needs of students at the University of Oklahoma College of Dentistry. (Full-time faculty identified by asterisk.)

Dr. Bryan Chrz
Dr. Raymond Cohlmia
Dr. Richard Drew
* Dr. Terry Fruits
Dr. Greg Hardman
Dr. David Mier

* Dr. Robert Miller
* Dr. Frank Miranda
* Dr. Lynn Montgomery
* Dr. Randy White
Dr. Reiger Wood

ACKNOWLEDGEMENTS

The following individuals are acknowledged for their sincere enthusiasm and dedication to Operative Dentistry and for their ideas and contributions that helped so much in the compilation of this manual:

Thomas L. Coury D.M.D., M.Ed.
Professor Emeritus

Richard D. Willer, D.D.S., M.Ed.

We extend a special thank you to our entire part-time faculty for their loyalty, dedication and support of the teaching mission of the Department of Operative Dentistry.
DEDICATION

We dedicate this manual (and indeed all of our instructional methods and philosophies) to the memory of Dr. Earl William Collard, founding chairman of the Department of Operative Dentistry. Dr. Collard established the department in 1972 and served as professor and chairman until his retirement in 1991. He was able to enjoy the fruits of his well-deserved rest until his untimely passing in 1997. The spirit of this remarkable leader continues to lead the department and its faculty, many of whom had the honor of working with and for him during his tenure.
TABLE OF CONTENTS

TITLE PAGE ........................................................................................................................... vii
OPERATIVE FACULTY ......................................................................................................... iii
DEDICATION ......................................................................................................................... v
TABLE OF CONTENTS ........................................................................................................ vii
FOREWORD ........................................................................................................................ x
CLINICAL COURSE DESCRIPTIONS ................................................................................... xi

CLINICAL OPERATIVE DENTISTRY

General Overview .................................................................................................................. 1
General Objectives ................................................................................................................ 2
Description of Clinical Setting .............................................................................................. 3
Faculty Coverage and Rotation .............................................................................................. 3
Classes Assigned to Operative Clinic .................................................................................... 3
Work Outside of Operative Clinic ........................................................................................... 4
Cancellation/No Show Policies ............................................................................................... 4
Student Clinical Responsibilities ............................................................................................. 5
  Clinical Organization
  Aseptic Technique
  Professional Attitude and Image
  Academic Misconduct
  Registration and Withdrawal
  Time Management
  Record Keeping
Operative Clinical Procedure .................................................................................................... 8
  Procedural Sequence
  Patient Records
  Required Armamentarium
  Operative Forms
  Patient Preparation
GRADING FORMS AND RECORDS
Master Treatment Plan (MTP) ................................................................. 13
Operative Caries Risk Assessment/Preventive Treatment Plan ................ 14
Operative Treatment Plan Workup/Sequence ........................................ 14
Priority Care/Caries Control Treatment Plan ....................................... 15
Treatment Progress Notes ................................................................. 16
Clinic Encounter Slip ......................................................................... 17
Operative Grade Form ........................................................................ 17
Use of the Operative Grade Form .......................................................... 17
Permission to Proceed ......................................................................... 21

DETERMINATION OF COMPETENCE
Competency Based Curriculum .............................................................. 28
Qualitative Objectives ......................................................................... 29
Quantitative Objectives ....................................................................... 29
Professionalism Objectives .................................................................. 32

EVALUATION OF PERFORMANCE
Daily Clinical Work .............................................................................. 33
Clinical Competency Examinations ....................................................... 34
Clinical Examination Protocol
Tooth Selection for Clinical Examinations

Quantity (Point System) ....................................................................... 36
What Your Clinic Grade Means ............................................................ 38
Determination of Course Grade ............................................................. 39
Reconciliation of Records .................................................................... 39
Student Consultations ......................................................................... 39

OTHER POLICIES AND INFORMATION
Isolation Procedures ............................................................................ 40
Caries Removal .................................................................................... 40
High-Speed Cutting Procedures ........................................................... 41
Removal of Defective Restorations ................................................................. 41
Adjacent Cavity Preparations ......................................................................... 41
Damage to Adjacent Teeth ................................................................................ 41
Management of Pulp Exposures ...................................................................... 41
Working with Different Instructors ................................................................. 41
Calling Instructors When Completed ............................................................. 42
Sharp Instruments .......................................................................................... 42
Number of Procedures Started ....................................................................... 42
Lost Patient Charts ....................................................................................... 42
Patient Transfer .............................................................................................. 43
Faculty Office Hours ...................................................................................... 43
Limited Treatment .......................................................................................... 43
Operative Treatment Planning ........................................................................ 44
Treatment Planning Policies .......................................................................... 44
Mock Boards ................................................................................................... 45
Reasonable Accommodations for Disabilities ............................................... 45
FOREWORD

The Preclinical Operative Dentistry I and II courses introduced you to the basic principles of operative dentistry techniques, focusing on various cavity preparation designs and indications, and the correct manipulation/utilization of numerous restorative materials. You are now ready to apply those basic principles and techniques to clinical practice. Your admittance into clinic implies our trust that you possess the requisite baseline skills necessary to treat patients. Do not regard this confidence lightly. Clinical activity is not just a "natural" progression in your education. While your demonstration of technical ability has given you the right to continue your training in a clinical setting, manual expertise is only one facet of the well-rounded clinician. Equally important are the judgmental skills needed to determine and render proper treatment, the interpersonal relationship skills needed to build the confidence of your patients, and the professional management skills required to develop a successful approach to the business of dentistry. Clinical Operative Dentistry provides the initial opportunities to begin development of these skills. Moreover, since your first experiences with local anesthesia and the removal of tooth structure will most likely be in operative dentistry, your orientation to clinic is very important to your overall approach to and success in all phases of clinical dentistry.

Unlike preclinical courses where laboratory experiences are identical for all students, clinical dentistry involves inevitable variability primarily because of differing patient needs which precludes standardization of clinical experiences for all students. The point system used in Operative Dentistry to track clinical experiences is designed to minimize these variations and ensure that all students satisfy at least an established minimum number of clinical experiences. Monitoring this system, keeping track of individual progress, providing counseling when necessary, and ensuring that everyone has an equal opportunity to complete stated objectives are tasks not fully appreciated by students. Many rules and policies may seem unnecessary and even restrictive when viewed on a personal level. From an objective perspective, however, they are your protection against inequity, favoritism, and bias.

This Clinical Instruction Guide provides the information necessary to accomplish the clinical objectives of the Department of Operative Dentistry as you progress towards graduation. Read it completely and thoroughly; if you do not have a full understanding of its contents you may find your clinical experiences disorganized, confusing, and occasionally even unpleasant. If any information in this manual is ambiguous or not sufficiently explained to your satisfaction, you are expected to seek clarification from the appropriate departmental faculty.
This instruction guide will serve as the course syllabus for all of your clinical operative dentistry courses. Your clinical training in operative dentistry will consist of the following courses (listed by number, title, and semester when offered):

<table>
<thead>
<tr>
<th>COURSE #/TITLE</th>
<th>SEMESTER OFFERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPDT 7391 Operative Clinic I</td>
<td>2ndYr (Spring and Summer)</td>
</tr>
<tr>
<td>OPDT 8191 Operative Clinic II</td>
<td>3rd Yr (Fall)</td>
</tr>
<tr>
<td>OPDT 8291 Operative Clinic III</td>
<td>3rd Yr (Spring)</td>
</tr>
<tr>
<td>OPDT 8391 Operative Clinic IV</td>
<td>3rd Yr (Summer)</td>
</tr>
<tr>
<td>OPDT 9191 Operative Clinic V</td>
<td>4th Yr (Fall)</td>
</tr>
<tr>
<td>OPDT 9291 Operative Clinic VI</td>
<td>4th Yr (Spring)</td>
</tr>
</tbody>
</table>

In addition, the department offers two additional learning programs during the senior year:

- **(Introduction to Teaching of Preclinical Operative Dentistry)** involves student teaching in the preclinical laboratory. Offered in the spring; participation by invitation only.

- **(Preparation for Dental Licensing Examinations)** is an orientation to the Western Regional Examining Board (WREB) licensure examination. Offered in the fall; all seniors eligible to participate.

Further information about these optional courses, including prerequisites and specific scheduling, will be made available during the senior year.

**CLINIC COURSE DESCRIPTIONS**

Listed below is each individual clinic course offered by the Department of Operative Dentistry along with such pertinent information as current course director, course description, and clinical expectations:

<table>
<thead>
<tr>
<th>COURSE NUMBER AND TITLE</th>
<th>OPDT 7391: Operative Clinic I</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLOCK HOURS:</td>
<td>44 hours</td>
</tr>
<tr>
<td>WHEN OFFERED:</td>
<td>Spring and Summer, 2nd year</td>
</tr>
<tr>
<td>COURSE DIRECTOR:</td>
<td>Dr. Lynn Montgomery</td>
</tr>
<tr>
<td>Office</td>
<td>Room 554 Dental Sciences Building</td>
</tr>
<tr>
<td>Telephone</td>
<td>271-5735</td>
</tr>
<tr>
<td>e-mail</td>
<td><a href="mailto:C-Lynn-Montgomery@ouhsc.edu">C-Lynn-Montgomery@ouhsc.edu</a></td>
</tr>
<tr>
<td>Office Hours</td>
<td>Weekdays – 8:00-9:00AM or 4:00-5:00PM</td>
</tr>
</tbody>
</table>
Course Description: Application of principles and procedures learned in Preclinical Operative Dentistry I & II to clinic patients, i.e., simple operative procedures on patients for whom the student must make an appropriate diagnosis, develop a plan of treatment, and subsequently carry out the treatment.

Prerequisites:  
OPDT 7192: Preclinical Operative Dentistry I Theory  
OPDT 7293: Preclinical Operative Dentistry I Lab  
OPDT 7292: Preclinical Operative Dentistry II  
OD 8505: Patient Contact

Clinical Expectations: To be eligible for a passing grade, the student must complete at least 15 points of clinical experiences in the operative clinic. To be eligible for graduation, at some time during the their 2nd, 3rd and 4th years, the student will be required to pass clinical competency examinations for the following procedures: Operative Dentistry Treatment Planning, Class II Amalgam, Class II Composite, Class III Composite, Class V (Amalgam, Composite or Glass Ionomer), and Complex Class II Amalgam (replacing at least one major cusp).

The semester grade for this course will be based on the evaluation of daily clinical work as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Procedure</td>
<td>75%</td>
</tr>
<tr>
<td>Professionalism</td>
<td>25%</td>
</tr>
</tbody>
</table>

COURSE NUMBER AND TITLE: OPDT 8191: Operative Clinic II
CLOCK HOURS: 38 hours
WHEN OFFERED: Fall, 3rd year
COURSE DIRECTOR: Dr. Robert Miller  
Office Room 558 Dental Sciences Building  
Telephone 271-5735  
e-mail Robert-Miller@ouhsc.edu  
Office Hours Wednesdays – 8:00AM – 12:00 Noon

Description: A continuation of OPDT 7391 with the management of more complex cases and the expectation of increasing competency.

Prerequisite: OPDT 7391: Operative Clinic I

Clinical Expectations: To be eligible for a passing grade, the student must complete at least 50 points of operative procedures. To be eligible for graduation, at some time during the their 2nd, 3rd and 4th years, the student will be required to pass clinical competency examinations for the following procedures: Operative Dentistry Treatment Planning, Class II Amalgam, Class II Composite, Class III Composite, Class V (Amalgam, Composite or Glass Ionomer), and Complex Class II Amalgam (replacing at least one major cusp).

The semester grade for this course will be based on the evaluation of daily clinical work as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Procedure</td>
<td>75%</td>
</tr>
<tr>
<td>Professionalism</td>
<td>25%</td>
</tr>
</tbody>
</table>
Description: A continuation of OPDT 8191 with increasing knowledge and skills to provide operative treatment by managing patients with more complex problems.

Prerequisite: OPDT 8191: Operative Clinic II

Clinical Expectations: To be eligible for a passing grade, the student must complete at least 120 points of operative procedures. To be eligible for graduation, at some time during their 2nd, 3rd and 4th years, the student will be required to pass clinical competency examinations for the following procedures: Operative Dentistry Treatment Planning, Class II Amalgam, Class II Composite, Class III Composite, Class V (Amalgam, Composite or Glass Ionomer), and Complex Class II Amalgam (replacing at least one major cusp).

The semester grade for this course will be based on the evaluation of daily clinical work as follows:

- Clinical Procedure: 75%
- Professionalism: 25%

Description: Continuing exposure to operative dental procedures demonstrating increased complexity and sophistication. Emphasis on clinical judgment is increased.

Prerequisite: OPDT 8291: Operative Clinic III

Clinical Expectations: To be eligible for a passing grade, the student must complete at least 170 points of operative procedures. To be eligible for graduation, at some time during their 2nd, 3rd and 4th years, the student will be required to pass clinical competency examinations for the following procedures: Operative Dentistry Treatment Planning, Class II Amalgam, Class II Composite, Class III Composite, Class V
(Amalgam, Composite or Glass Ionomer), and Complex Class II Amalgam (replacing at least one major cusp).
The semester grade for this course will be based on the evaluation of daily clinical work as follows:

- Clinical Procedure: 75%
- Professionalism: 25%

COURSE NUMBER AND TITLE: OPDT 9191: Operative Clinic V
CLOCK HOURS: 36 hours
WHEN OFFERED: Fall, 4th year
COURSE DIRECTOR: Dr. Terry Fruits
Office: Room 556 Dental Sciences Building
Telephone: 271-5735
e-mail: terry-fruits@ouhsc.edu
Office Hours: Wednesdays – 8:00AM – 12:00 Noon

Description: Continuation of the operative clinical program with increasing competency; performance with decreasing supervision, assuming more independence in patient management; independent clinical judgment is encouraged and evaluated more stringently.

Prerequisite: OPDT 8391: Operative Clinic IV

Clinical Expectations: To be eligible for a passing grade, the student must complete at least 250 points of operative procedures. To be eligible for graduation, at some time during the their 2nd, 3rd and 4th years, the student will be required to pass clinical competency examinations for the following procedures: Operative Dentistry Treatment Planning, Class II Amalgam, Class II Composite, Class III Composite, Class V (Amalgam, Composite or Glass Ionomer), and Complex Class II Amalgam (replacing at least one major cusp).
The semester grade for this course will be based on the evaluation of daily clinical work as follows:

- Clinical Procedure: 75%
- Professionalism: 25%

COURSE NUMBER AND TITLE: OPDT 9291 Operative Clinic VI
CLOCK HOURS: 32 hours
WHEN OFFERED: Spring, 4th year
COURSE DIRECTOR: Dr. Terry Fruits
Office: Room 556 Dental Sciences Building
Telephone: 271-5735
e-mail: terry-fruits@ouhsc.edu
Office Hours: Wednesdays – 8:00AM – 12:00 Noon
Description: Completion of operative treatment on all patients; emphasis on process of treatment rather than final product; required participation in simulated state board examination (Mock Boards).

Prerequisite: OPDT 9191: Operative Clinic V

Clinical expectations: To be eligible for a passing grade, the student must complete at least 410 points of operative activity, categorized as follows:

- Class II restorations 110 points
  - At least 20 points must be Class II Amalgams
  - At least 20 points must be Class II Resins
- Composite restorations 60 points
  - These must be Class I, III, IV, V Resins

To be eligible for graduation, at some time during the their 2nd, 3rd and 4th years, the student will be required to pass clinical competency examinations for the following procedures: Operative Dentistry Treatment Planning, Class II Amalgam, Class II Composite, Class III Composite, Class V (Amalgam, Composite or Glass Ionomer), and Complex Class II Amalgam (replacing at least one major cusp).

The semester grade for this course will be based on the evaluation of daily clinical work as follows:

- Clinical Procedure 75%
- Professionalism 25%

Final grade computations for the foregoing clinical courses (OPDT 7391 - OPDT 9291) will be determined on (1) accumulation of necessary point totals to be eligible for a given grade and (2) demonstration of quality.

ELECTIVE PROGRAM: Elective: Preparation for State Licensing Examination

CLOCK HOURS: 10 hours
WHEN OFFERED: Fall, 4th year
COURSE DIRECTOR: Dr. Frank Miranda

Description: Orientation to the successful completion of the Western Regional Licensing Examination, including a review of board requirements, patient and lesion acceptability criteria, and specific procedural details.

Prerequisite: Student must be enrolled in Fall semester of 4th year.

Clinical Expectations: None. However, student must be in attendance at all scheduled sessions to receive a grade of "satisfactory" in this pass-fail elective course.
Operative Dentistry deals with the restoration of faulty, missing, and/or diseased parts of the clinical crowns of natural teeth. The primary objective of operative dentistry is to restore and maintain the natural dentition in an optimal state of health, function, and esthetics. To accomplish this objective, tooth structure is mechanically removed from teeth. Since excision of vital tissue is involved, cavity preparation is a surgical procedure. The restoration placed in the prepared cavity must satisfy this primary objective and must produce no untoward reactions in the tooth. Using correctly applied principles and techniques, the tooth must be in as good or better condition than it was prior to cavity preparation.

Operative dentistry has often been described as "bread and butter" dentistry since it generally comprises the largest percentage of the clinical work-load of most general practitioners. However, it cannot be fully described without consideration of the correlated disciplines of oral diagnosis and periodontics. Teeth cannot be properly treated without thorough diagnosis of the problem, and without due concern for the supporting structures. In addition, operative dentistry is often intimately related to treatment procedures in other areas such as endodontics and prosthodontics. Thus, the true scope of the discipline can only be defined in terms of its relationship to all other areas of dental treatment.

The departmental structure of the College of Dentistry and the required minimum experiences system that governs clinical training and evaluation can make it easy to compartmentalize patient treatment, and as a result, one can lose sight of the need for integrated and comprehensive patient care. This is detrimental because it minimizes the importance of interaction among the various disciplines which can lead to fragmented and often incomplete patient treatment. It is vital that the best interests and care of our patient always come before any consideration of meeting specific educational requirements. Although this manual pertains specifically to operative dentistry, there must always be due consideration for the other related disciplines. Without such consideration, operative dentistry becomes little more than an exercise in mechanics.

Your preclinical training provided you with the basic principles necessary to begin patient treatment. However, it could not prepare you for the diversity of experiences and problems you will see in a clinical setting. You are therefore strongly encouraged to continue consulting your preclinical texts and manuals (as well as the many textbooks, journals, and periodicals available) as excellent sources for periodic review of principles and techniques. We will assume that you know what you are doing, that you retain and develop what you know, and that you demonstrate the maturity and judgment to seek answers for what you do not know. Your knowledge of operative dentistry will be
subject to review, testing, and evaluation throughout your student clinical career. The discipline is much too dynamic and ever-changing to expect anything less.

GENERAL OBJECTIVES

Upon completion of your clinical training in operative dentistry, you will be able to:

1. Apply basic principles of sound operative dentistry to maintain the natural dentition in an optimal state of health, function, and esthetics.
2. Relate operative dentistry to the other dental disciplines both in theory and in practice.
3. Teach your patients that operative dentistry is a vital and integral part of the science and application of preventive dentistry.
4. Use proper clinical judgment to determine the presence/extent of dental lesions, prepare the proper cavity with minimal injury to the teeth and surrounding tissues, and restore teeth under the best biomechanical conditions possible.
5. Apply principles of prevention and minimally invasive treatment during all phases of dental treatment.
6. Develop a high degree of professionalism in appearance, image, attitude, and demeanor.
7. Apply principles and procedures of asepsis, barrier technique, sterilization, and proper care/maintenance of dental instruments and equipment.
8. Learn the value, purposes, and principles of sound patient and time management.
9. Develop patterns of good personal health and hygiene, taking the requisite precautions in protecting yourself, auxiliary personnel, and patients.
10. Learn and apply the principles of good record keeping.

You will be expected to demonstrate increasing proficiency in the development and attainment of these objectives as you proceed through your clinical training. Thus, a senior student is expected to demonstrate a higher skill level in technical ability, clinical judgment, and time management than a sophomore student and would be penalized to a proportionately greater degree for noted deficiencies.
DESCRIPTION OF CLINICAL SETTING

Clinical operative dentistry training is conducted in the Gold clinic located on the third floor of the Dental Clinical Sciences Building. This 36-chair clinic is equipped with a central dispensary, X-ray room and darkroom, patient reception area, student laboratory, and three consultation rooms. Nitrous oxide, oxygen, and various medicaments are strategically located in the clinic should a medical emergency arise that requires adjunctive therapy. The Clinic Manual distributed by Clinic Operations describes where these items are located, what their purposes and effects are, and under what circumstances they should be used.

An appropriate number of operative faculty will be in attendance whenever students are assigned to gold clinic. This faculty will vary depending on the number and classes of students in clinic. Clinical faculty are responsible for supervising your work, providing educational/technical assistance as necessary, and assuming legal responsibility for your clinical training. The faculty is aware of your minimum clinical experience requirements and time constraints; they will try to strike a reasonable balance in providing you with necessary instruction without excessive time delays.

FACULTY COVERAGE AND ROTATION

For each clinic session, faculty members are assigned to cover specific areas of the clinic. This reduces the need to provide coverage in widely spaced areas of the clinic and thus will help reduce the time you must wait to receive assistance or evaluation.

Faculty coverage will be rotated on a regular basis to give you the opportunity to work with all faculty members. This will help make your clinic experiences as wide-ranging and fruitful as possible. The assignment of faculty to specific clinic areas is not pre-published; such assignment will be made just prior to the start of each clinic session.

On occasion (specific remediation, special clinical cases, etc.), you may need to work with a specific faculty member when in operative clinic. In such cases, after approval from the instructor that you were originally assigned to, you would be moved from your regularly assigned chair to one in the area being covered by the appropriate faculty member.

CLASSES ASSIGNED TO OPERATIVE CLINIC

Each class (sophomore, junior, or senior) is assigned to operative clinic for a certain number of half-days each week throughout the school year. Clinic half-day sessions are conducted from 9:00am to 12:00 noon and 1:00pm to 4:00pm. Any class not normally assigned to a given half-day of operative clinic will not be allowed access. For example, no sophomore may utilize a clinic assigned only to juniors and seniors. There are no exceptions to this policy unless it involves a true emergency and is approved by the Department Chair and the Director of Operative Clinics. Any student who performs treatment on a patient during a clinic session that their class is not specifically assigned to, will not receive any credit for that work. If a student works
during the wrong clinic period more than once, they may also temporarily lose their privilege to treat patients in the gold clinic. Students may not sign up for a “half-session” time period for a clinic session. All chairs are reserved for the full three hours of a clinic period for one student.

**OPERATIVE WORK DONE OUTSIDE OF GOLD CLINIC**

All work for which you wish to receive operative credit should be done in gold clinic to ensure proper faculty supervision and assistance. However, there may be instances when you place restorations in other clinics for which operative credit can be earned. To receive credit for such procedures, you must:

1. Secure permission from an instructor in the clinic where you are working to do the procedure in question.
2. Have that instructor evaluate your work on an Operative Department clinic grade form. Be sure that your name, patient’s name, date, tooth number are clearly marked at top of the form. After the instructor evaluates the final restoration on the operative grade form, they must enter the, surfaces restored, number of pins (if any), and restorative material used on the lower two lines and sign the form.
3. The instructor must give you the pink copy and retain the two other copies of the Operative grade form. Credit for a procedure will only be given when the Operative Department receives the departmental copies of the grade form directly from the department that oversees the procedure. The proper number of points for the procedure will be assigned by the Operative Department upon receipt of the appropriate Operative Department grade forms.

Outside work is limited to restorations done in FPD, Endo, and OD clinics only. You will also receive credit for any complex class II restorations placed as long as the replacement of a cusp is properly identified on the Operative Department grade form. You will receive full point credit and a grade of “clinically acceptable” for all work done in FPD, Endo, and OD clinics. Restorations completed in other clinics will not affect your grade average for the semester course grade, the minimum clinical experience points will be credited toward meeting your eligibility requirements for graduation. Credit will not be given for any work done in other clinics unless special arrangements are made with the Department Chair prior to the treatment.

**CANCELLATION/NO-SHOW POLICIES**

You must reserve a clinic space as outlined by the computer patient appointment policy of the Office of Patient Management. Your name on this roster reserves a clinic space that no one else can use; therefore, you are expected to be present. If you or your patient must cancel the appointment, you are required to reopen your reserved clinic space so that other students may have access. Failure to do so prevents others from scheduling patients and demonstrates a lack of courtesy and responsibility.
To prevent your name from appearing on the attendance roster you must cancel your appointment in Quick Recovery before 7:00 a.m. If you are canceling your appointment after this time, cancel your clinic space as follows:

1. Enter a reason for the cancellation/no-show in the chart and sign it.
2. Fill out an Operative grade sheet for the instructor to record the cancellation/no-show.
3. Present both chart and grade sheet to an attending operative instructor in gold clinic within 30 minutes of the scheduled appointment time.

If you cannot cancel in person for some reason, you may cancel by telephone (271-5735). Phone cancellations are also subject to the 30-minute time restriction.

Even if you cancel an appointment in the proper manner, get in the habit of stopping by the gold clinic to ensure that your name is not on the roster. If it is, bring the matter to the attention of the Director of Clinics. If the scheduling error is not yours, obtain signed verification and present it to the operative secretary within 48 hours of the scheduled appointment. The repeated occurrence of student “No Shows” by an individual student in Gold clinic may result in the loss of clinic access privileges for the offending student for a specified time period.

The attendance roster will indicate your scheduled appointment time. You have 30 minutes from that time to reconcile your clinic space. If you know that you or your patient will be late, notify the instructor monitoring the attendance roster and a revised arrival time will be entered for you.

Cancellations are only valid if done through an operative faculty member or the department secretary. They are not valid if made with clinic dispensary personnel or the front desk reception clerk or by crossing your name off the attendance roster posted near the dispensary.

The distinction between cancellation and no-show is important. If you are given more than 24 hours notice, it is a cancellation; if there is no notification or it is less than 24 hours, it is a no-show. Cancellations give you some opportunity to schedule another patient in the reserved time slot -- no-shows do not. Should you wish to terminate a patient from the program, no-shows are much stronger evidence that the patient is no longer interested or motivated to receive dental care.

**STUDENT CLINICAL RESPONSIBILITIES**

In addition to your responsibility for the complete treatment of your patients’ dental needs, you will also be evaluated in areas that directly or indirectly pertain to your role as a developing professional. All of your clinical activities should be viewed as a small-scale model of your future dental practice. Your success will be dependent not only on how well you provide your services, but also on the image you project as a professional and the concern you demonstrate for your patients as human beings rather than as sources of income. With this in mind, the following responsibilities are as critical as your technical abilities:
Clinical Organization

Every time you are in operative clinic, your organization and preparedness will be evaluated as part of your professionalism grade based on the following:

1. Organization of work area. All needed instruments and equipment available and arranged in orderly fashion. As instruments are used, they are returned to their original positions to facilitate retrieval when necessary.

2. Knowledge of the procedure being performed. When doing procedures with which you have had little prior experience, you are expected to have reviewed the information provided in your preclinical textbooks and syllabi pertaining to the procedure prior to the appointment. You should secure as much faculty assistance as necessary without jeopardizing your patient's confidence in you as a practitioner.

4. Completeness of records and thorough documentation of work. Operative clinic documents and their uses will be detailed in the grading forms and records section of this manual.

Infection Control/Aseptic Technique

The importance of asepsis to patient health and legal protection cannot be overemphasized. Since you operate under the licenses of attending faculty, they will rightfully penalize you severely for violations of aseptic procedure. Proper protocol includes the following:

1. Adequate sterilization of all instruments/equipment. While Central Sterilization manages most of the instruments and equipment used, students will often use items they themselves provide without giving consideration to their cleanliness and asepsis. Common examples include keeping dental floss containers in scrub pockets or reusing dropped instruments, burs, and handpieces without proper resterilization.

2. Each student is responsible for cleaning their burs of debris before packaging and submitting them for sterilization.

3. Sanitization of the operatory (including all surfaces you will have occasion to touch during operative procedures) before seating the patient.

4. Washing hands every time you return from leaving the operatory. If you have a beard or long hair, take the necessary steps to ensure that the operating field is not contaminated.

5. Universal precautions (gloves, mask, gown and protective eyewear). Failure to utilize proper barrier control techniques is a severe violation of infection control.

6. Students will be expected to adhere to the Infection Control Policy outlined in the University Of Oklahoma College Of Dentistry Health And Safety Manual.
Professional Attitude and Image

While you are expected to conduct yourself at all times in a professional and mature manner, this is especially critical in a clinical setting. The interpersonal relationship skills you develop in dealing with patients, faculty, staff, and classmates are a critical component of your overall professional growth.

1. Be sure your clothes, hair, and general appearance project a professional image. Always obtain a clean gown every time you work in clinic.
2. Project an interest in what you are doing and a willingness and motivation to learn. Accept constructive criticism but at the same time be inquiring and interested. Interact with faculty, staff, and patients in a relaxed, non-belligerent fashion.

Academic Misconduct

Any instances of attempts to cheat during examinations or any graded procedure will result in a grade of zero on that exam or procedure, and will be reported to the Dean’s office for consideration of further disciplinary actions as described by the guidelines concerning student evaluation, grading, and academic misconduct in the University of Oklahoma College of Dentistry Bulletin and the University of Oklahoma Health Science Center Student Handbook (Appendix C) and online at: http://www.ouhsc.edu/admissions/handbook/Academic_Misconduct.htm. Each student should review the information in these publications, and be aware of the stated guidelines.

Registration and Withdrawal

You are responsible for being sure that all University paperwork required for this course is done correctly and turned in before the deadline. In particular, if you choose to withdraw from this course you must complete the appropriate University form, obtain the required signatures, and turn the form in before the deadline. If you stop attending the course and doing the course work without doing the required paperwork your grade will be calculated with missed work and examination grades entered as zero. This could result in receiving a grade of F in the course. Deadlines are shown in the Academic Calendar, which is available from the Office of Admissions and Records or online at http://www.ouhsc.edu/admissions/Forms/withdraw.pdf.

Efficiency/Time Management

Perhaps no aspect of your development will be as economically important as effective time management. Preparation and efficiency are the hallmarks of good time management.

1. Clinic sessions are conducted from 9:00am to 12:00 noon and 1:00pm to 4:00pm. Always evaluate your knowledge and skills in determining what you
can and cannot do within these time constraints. Faculty will limit what you are allowed to begin until you have consistently proven your ability to manage time effectively and gauge your abilities honestly.

2. Occasionally, a procedure will become much more involved than originally planned and will take more time to complete than expected. Seek necessary assistance from faculty in such instances so that time overage is kept to a minimum. Willingness to admit that you need assistance with unexpectedly difficult procedures demonstrates maturity and a concern for your patient and time management.

3. Students who do not complete their patient’s treatment prior to the end of the clinic period may receive a poor grade on their grade sheet and/or a reduction of points credited for the procedure that they worked on that day.

Record Keeping

Proper and thorough documentation of all treatment represents vital training for your future management of books, charts, and records in your own practice. Record keeping is important for many reasons: (1) sequential documentation of rendered treatment; (2) current account of work completed and work outstanding; (3) record of work performed if the patient should seek treatment elsewhere; (4) documentation of medical considerations that dictate special handling of otherwise routine treatment; and (5) legal protection for the patient, the attending faculty, and yourself. You will need to become thoroughly familiar with the following documents:

1. Master Treatment Plan (MTP)
2. Caries Risk Assessment / Preventive Tx. Plan Sheet
3. Operative Treatment Plan Work Sheet
4. Priority Care and Sequenced Operative Treatment Plan
5. Treatment Progress Notes (TPN)
6. Operative Clinic Grade Form
7. Tooth Whitening Evaluation sheet
8. Clinical Competency Exam Sheets
9. Patient Encounter Form

These documents are discussed later in this manual and also in your main Clinic Manual. The forms and records used by the Departments of Oral Diagnosis and Periodontics are also important sources of necessary preview information as your patients are treated in operative clinic.

OPERATIVE CLINIC PROCEDURE

(Procedural Sequence)

The following outlines the steps you must take before you will be allowed to bring a patient into operative clinic for treatment:

1. Patient Screening and Assignment Patients are generally screened in the Department of Oral Diagnosis to determine acceptability as teaching cases. Following acceptance, they are assigned to students on the basis of student
and patient needs and level of student development. Refer to your main Clinic Manual for detailed information on patient screening, acceptance, and assignment.

2. **Oral Diagnosis Workup:** The Department of Oral Diagnosis will initially determine the patient's needs and which departments must be consulted to develop a master treatment plan. This initial workup may be modified considerably as each department involved in treatment is consulted.

3. **Operative Dentistry Needs:** The following types of patients are generally not acceptable as good teaching cases: [1] rampant caries; [2] more than three difficult teeth to restore (pins required, core amalgams required, etc.); [3] more than three E&E's (excavate and evaluate); [4] multiple extensive cervical carious lesions.

4. **Departmental Routing:** Following oral diagnosis workup, you then make arrangements to consult the various departments involved in the recommended treatment plan. During this routing process, you will arrange the treatment suggestions into a master treatment plan that will be returned to the Department of Oral Diagnosis for approval and printing. You must have typed master treatment plan that is signed by the Oral Diagnosis faculty and the patient prior to initiating treatment in the operative clinic.

5. **Chart Development:** All departments involved in screening and treatment planning will have their own specific forms to indicate diagnoses and planned care. These documents are compiled in a patient chart that contains relevant information about health, planned treatment, special considerations, and so forth. Any time you bring a patient into operative clinic, you must have the patient's chart (with current radiographs) available or no treatment of any kind can be rendered.

6. **Initial Periodontal Care:** must be completed prior to initiating restorative treatment in the operative clinic. A simple prophylaxis or a root planing and scaling procedure (whichever is indicated in the patient’s periodontal treatment plan) must be completed prior to the initiation of operative restorative procedures. A tooth located in any quadrant of the mouth that has had a prophylaxis or root planing and scaling procedure completed is then eligible for treatment in the operative clinic. Any tooth listed in the Priority Care section of the operative treatment plan should be treated as soon as possible without regard to the completion of periodontal care.

In addition to the process of getting a patient ready for treatment in the various clinics as described above, each department has also established its own requirements before treatment can be initiated. For Operative Dentistry, they include:

**Patient Records**

Operative Treatment Plan (orange sheets) consists of three separate pages. The first page that must be completed involves a Caries Risk Assessment and a Preventive Treatment Plan. The next page that must be completed is the Operative Treatment Workup. The final page requires the completion of a Priority Care treatment plan and a Routine Care treatment plan. All of these sheets must be completed by the student and then checked and signed by an instructor.
Master Treatment Plan (MTP) must be printed and signed by the Department of Oral Diagnosis indicating acceptance of the plan. The MTP indicates treatment sequence and the departments involved in that treatment.

Medical and Dental Histories must be available that detail all adverse past or current medical conditions that may affect the mode or type of treatment rendered. You must be thoroughly familiar with this historical data and be able to answer any pertinent questions.

Treatment Progress Notes (TPN) comprise the dated entries of past treatment rendered at the College. It is assumed that all prior treatment will be listed in these notes in the order rendered. All entries must be complete and signed by the faculty attending when the work was performed.

Radiographs must be recent and of good diagnostic quality. The number and type of radiographs taken are generally determined at the time of patient workup; in most cases they will include a full-mouth survey (including bitewings). Operative faculty may request additional films at any time before granting permission to begin treatment. Such requests may be to (1) update old radiographs, (2) verify existence of a lesion, or (3) improve quality of unacceptable films due to cone-cutting, proximal overlapping, unsatisfactory contrast, etc. Acceptable age of radiographs is generally up to 5 years for a full-mouth series and up to 1 year for bitewing films.

These are the minimum document requirements for an acceptable patient record. The records of those departments that normally precede operative dentistry in sequential treatment (oral diagnosis and periodontics) are also expected to be included in the chart.

**Required Armamentarium**

Your tray request for operative clinic will provide you with the necessary instruments and equipment for the planned procedure. Armamentaria are specific for the procedures you are doing; you are expected to arrange them in your work area in a neat, orderly, and sequential fashion. You have the responsibility of ensuring that the armamentarium is complete and that all instruments are sharp and clean.

*** You should be sure to transfer your gold tipped resin composite insertion instruments, and your Garrison bitine rings to your clinic instruments cassettes. ***

Many items (such as composite systems, special instruments and burs, and limited supply equipment) are not provided by Central Sterilization but rather are obtained from the gold clinic dispensary. Most items will be dispensed at your request; some are dispensed only with a faculty signature (e.g. additional anesthesia, tooth whitening materials). In any case, you are responsible for the return of all equipment to the appropriate locations.
Operative Forms

To evaluate the quality of your work and to monitor the payment of fees for treatment rendered, a number of forms are used that must be filled out properly and be available before operative treatment is initiated.

1. Operative Grade Form: This form identifies the tooth being treated, type of operative procedure, surfaces involved, and restorative material used. It is used to evaluate specific procedural steps and to provide feedback on quality of performance..
2. Patient Encounter Form: While not specifically an operative document, it must be available for every patient before you begin any treatment. It is used to monitor charges for treatment rendered and to record patient payments.
3. Clinical Competency Exam Forms: These forms are found in the gold clinic and are utilized to evaluate clinical competency examinations.

Patient Preparation

After your armamentarium is properly arranged and the required forms are available and correctly filled out, your patient must be seated, draped with a patient napkin, and ready to be checked by your instructor. Prior to calling the instructor to your unit, be sure to reexamine the patient to confirm your initial treatment plan for the teeth that you intend to treat that clinic session. The chart must be available for inspection and radiographs properly mounted on the view-box. The instructor will then come to your operatory, verify your planned procedure, review your records, and give you Permission to Proceed (PTP).

To summarize the steps you must complete for every patient before you will be allowed to initiate any treatment (including administration of anesthesia):

1. Patient screening and assignment
2. Oral diagnostic workup
3. Departmental routing and master treatment plan
4. Development of patient chart
5. Completion of initial periodontal care for the quadrant to be treated (prophylaxis of root planing)
6. Specific operative requirements:
   A. Patient records
      a. Master treatment plan
      b. Operative treatment plan
      c. Medical and dental history
      d. Treatment progress notes
      e. Radiographs
   B. Complete armamentarium
   C. Operative forms
      a. Operative grade form
      b. Daily operative evaluation form
      c. Patient encounter form
   D. Preparation of patient - You should examine the tooth that you intend to treat to confirm your original diagnosis prior to having the
instructor check it. You may examine the patient with the mirror and explorer without written permission to proceed. Do not initiate any other treatment until receiving written Permission to Proceed by an instructor.
GRADING FORMS
AND RECORDS

The preceding section dealt with items needing your attention before initiating operative treatment. This section discusses in greater detail the documents used to evaluate your clinical work and to provide the necessary legal protection for you, your patient, and the College.

**MASTER TREATMENT PLAN (MTP)**

The Master Treatment Plan (Page 22) is a computer-generated record of all treatment to be rendered and should always be kept behind the appropriately marked tab in the patient's chart. It lists the sequence of proposed treatment, the departments that will supervise specific treatment, the individual teeth to be treated, and brief descriptions of proposed treatment.

The final sequence of the Master Treatment Plan is determined after you route your patient through the individual departments involved in treatment. Once routing is completed, the final plan is submitted to the Department of Oral Diagnosis for approval. The MTP is not considered complete or approved unless an appropriate Oral Diagnosis faculty member has signed it.

Each department will provide its own guidelines for the makeup of its section of the Master Treatment Plan. For Operative Dentistry, the MTP must accurately and completely reflect the Operative Treatment Plan Sequence and individual restorations must be entered on separate lines, even if you plan to complete more than one restoration during a given appointment. The operative section of the MTP should be appropriately placed in the overall treatment scheme (generally following special priority care treatment, oral diagnosis, and periodontics; and preceding the specialty disciplines).

Without a typed and approved MTP, you may not begin any operative treatment. If a tooth is in need of immediate care (these should be listed on the Priority Care section of the operative treatment plan), or if other extenuating circumstances demand that treatment be rendered before the typed MTP is available, written and signed approval on a limited treatment form from the Director of Clinics is required. **Any other treatment rendered without an approved master treatment plan may result in no credit given for the procedure(s).**

When you request Permission to Proceed, your instructor will verify that the lesion is listed on the MTP. If the lesion does not appear on the typed plan but is verified by your instructor, he/she will add it to the Master Treatment Plan and give Permission to Proceed as described. You may need to complete a “modification to the treatment plan” form and submitted it with the daily encounter form. Once a procedure is completed, the instructor will enter and initial the completion date.

If the MTP becomes messy and disorganized due to excessive written entries, operative faculty may request that it be retyped.
The Caries Risk Assessment (CRA) is located on the last orange page in the Operative department’s section of the patient records. It is an instrument to aid you in identifying for each individual patient the risk of the development of future carious lesions. A clinical and radiographic examination of the patient, along with an interview of the patient, provides information for the caries risk assessment. The CRA consists of five main sections including diet, caries activity, fluoride exposure, salivary flow, and plaque retention. Following the interview and clinical exam, the clinician should be able to assign the appropriate score based on the numbers assigned to each criteria. The total points will indicate that the patient falls into one of three categories: Low caries risk (CRA of 4 or less); Moderate caries risk (CRA of 5-9); or High caries risk (CRA of 10 or more, or at least 3 cavitated carious lesions). This assessment is based on a subjective evaluation of criteria that are believed to be good indicators of the patient’s future risk of the development of carious lesions.

This information will be helpful in determining the aggressiveness of the treatment planned for the patient. Often Moderate and High caries risk patients will need more aggressive modes of both restorative and preventive treatment in an effort to prevent future disease. Remember, a patient’s Caries Risk Assessment changes over time. If we have been effective in our preventive and restorative treatment, the patient’s caries risk should be decreased after a year or so.

The section located on the same page below the Caries Risk Assessment is the Operative Preventive Treatment Plan. The Operative Preventive Treatment Plan consists of three columns labeled Indications, Treatment Options, and Codes. The column labeled Indications provides a guideline of clinical situations that would suggest the need for additional preventive care. The guidelines are based on such things as the Caries Risk Assessment, patient’s home care, and morphological defects in the pits and fissures. The student will assess the need for additional preventive care, and circle one or more of the corresponding treatment options that are listed in the second column of the form. These treatment options include but are not limited to antimicrobial rinses, oral health care instructions, over the counter fluoride rinses, prescription fluoride gels, in-office application of fluoride varnish, and application of preventive sealants. The third column lists the associated ADA dental codes for the various preventive treatments. After selecting the appropriate preventive care treatment options to be utilized for the patient, the student will have an instructor review the plan at the same time that the rest of the operative treatment plan is presented. The instructor must sign at the bottom of the page in the appropriate box on the form.

The Operative Treatment Plan Workup (Page 24) is a worksheet used to help finalize your operative treatment plan. This is the second orange sheet kept behind the Operative tab in the patient’s chart. The workup sheet is divided into 32 lines for each of the individual teeth and 6 columns labeled Tooth, Surfaces, Material, Priority, Preventive, and Comments. The Tooth column identifies the number and the
descriptive name of the tooth. The numbering system used is the Universal (military) system of 1-32.

During the completion of the Operative Treatment Workup sheet you must complete the information required for each tooth needing treatment in the operative clinic. Beside the appropriate tooth number, enter the surface of the tooth to be treated and the material to be utilized. The column marked “priority care” is to be filled in as needed by the instructor reviewing your treatment plan. The reason to develop a treatment plan is to establish an organized approach for providing care in an appropriate sequence. Operative dentistry procedures constitute only one part of the overall treatment for the patient’s comprehensive care plan. Generally, a standard sequence involves the initial treatment of the periodontal tissues prior to restorative dental work. On some occasions, the patient may have teeth that are severely damaged by caries or trauma, or are causing pain for the patient. In these cases, some restorative care must be provided earlier in the sequence of treatment to alleviate pain and prevent irreversible damage to the teeth. These teeth are placed in a “priority care” category, and treatment will be initiated on them as soon as possible. The instructor will help you identify teeth that fall into this category and indicate them by initialing the box in the column labeled “Priority Care”. These teeth must be treated prior to beginning a more routine treatment planning sequence. The treatment for these teeth frequently involves more complex restorative procedures. DS II students who are just beginning their clinical experience will not be allowed to treat these teeth. The patient will be referred to a DS III or DS IV student as limited care for immediate initiation of the required priority care for these more complex procedures.

When you schedule your patient for treatment planning, fill in the workup sheet with all lesions, defective restorations, and pertinent observations. Your proposed operative treatment plan must be integrated with the other dental disciplines. You and the instructor will then review your findings and make any corrections as necessary. The comments column should be used extensively to make notes about proposed sequencing, identify teeth to be observed but not treated, and to remind you of questions you wish to ask your instructor. When routing has been completed, you and the instructor must sign and date this workup sheet.

**Priority Care/Caries Control Treatment Plan**

The first orange sheet behind the Operative tab in the patient’s record folder is the Final Sequenced Operative Treatment Plan (See page 25). This sheet is divided into a “Priority Care” treatment plan and a “Routine” treatment plan. The Priority Care Treatment Plan section is designed to identify teeth in need of immediate care due to severe damage caused by caries or trauma, and/or the patient experiencing pain. These must be treated as soon as possible to alleviate pain and prevent irreversible damage to the teeth involved.

The Priority Care Treatment Plan has the following nine columns:

- **Sequence**: Identifies the order the treatment is to be completed in.
- **Tooth**: Identifies tooth to be treated
- **Surfaces**: Identifies surfaces involved
- **Procedure**: Identifies treatment to be provided
- **Department Referral**: Identifies department other than Operative that should provide care for the tooth
Refer to DSIII or DSIV: Identifies procedures that are too difficult for the student of record to provide. It also has a place for the name of the upper classman who eventually provides the treatment. **This column must be initialed by the instructor during treatment planning to initiate the assignment for limited care by a DSIII or DSIV.**

**Date of Treatment:** Identifies the date treatment is provided.

**Faculty signature:** Requires signature to indicate treatment has been provided.

**Routine Operative Treatment Plan**

The lower portion of the first sheet is the *Routine Operative Treatment Plan Sequence* (Page 25).

**All treatment listed in the Priority Care section of the treatment plan must be completed before any treatment on the Routine Care Treatment plan may be started.**

Pertinent information from the workup sheet is transferred to the routine care treatment plan in the proposed routine treatment sequence. This 32-line sheet is divided into six columns labeled [1] Tooth Number, [2] Surface, [3] Material, [4] Procedure Number, [5] Date of Treatment, and [6] Instructor Signature. When routing is completed, you must transfer information onto this sheet as follows:

1. **Tooth Number:** Enter the Universal number of the tooth. **Use one line for each restoration** so that work performed can be easily monitored.
2. **Surface:** Enter the surface(s) involved for each tooth.
3. **Material:** Enter the restorative material to be used in treatment. (Seal= Sealant; PRR= Preventive Resin Restoration; RES= Resin Composite; AM= Amalgam; GI= Glass Ionomer)
4. **Procedure Number:** Enter the appropriate code number for the procedure. Consult the Clinic Fee Schedule (posted at each clinic station) for correct procedure code numbers.

When all information is entered, your instructor will sign and date this sheet. At this point, operative routing is completed. As with the workup sheet, the sequence sheet is not considered valid without an operative instructor signature.

As you begin each listed procedure, the attending instructor will enter the start date and sign his/her name in Columns 6 and 7. Even though this sheet is arranged in planned sequence, deviations (“skipping”) will occasionally occur. Procedures may also be added or deleted at the discretion of the faculty. The instructor making the change must sign all such changes in the original sequence. Sample entries for both the workup and sequence sheets are found on Pages 24 and 25.

**TREATMENT PROGRESS NOTES**

The most important part of the patient chart is the Treatment Progress Notes (TPN) section, which is a written record of every procedure you do. **Anything involving the patient or your relationship with him/her should be entered here, dated, and countersigned by the appropriate faculty.** In addition to treatment procedures, such
entries might include conferences with faculty about treatment, cancellations or broken appointments, interpersonal relations that indicate potential problems, significant medical information such as premedication, and so forth. Treatment Progress Notes should always be the top pages of the chart.

Permission to Proceed for every procedure must be entered in the TPN and signed by faculty. Requests for additional anesthesia, specialized equipment and materials, nitrous oxide, etc. must also be entered and signed. Following treatment, a complete entry describing everything done must be written down and signed by both you and the attending instructor. Incomplete records will result in a lowering of your grade for professionalism. The information entered should include at least: 1) Date; 2) Procedure Number; 3) Clinic Fee Form Number; 4) Tooth Number and Surfaces; 5) Health History Review; 6) Anesthesia Description; 7) Treatment Description; 8) Other pertinent Information. Consult with your instructor if in doubt about what additional information should be included.

The sample entry on Page 26 would be interpreted as follows: Permission to Proceed was given to replace an MOD amalgam restoration in Tooth #12. The defective restoration and all caries were removed, with a near exposure in the distobuccal area. The One-Step Plus Adhesive System was used. Anesthesia was obtained with 1.8 ml of xylocaine with vasoconstrictor. Note that the Operative Grade Form number is entered to facilitate any needed cross-referencing. The entry must be signed by both student and attending instructor.

**CLINIC ENCOUNTER SLIP**

The Clinic Encounter Slip (Page 27) is used to monitor charges and patient payments. Always verify that the patient’s name and chart number, your name, and your student number are properly entered. This form must be available to receive Permission to Proceed. At the end of the clinic session, the attending instructor will verify the tooth number, surfaces, procedure number, description, fee, and other pertinent information, along with his/her signature. This form is mandatory for each patient treated in the gold clinic.

**OPERATIVE GRADE FORM**

The Operative Grade Form (Page 19) is used to evaluate the quality of your work. It is similar to the form used in preclinic. To briefly review:

The student is responsible for completing the following information in the upper portion of the grade sheet.

**Date, Procedure No. & Fee** In the upper left corner are boxes to enter the starting date, the tooth number to be treated, the surfaces to be treated, and the restorative material to be used. You are responsible for these entries.

**Grade Form ID No** Above the Starting Date box is the Grade Form number (printed in bold type). Enter this number on the treatment progress notes to allow for any necessary cross-referencing.

**Patient & Student Identification** The upper right-hand space is reserved for patient and student identification. Enter, your name, your student number and the patient's name.
The remainder of the grading form is filled out by the instructor

Permission to Proceed: The box immediately below the Materials box (Permission to Proceed) is filled out by the instructor when Permission to Proceed is granted.

Evaluation: The middle section of the form is used to evaluate your work. As each phase of work is completed, the instructor will initial the appropriate box to record a grade ranging from F (failure) to TEQ (total exceptional qualities) for each of four categories: Moisture Control (rubber dam, cotton roll isolation etc.); Cavity Preparation (including caries removal, pulp protection, etc.); Restoration Insertion; and Professionalism or Tx. Plan. These evaluations are equally weighted and are averaged to arrive at a total grade for the procedure. Additional boxes in this section are for faculty use and are self-explanatory. The lower right-hand space marked "Comments and/or Instructions" is for additional faculty notations and comments.

The Professionalism/Tx. Plan category is utilized for two different evaluations. During a dental procedure the grade will reflect the student’s professional conduct during the treatment of the patient. When a student comes into the gold clinic for treatment planning only on a patient, this category is utilized to evaluate the presentation and thoroughness of the treatment plan.

The lower two rows of boxes are used by the faculty to record the information of what treatment was completed and assign a point value for the procedure. A procedure is not considered completed and points will not be credited until the boxes for the completion date and instructor initials are filled in by the instructor.

The backside of the Operative Grade Form (Page 20) lists current procedure numbers, descriptions of what evaluations mean, and numbered critique areas that may be referred to by the faculty when evaluating your work.

Use Of The Operative Grade Form

This form is provided in triplicate. When you receive Permission to Proceed, the instructor will sign the appropriate spaces on the top (white) copy. All evaluations and comments are also marked on this copy, which will be retrieved and filed as a procedure started. You retain the pink and hard copies until the procedure has been fully completed. At that time, the attending instructor will retrieve the bottom (hard) copy, which will be filed as a procedure completed. The pink (middle) copy is your record of the completed procedure. The white and hard copies are retrieved together for a procedure started and completed in the same appointment. Retain all pink copies of work completed to protect against inadvertent loss of your records by the Department. If you can produce your copy to verify that a procedure has been completed, you will be given appropriate credit. If you cannot produce the pink copy, you will receive no credit. You should never leave grade forms in your patient charts; these charts can pass through many hands, increasing the possibility of loss of these forms. If you lose an Operative Grade Form for work in progress, consult with the Director of Operative Clinics for appropriate reconciliation.
<table>
<thead>
<tr>
<th>Surfaces</th>
<th>MODFLI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>AM COMP SEAL GI Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tooth #</th>
<th>MODFLI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Name &amp; Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OPERATIVE DENTISTRY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MOISTURE CONTROL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dry Field</th>
<th>Adequate Access</th>
<th>Tissue Damage</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PREPARATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Outline</th>
<th>Resistance</th>
<th>Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention</td>
<td>Cavosurface</td>
<td>Caries Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESTORATION INSERTION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Margins</th>
<th>Anatomy</th>
<th>Surface</th>
<th>Contact</th>
<th>Contour</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PROFESSIONALISM / Tx. PLAN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pt. Management</th>
<th>Records</th>
<th>Time Management</th>
<th>Demeanor</th>
<th>Knowledge</th>
<th>Infection Control</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Surfaces</th>
<th>MODFLI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
<th>AM COMP SEAL GI Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Proc. #</th>
<th>Pts.</th>
<th>Pins</th>
<th>CI II</th>
<th>Completed Date</th>
<th>Instructor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>VALUE E</th>
<th>INCORRECT</th>
<th>POORLY DONE</th>
<th>EXCELLENT QUALITY</th>
<th>TOTAL CLINICAL QUALITY</th>
</tr>
</thead>
</table>


## OPERATIVE DENTISTRY

### PROCEDURE CODE NUMBERS

<table>
<thead>
<tr>
<th>AMALGAM</th>
<th>Pts</th>
<th>RESIN</th>
<th>Pts</th>
<th>OTHER</th>
<th>Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-surface 02140</td>
<td></td>
<td>01351 Sealant</td>
<td>1</td>
<td>02799 Temp Ion Crown</td>
<td>2</td>
</tr>
<tr>
<td>Cl I, pit</td>
<td>1</td>
<td>Cl I or VI pit</td>
<td>1</td>
<td>Cl V</td>
<td>3</td>
</tr>
<tr>
<td>Cl I, occlusal</td>
<td>2</td>
<td>Incisal repair</td>
<td>2</td>
<td>Temp SS Crown</td>
<td>2</td>
</tr>
<tr>
<td>Cl V</td>
<td>3</td>
<td></td>
<td></td>
<td>02940</td>
<td></td>
</tr>
<tr>
<td>Cl VI</td>
<td>1</td>
<td>2-surf 02330 (Ant)</td>
<td></td>
<td>02931</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cl III 2 surface</td>
<td>3</td>
<td>Temp Restoration</td>
<td>1</td>
</tr>
<tr>
<td>2 surface 02150</td>
<td></td>
<td>2-surf 02331 (Ant)</td>
<td></td>
<td>03220</td>
<td></td>
</tr>
<tr>
<td>Cl I 2 surface</td>
<td>3</td>
<td>Cl III 2 surface</td>
<td>3</td>
<td>Pulpotomy</td>
<td>2</td>
</tr>
<tr>
<td>Cl II 2 surface</td>
<td>4</td>
<td>3-surf 02332 (Ant)</td>
<td></td>
<td>09910</td>
<td></td>
</tr>
<tr>
<td>Cl III 2 surface</td>
<td>3</td>
<td>Cl III 3 surface</td>
<td>5</td>
<td>Desensitize Fl</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-surf 02335 (Ant)</td>
<td></td>
<td>09911</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cl IV</td>
<td>5</td>
<td>Desensitize Resin</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-surf 02161</td>
<td></td>
<td>09972</td>
<td></td>
</tr>
<tr>
<td>Cl II 4 + surface</td>
<td>8</td>
<td>1-surf 02391(Post)</td>
<td></td>
<td>Microabrasion</td>
<td>2</td>
</tr>
<tr>
<td>Core 02950</td>
<td></td>
<td>Cl I pit</td>
<td>1</td>
<td>09972</td>
<td></td>
</tr>
<tr>
<td>1 surface Core</td>
<td>1</td>
<td>Cl I occlusal/PRR</td>
<td>2</td>
<td>Bleaching/Arch</td>
<td>6</td>
</tr>
<tr>
<td>2 surface Core</td>
<td>2</td>
<td>Cl V</td>
<td>3</td>
<td>No Code</td>
<td></td>
</tr>
<tr>
<td>3 surface Core</td>
<td>3</td>
<td>2-surf 02392(Post)</td>
<td></td>
<td>Oper. Tx. Plan</td>
<td>1</td>
</tr>
<tr>
<td>4 surface Core</td>
<td>4</td>
<td>Cl I 2 surface</td>
<td>3</td>
<td>No Code</td>
<td></td>
</tr>
<tr>
<td>5 surface Core</td>
<td>5</td>
<td>Cl II 2 surface</td>
<td>4</td>
<td>Oper. Tx Review</td>
<td>2</td>
</tr>
<tr>
<td>Pin 02951</td>
<td></td>
<td>3-surf 02393(Post)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per retention pin</td>
<td>1</td>
<td>Cl I 3 surface</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cl II 3 surface</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-surf 02394(Post)</td>
<td></td>
<td>09230</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cl II 4 surface</td>
<td>8</td>
<td>N2O Analgesia</td>
<td>0</td>
</tr>
<tr>
<td>Core 02950</td>
<td></td>
<td>See amalgam</td>
<td></td>
<td>00110</td>
<td></td>
</tr>
<tr>
<td>Veneer 02960</td>
<td></td>
<td>Direct Resin/Veneer</td>
<td></td>
<td>Misc Consult</td>
<td>0</td>
</tr>
</tbody>
</table>

### WHAT YOUR EVALUATION MEANS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MARGINAL</td>
<td>Below average within dental profession</td>
<td>Questionable service to patient</td>
</tr>
<tr>
<td></td>
<td>Procedure may or may not succeed</td>
<td></td>
</tr>
<tr>
<td>CLINICALLY ACCEPTABLE</td>
<td>Average within dental profession</td>
<td>Patient receives dollar value service</td>
</tr>
<tr>
<td></td>
<td>Adequate longevity expected</td>
<td>Good restoration; desirable qualities and virtues</td>
</tr>
<tr>
<td>MANY EXCEPTIONAL QUALITIES</td>
<td>Above average within the dental profession</td>
<td>Optimun longevity expected</td>
</tr>
<tr>
<td></td>
<td>Very good restoration</td>
<td>“Textbook” quality in procedure</td>
</tr>
<tr>
<td>TOTAL EXCEPTIONAL QUALITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perfection achieved</td>
<td></td>
</tr>
</tbody>
</table>

Revised 7/1/07
PERMISSION TO PROCEED

The following is a summary of the steps necessary before you can begin operative treatment in gold clinic:

**Chair Assignment**
1. Reserve clinic space: sign up for gold clinic.

**Work Area Organization**
1. Have all instruments/equipment organized in a neat and orderly fashion.
2. Sanitize your work area according to published guidelines.
3. Have current radiographs available and mounted on the viewbox.

**Self And Patient Preparation**
1. Be clean and neat in your dress and appearance.
2. Wear proper clinic attire.
3. Have protective eyewear, mask, gown, and gloves on.
4. Seat and drape your patient.

**Patient Records**
1. Have an approved Master Treatment Plan available.
2. Verify that all required operative pre-treatment procedures (periodontics, priority care, etc.) have been completed.
3. Have a sequential Operative Treatment Plan sheet filled out and signed.
4. Ensure that the work you plan to do is listed on the Operative and Master Treatment Plans or can be verified by your instructor.
5. Confirm for yourself that the treatment that you intend to begin that day is indicated by examining the tooth with a mirror and explorer. (You may examine the patient without obtaining permission to proceed from your clinical instructor, do not proceed with any other treatment prior to receiving written permission to proceed from your instructor.)
6. Have a Clinic Encounter Slip available for faculty signature.
7. Have any other patient documents requested available.
8. Request Permission to Proceed in your Treatment Progress Notes.

**Grading Forms**
1. Have the upper section of the Operative Grade Form properly filled out and ready for faculty signature.
2. Have the Clinic Encounter Form available.

**Miscellaneous**
1. Have study models available, if requested by attending faculty.
2. Be able to provide any additional items requested or answer any questions posed by attending faculty regarding your proposed treatment.

Grade forms and certain patient chart records are available in the wall dispensary located in the student laboratory in gold clinic.

It will take you a few clinic sessions to become familiar with the routine for securing Permission to Proceed. Most of the foregoing steps will become second nature over time. In addition, they will prepare you for future practice by developing a well-organized approach to the introductory management of your patients.
Date: 7/11/06

OU COLLEGE OF DENTISTRY
Proposed Treatment Plan

APPROVED

Approved for patient signature: ________________________________

Student number: N49
Patient number: 755421

NOTES AND COMMENTS:

Medical Alerts

ALLERGIC TO LATEX

ALLERGIC TO PENICILLIN

Proposed Treatment Procedures

<table>
<thead>
<tr>
<th>Pre-Op --</th>
<th>Seq</th>
<th>ADA Code</th>
<th>Tooth</th>
<th>Surface</th>
<th>Description</th>
<th>Est Fee</th>
<th>Completion Date</th>
<th>PC#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Order</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>1</td>
<td>210 00</td>
<td>INTRAORAL CMP</td>
<td>31.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>2</td>
<td>4910 00</td>
<td>PERIO MNT</td>
<td>41.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>3</td>
<td>4910 00</td>
<td>PERIO MNT</td>
<td>41.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>4</td>
<td>4910 00</td>
<td>PERIO MNT</td>
<td>41.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>5</td>
<td>4910 00</td>
<td>PERIO MNT</td>
<td>41.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>6</td>
<td>3330 00 30</td>
<td>ROOT CANAL, M</td>
<td>216.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>7</td>
<td>2554 00 30</td>
<td>PREPARE POST &amp;</td>
<td>89.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>8</td>
<td>2331 00 06</td>
<td>ML RESIN, 2 SUR</td>
<td>54.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>9</td>
<td>2331 00 07</td>
<td>DL RESIN, 2 SUR</td>
<td>54.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>10</td>
<td>2335 00 07</td>
<td>MIPL RESIN, 4 SUR</td>
<td>84.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>11</td>
<td>2331 00 08</td>
<td>ML RESIN, 2 SUR</td>
<td>54.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>12</td>
<td>2331 00 08</td>
<td>DL RESIN, 2 SUR</td>
<td>54.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>13</td>
<td>2335 00 09</td>
<td>MIPL RESIN, 4 SUR</td>
<td>84.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/19/2006 047</td>
<td>14</td>
<td>2335 00 09</td>
<td>DIFL RESIN, 4 SUR</td>
<td>84.00</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that the estimated fee for the above treatment is $5184.00 and the above treatment plan has been explained to me and I consent to its performance. I also understand that the quoted fee is only an estimate subject to change.

Re: __________________________

Patient signature: __________________________

Student signature: __________________________

Faculty signature: __________________________
### CARIES RISK ASSESSMENT (CRA)  DATE: 6/20/06

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Assessment Criteria</th>
<th>1 pt</th>
<th>2 pt</th>
<th>3 pt</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIET</strong></td>
<td>Eats or drinks sugar sweetened beverages five or more times/day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chews regular (non-sugar-free) gum.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drinks any sugar-sweetened beverages between meals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eats mints, candies, pastries, chips, crackers, etc., between meals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does not drink or eat dairy products (milk, cheese) every day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CARIES ACTIVITY</strong></td>
<td>Carious lesions are present. (cavitated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of cavitated carious lesions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of non-cavitated enamel only carious lesion.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Five or more restored carious lesions (amalgams, composites, crowns)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FLUORIDE EXPOSURE</strong></td>
<td>No fluoride from water, supplemental drops or tables.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No fluoride from daily use of fluoridated toothpaste, rinse or gel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SALIVARY FLOW</strong></td>
<td>Mouth feels dry when eating a meal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Difficulty swallowing food.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has to sip liquids to aid in swallowing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amount of saliva in mouth seems &quot;too little&quot; most of the time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PLAQUE RETENTION</strong></td>
<td>High</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unacceptable amounts of plaque observed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acceptable plaque control observed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total score for all factors evaluated **10**

- Caries Risk Assessment: X High-CRA >10 or > 3 cavitated lesions  
  - 3 mo re-evaluation
- Moderate CRA 5-9  
  - 6 mo re-evaluation
- Low CRA 4 or less  
  - 1 yr re-evaluation

### OPERATIVE PREVENTIVE TREATMENT PLAN OPTIONS

<table>
<thead>
<tr>
<th>Indications</th>
<th>Treatment Options</th>
<th>Code</th>
</tr>
</thead>
</table>
| Moderate or High caries risk                      | 1. Antimicrobial 0.12% Chlorhexidine Rinse (Peridex)  
  2. Plaque control: Oral hygiene instruction  
  3. OTC Fluoride (ACT/Fluorigard Oral B 0.05% NaF) along with twice daily use of fluoride toothpaste  
  4. Rx Fluoride Gel (Prevident – 1.1% NaF) in addition to twice daily use of fluoride toothpaste  
  5. Remineralization – for smooth surface demineralization -5% NaF varnish for 2 applications -1 week apart  
  Application Dates: #1 and #2.  
  Tooth numbers to be remineralized (with surfaces):  
  *Tooth #*  
  Surface                                                  | 09630 |
| Moderate or High caries risk with deep retentive fissures | Preventive Sealants                                                             | 01351 |
| Moderate or High caries risk                      | 1. Antimicrobial 0.12% Chlorhexidine Rinse (Peridex)  
  2. Plaque control: Oral hygiene instruction  
  3. OTC Fluoride (ACT/Fluorigard Oral B 0.05% NaF) along with twice daily use of fluoride toothpaste  
  4. Rx Fluoride Gel (Prevident – 1.1% NaF) in addition to twice daily use of fluoride toothpaste  
  5. Remineralization – for smooth surface demineralization -5% NaF varnish for 2 applications -1 week apart  
  Application Dates: #1 and #2.  
  Tooth numbers to be remineralized (with surfaces):  
  *Tooth #*  
  Surface                                                  | 09630 |

Student Signature: Humph E. Student  
Faculty Signature: Terry Faita  
Date: 6/20/06
### Initial Gingival Tissue Evaluation

<table>
<thead>
<tr>
<th>Color</th>
<th>Normal</th>
<th>Reddened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaque Retention</td>
<td>Normal</td>
<td>Unacceptable</td>
</tr>
<tr>
<td>Bleeding</td>
<td>None</td>
<td>Slight</td>
</tr>
</tbody>
</table>

### Caries Risk

- High (
- Moderate ( 
- Low  

---

### OPERATIVE TREATMENT PLAN WORK-UP

(List only teeth to be treated)

<table>
<thead>
<tr>
<th>TOOTH</th>
<th>SURFACES</th>
<th>MATERIAL</th>
<th>PRIORITY CARE</th>
<th>PREVENTIVE FL/SEAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 UR3Molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 UR2Molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 UR1Molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 UR2PreMolar</td>
<td>MOD</td>
<td>RES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 UR1PreMolar</td>
<td>MOD F</td>
<td>AM</td>
<td>X</td>
<td></td>
<td>Pin</td>
</tr>
<tr>
<td>6 URCuspid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 URLateral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 URCentral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 ULCentral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 ULLateral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 UCuspid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 UL1PreMolar</td>
<td>MO</td>
<td>RES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 UL2PreMolar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 UL1Molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 UL2Molar</td>
<td>DO</td>
<td>AM</td>
<td>X</td>
<td></td>
<td>E &amp; E</td>
</tr>
<tr>
<td>16 UL3Molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 LL3Molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 LL2Molar</td>
<td>O</td>
<td>AM</td>
<td></td>
<td></td>
<td>PRR</td>
</tr>
<tr>
<td>19 LL1Molar</td>
<td>MO</td>
<td>AM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 LL2PreMolar</td>
<td>MO</td>
<td>AM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 LL1PreMolar</td>
<td>O</td>
<td>RES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 LLCuspid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 LLLateral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 LLCentral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 LRCentral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 LRLateral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 LRCuspid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 LR1PreMolar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 LR2PreMolar</td>
<td>MOL</td>
<td>AM</td>
<td>X</td>
<td></td>
<td>ENDO?</td>
</tr>
<tr>
<td>30 LR1Molar</td>
<td>O</td>
<td>RES</td>
<td></td>
<td></td>
<td>PRR</td>
</tr>
<tr>
<td>31 LR2Molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 LR3Molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Signature:** hap E. Student

**Faculty Signature:** Terry Fruits  
**Date:** 6/20/06
**PRIORITY CARE/CARIES CONTROL TREATMENT PLAN**  
( Must be completed prior to Preventive Treatment and Routine Operative Treatment )

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Tooth #</th>
<th>Surface</th>
<th>Procedure</th>
<th>Dept. Referral</th>
<th>Refer to DS III or IV</th>
<th>Student Name</th>
<th>Date of Treatment</th>
<th>FACULTY SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>MODF</td>
<td>Pin Am</td>
<td></td>
<td>John Doe DS IV</td>
<td>7/14/06</td>
<td>Terry Fruits</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>DO</td>
<td>E&amp;E</td>
<td></td>
<td>Jane Doe DS IV</td>
<td>7/22/06</td>
<td>Terry Fruits</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>29</td>
<td>MOL</td>
<td>Endo</td>
<td>Endo</td>
<td>Joe Blow DS IV</td>
<td>8/3/06</td>
<td>Terry Fruits</td>
<td></td>
</tr>
</tbody>
</table>

**Initial Operative Treatment**

Priority Care/Caries Control Treatment Completed
Preventive Operative Treatment Initiated

**ROUTINE OPERATIVE TREATMENT PLAN**

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Tooth #</th>
<th>SURFACE</th>
<th>MATERIAL SEAL/PRR/RES/AM/GI</th>
<th>PROCEDURE NUMBER</th>
<th>DATE OF TREATMENT</th>
<th>FACULTY SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18</td>
<td>O</td>
<td>AM</td>
<td>2140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>MO</td>
<td>AM</td>
<td>2150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>20</td>
<td>O</td>
<td>RES</td>
<td>2391</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>MOD</td>
<td>RES</td>
<td>2393</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>12</td>
<td>MO</td>
<td>RES</td>
<td>2392</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>30</td>
<td>O</td>
<td>RES/PRR</td>
<td>2391</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**QC – Completed Operative Treatment Review**

Student Signature:  
Faculty Signature:  
Date: 6/20/06
Treatment Progress Notes

<table>
<thead>
<tr>
<th>Date</th>
<th>Procedure Number</th>
<th>Fee Form Number</th>
<th>Tooth Number</th>
<th>Surface(s) or Area</th>
<th>Each entry must be complete and have signature of student/faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-1-06</td>
<td>02160</td>
<td>000769</td>
<td>#12</td>
<td>MOD</td>
<td>PTP #12 MOD Amalgam</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>#12 MOD amalgam – removed all old</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>restoration and caries; near exposure in DB</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>proximal box; placed Dycal followed by Vitrabond Liner</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>utilized One Step Plus adhesive system</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(pumice, etch, adhesive), restored with amalgam.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.8ml 2% xylocaine 1:100,000 epinephrine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rubber dam isolation was utilized.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## ENCOUNTERS SLIP

<table>
<thead>
<tr>
<th>Student #</th>
<th>Discipline</th>
<th>Tooth/surface</th>
<th>ADA code</th>
<th>Description</th>
<th>Status</th>
<th>Faculty signature</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/MOD</td>
<td></td>
<td>2160</td>
<td>Amal, 3 Sur, PERM</td>
<td>D</td>
<td>60</td>
<td>54.00</td>
<td></td>
</tr>
</tbody>
</table>

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

### Current Appointment Information

- **Location:**
  - [ ] Oral Diagnosis
  - [ ] Oral Surgery
  - [ ] Gains Clinic
  - [ ] Blue Clinic
  - [ ] Bursary Clinic

- **Discipline:**
  - [ ] Predoctoral Program
  - [ ] Dental Hygiene
  - [ ] AEGD
  - [ ] Graduate Periodontics
  - [ ] Graduate Orthodontics

---

**University of Oklahoma**
**College of Dentistry**
1201 North Stonewall Ave.
Oklahoma City, OK 73117
DETERMINATION OF COMPETENCE

Assessment of professional growth and competence involves consideration of many interrelated factors. It is impossible to standardize student clinical experiences and unrealistic to expect all students to demonstrate the same level of expertise, professionalism, and maturity at any given stage of evaluation. A fair assessment of competence must consider the quantity/difficulty of work performed, the quality of that work, and the judgmental skills exercised in producing that work. Stated another way, evaluation must consider both the product (end result) and the process (means used to achieve the end result). Competence is evaluated in a situation where the student is working independent of faculty assistance.

COMPETENCY BASED CURRICULUM

The curriculum for the pre-doctoral dental program at the University of Oklahoma College of Dentistry is designed based on a list of defined areas of competency. Each student must exhibit competency in each of these areas prior to graduation. The department of operative dentistry provides didactic materials, clinical training, and evaluation directed to help students accomplish several of these defined competencies. The competencies that are the main focus of our courses are listed as competency 11.1, 11.2, 11.3, 11.5, and 11.7 in the college’s defined list of competencies for new graduates. These competencies state that a student should be able to:

11.1 “Restore teeth with amalgam utilizing appropriate measures to ensure adequate restoration of function and the protection of the pulp and periodontal tissues.”
11.2 “Restore teeth with composite resins utilizing appropriate measures to ensure adequate restoration of function and the protection of the pulp and periodontal tissues.”
11.3 “Restore teeth with glass ionomer restorative material utilizing appropriate measures to ensure adequate restoration of function and the protection of the pulp and periodontal tissues.”
11.5 “Apply the principles and concepts of esthetics in the restoration of defective teeth.”
11.7 “Fabricate and place temporary restorations utilizing procedures to ensure the protection of the pulp and periodontal tissues.”

Each student must exhibit competency in these areas by achieving an overall passing average on written and practical examinations in preclinical courses, and by completing a minimum number of clinical experiences along with a series of competency examinations in the clinical courses at an acceptable level to be eligible for graduation.
Operative Dentistry uses an evaluation system that assesses your clinical competence at the end of each of the six grading periods. This system considers the three major areas of quality, quantity, and professionalism.

**QUALITATIVE OBJECTIVES**

Quality refers to the characteristics of the work performed. Your work will be compared to both the stated assessment criteria established and described in the operative preclinical course manuals for each type or restorative procedure, and with standards of acceptability as established in and by the dental community. A good average dental restoration would be classified as "Clinically Acceptable" (CA). Restorations above the average would be described as "Many Exceptional Qualities" (MEQ) or "Total Exceptional Qualities" (TEQ); those that fall below accepted standards would be classified as "Marginal" (M) or "Failure" (F). Quality will be assessed for each unit of work performed in clinic. The grading form used, the specific areas of evaluation for each procedure, and the effect of quality assessment on your total clinical grade are described later in this section.

**Conversion of Descriptive Evaluations to Numerical Grades**

<table>
<thead>
<tr>
<th>Quality Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Exceptional Qualities (TEQ)</td>
<td>100%</td>
</tr>
<tr>
<td>Many Exceptional Qualities (MEQ)</td>
<td>90%</td>
</tr>
<tr>
<td>Clinically Acceptable (CA)</td>
<td>80%</td>
</tr>
<tr>
<td>Marginal (M)</td>
<td>70%</td>
</tr>
<tr>
<td>Failure (F)</td>
<td>50%</td>
</tr>
</tbody>
</table>

**QUANTITATIVE OBJECTIVES**

Quantity refers to the total number of clinical operative procedures you complete. Quantitative objectives are necessary to ensure that all students perform at least an established baseline amount of work that will assist in the evaluation of achieving "competence". In addition, quantitative minimal clinical experiences set a standard by which all students can be evaluated fairly and equitably. We have developed a quantitative required clinical experiences system based on points. To be considered for graduation, you must accumulate a minimum number of points that reflects the amount and type of clinical experiences encountered. You must, in addition, earn these points in specific categories that represent the major areas of operative dentistry you will be exposed to in practice.

You will be considered quantitatively eligible for graduation when you have accumulated a minimum of 410 points distributed as follows:

**Class II Restorations: A minimum of 110 points.**

- At least 20 points of the 110 Class II points must be Class II Amalgams
- At least 20 points of the 110 Class II points must be Class II Resins

Example: 70 points of Class II amalgams and 40 points of Class II composite resins would meet the minimum clinical experiences for 110 points of Class II restorations.
Composite Resin Restorations: A minimum of 60 points.

These must be Class I, III, IV, V and VI composite resin restorations. Class II composite resins will not be counted in this category because they will be used to satisfy the minimum clinical experiences for Class II restorations.

The remaining 240 Operative Points of clinical experiences can be earned by completing whatever restorative treatment your patients require.

Core restorations must satisfy all the criteria of a final restoration (contour, contact, anatomy, marginal integrity and occlusion) to receive point credit as a Class II restoration. All amalgam restorations will be considered “completed” at the initial appointment as long as they have been smoothly carved, and adequately marginated and finished. A second polishing appointment will not be necessary in these cases. The Western Regional Examining Board has a similar requirement for finishing of the amalgam restoration on the board examination. If the clinical instructor feels that the amalgam restoration has not been adequately carved, marginated or finished, a second appointment will be required prior to the procedure being considered completed.

In addition to the above points, you must successfully complete, with a passing grade, all clinical competency examinations to be considered for graduation.

A list of those operative procedures you will have occasion to perform and their associated point value is reproduced on the following page. This chart is posted at every operative clinic cubicle for your convenience. Procedures not listed are usually done under the close supervision of a particular instructor who will determine the appropriate point credit.

In addition to the 410 points needed for consideration for graduation, minimum clinical experience point totals have been established for each of the six grading periods. This is to space your operative activities such that your progress is consistently paced. Note from the following table, to be eligible to receive a passing grade, you must accumulate the specified minimum number of points by the end of each grading period. If you do not accumulate the minimum number of points by the end of each grading period, you may receive a grade of “Incomplete” or “Failing” for that grading period. Point totals in the following table are cumulative.

<table>
<thead>
<tr>
<th>MINIMUM POINTS REQUIRED PER GRADING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
</tr>
<tr>
<td>15</td>
</tr>
</tbody>
</table>

The quality of your work (daily work and professionalism) will be computed into a specific grade. You must also complete the minimum quantity of clinical experiences to receive that grade. For example, if you have a combined quality grade of 86% at the end of Grading Period II (Fall, 3rd Year) you would warrant a grade of “B” for Grading Period II. However, you must also have accumulated at least 50 points. If you do not accumulate at least the minimum established points for a specified grading period (in this example 50 points) you may receive a grade of “Incomplete” or “failing” for that grading period. See chart page 30.

Example: Quality Work (daily work and professionalism) = 86%

Points = 50 of more
Grade for Grading Period II = B

Example: Quality Work (daily work and professionalism) = 86%

Points = 49 points or less
Grade for Grading Period II = F

You will also need to successfully complete all required clinical competency examinations to be eligible for graduation. See page 34 for more details.

Grading Period I Spring 2nd Year

Students must have an approved master treatment plan completed before any patient can be treated in the Gold Clinic in the spring semester of their second year. During this grading period, sophomore students may earn up to 16 points of clinical experiences in operative dentistry by assisting junior or senior dental students in the gold clinic during their assigned clinic periods. All students completing at least 15 points of clinical experiences will receive the grade of “A” for this grading period. If they fail to complete at least 15 points of clinical experiences, they will receive a grade of “F” for this grading period.

Grading Period II Fall Semester 3rd Year

It is recommended that students have at least a total of six patients with typed and approved master treatment plans completed before the fall semester of their third year. This number of patients in the student’s patient family should help them fill the clinic sessions available to them
for the semester. Students should remember that they need to continue to acquire and treatment plan the necessary patients needed to assure that they are able to complete their minimum clinical experience in the Operative Clinic and other clinical disciplines. At this time students should begin to complete the competency exams required for graduation. (See page 34)

**PROFESSIONALISM OBJECTIVES**

Your thought processes and actions in effecting the best possible treatment for your patients will determine your grade for professionalism. Whereas quality refers to product evaluation, professionalism is process evaluation. This is an important part of your clinical evaluation and will count 25% of your grade for each procedure you attempt in gold clinic. For each procedure that you attempt, a grade will be assessed for professionalism. This grade is based on the following criteria:

**Demeanor** Your appearance, manner, attitude, and ability to instill confidence, cooperation, and trust in your patients. Rapport with clinical faculty and staff; utilization of alternative treatment approaches as required; ability to accept and implement constructive criticism; etc.

**Patient Management** The care, empathy, and concern you demonstrate for your patients' physical and emotional needs; your level of rapport with your patients; your ability to educate them in the maintenance of oral health and hygiene.

**Knowledge of Subject** Your preparedness for and knowledge of the procedures you are performing. Show the ability to apply your knowledge to utilize good clinical judgment in making proper decisions in regard to the patient's care.

**Organization of Work Area** Your efficiency and organization in arranging all necessary equipment, instruments, and supplies; the completeness of your armamentaria; your utilization of auxiliary personnel to best advantage.

**Efficiency** Your ability to demonstrate punctuality, properly gauge your activities in relation to available clinic time, and manage allotted time to full advantage. Your grade will be affected if you run over the allotted time allowed for the clinic period.

**Treatment Planning** Your diagnostic skills in developing a complete, properly sequenced, and well-planned treatment scheme in managing patient needs.

**Records** The compilation of all necessary treatment documents as a full and complete medicolegal record of your activities during patient treatment.

**Infection Control** Adherence to standard protocols for asepsis and infection control during the treatment is critical to well being of you and your patient.
EVALUATION OF PERFORMANCE

As mentioned earlier, clinical competence will be measured in terms of quantity, quality, and professionalism. Your combined performance in these areas will determine the grade you receive in each grading period according to the following percentages:

- Daily Clinical Procedures: 75%
- Professionalism: 25%

Evaluation will be provided in terms of performance description, rather than a number or letter grade. Your quality evaluation will fall into any one of five categories: Total Exceptional Qualities (TEQ); Many Exceptional Qualities (MEQ); Clinically Acceptable (CA); Marginal (M); or Failing (F). This scale encourages you to assess your work in terms of clinical acceptability, expected success/longevity of the procedure, relationship to accepted standards in the dental community, and service to the patient. You should already be familiar with these descriptors since they were used in your preclinical laboratory courses.

Conversion of Descriptive Evaluations to Numerical Grades

- Total Exceptional Qualities (TEQ): 100%
- Many Exceptional Qualities (MEQ): 90%
- Clinically Acceptable (CA): 80%
- Marginal (M): 70%
- Failure (F): 50%

DAILY CLINICAL WORK

For grading periods II - VI, the grades earned for all clinical procedures will be weighted and averaged to arrive at a mean grade for daily clinical performance. This grade will count as your clinical grade for each grading period.

Weighting of procedures is based on associated point value. The grade received for a 4-point procedure will count four times the grade received for a 1-point procedure. To illustrate: Assume you earn a grade of 90% for a Class II MO amalgam (4 pts) and 70% for a Class I pit amalgam (1 pt). Your overall grade is calculated as follows:

\[
\frac{(90 \times 4) + (70 \times 1)}{5} = \frac{430}{5} = 86\%
\]

Without weighting, your mean score would be 80% (90 + 70/2). The weighted grade of 86% reflects better performance on the more difficult procedure.
All work done in operative clinic is cumulative and will count towards the 410 total points required for graduation consideration. However, your daily work grade for each grading period will be determined on the work completed during that period only.

CAUTION!! Some students may get far enough ahead in their point total accumulations that they relax their efforts in a later grading period. This is very unwise since the computer will record a grade of zero for daily work if no work was done in that semester and incorporate that zero as the semester grade. Regardless of how far ahead you get, you must always do at least one daily work procedure in each period to avoid this type of grade penalty.

CLINICAL COMPETENCY EXAMINATIONS

Clinical competency examinations are meant to evaluate your ability to work independently to show competence in successfully completing specific procedures at a clinically acceptable level. During the Clinical Competency exams the student is expected to perform selected procedures successfully with no aid from clinical instructors. The schedule for clinical examinations is as follows:

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 patients 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 Periods 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.

Clinical Examination Protocol

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 during grading periods as indicated in the previous section. 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. More than one competency may not be completed in the same quadrant during the same clinic sessions. Additional competencies may be completed in the same session if located in another arch requiring additional anesthesia and rubber dam isolation.

To receive examination credit, all examinations must be completed during the appointment in which they are begun and within the time allowed for that clinical period.

**Tooth Selection for Clinical Competency Examinations**

Since the intent of clinical competency examinations is to allow you to demonstrate clinical competency and to provide the training and experience to successfully pass the regional board licensing examination, tooth selection criteria are designed to mirror current board requirements as follows:

**Presentation of an Operative Treatment Plan**
1. To qualify for a competency exam, the proposed operative treatment plan must involve at least six teeth in need of direct restorative treatment.
2. The student must present any medical history that they feel is relevant to the treatment of the patient in operative clinic.
3. The student must have completed a caries risk evaluation, a preventive treatment plan, and a proposed list of operative treatment needs.
4. After the instructor reviews the information presented and evaluates the patient, the student must complete a properly sequenced operative treatment plan.

**Class II Amalgam or Class II Composite**
1. Must involve a minimum of two surfaces (MO or DO) of any posterior tooth except the mesial of mandibular first premolars.
2. Must be a primary carious lesion extending radiographically or clinically into dentin on at least one proximal surface.
3. Tooth must be in occlusion with the opposing arch; proximal contact with the adjacent tooth must be restored.

**Class III Composite**
1. Must involve the proximal surface of any anterior tooth.
2. Must be a proximal primary lesion extending radiographically or clinically into dentin.
3. Surface to be restored must have proximal contact with an adjacent tooth. However, the preparation need not involve the contact area.

**Class V Composite**
1. Must involve the cervical one-third of the facial surface of any anterior or premolar tooth.
2. May be a primary carious lesion or may be a non-carious lesion (Abfraction, erosion, or abrasion).
3. Pit restorations are not acceptable. It will be at the discretion of the clinic instructor to determine if the lesion or defect offers a clinical experience that will qualify it as an effective examination situation.

**Complex Class II Amalgam with Cusp Replacement**
1. Must involve the proximal surface of a posterior tooth.
2. The lesion must necessitate the removal and restoration of at least one major cusp.

3. The student must determine the need for pin retention during the examination.

Final approval of tooth selection for any clinical examination is at the discretion of the instructor monitoring the examination. Should you have a potential test case that has questionable acceptability, seek advice from operative faculty prior to scheduling the examination.

**QUANTITY (POINT SYSTEM)**

Remember that points are only credited for completed clinical activity (validated when the hard copy of the grade form is dated and turned in). If you begin a procedure in one grading period but complete it during a later period, the associated points will be credited in the later period. The number of points associated with each type of procedure is listed on page 37.

Because the point system is based on the number of surfaces involved, there is some potential for abuse by students. Removal of tooth structure without cause is flagrantly unprofessional, unethical, and equivalent to malpractice. The following policies have been established to monitor use of the point system:

1. You will fill in all appropriate information on the grade form for surfaces involved in the upper left portion of the grade sheet prior to receiving permission to proceed on the preparation.

2. **You will be expected to initially prepare an ideal cavity preparation in regard to depth and outline extensions. At this point you must have your instructor examine the ideal initial preparation and you must describe any modifications that you would like to make to the preparation beyond the ideal criteria for that preparation.**

3. At the time of final preparation check, your instructor will evaluate the modified preparation, mark the surfaces involved, enter the appropriate procedure code, and assign the appropriate points in the lower portion of the grade sheet. **CAUTION!! If your preparation includes any surface not approved by the instructor, you will receive no points for the procedure, the number of points that would have been assigned will be subtracted from your overall point total, and you will receive a grade of zero on your professionalism grade for that procedure. Repeated violations may result in loss of privileges to treat patients in the gold clinic.**

4. Faculty have the option of adding or subtracting up to two points on any procedure entailing a deviation from the "norm" that makes it easier or more difficult. Examples include cusp capping (points added) or restoring a tooth with no opposing occlusion or adjacent tooth (points subtracted).
### AMALGAM PROCEDURES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Surface – 02140</td>
<td>$43.00</td>
<td>1 pt. Any pit restoration (B, L, OL) or separate pits</td>
</tr>
<tr>
<td>Class I pit</td>
<td>1 pt.</td>
<td>Any pit restoration (B, L, OL) or separate pits</td>
</tr>
<tr>
<td>Class I occlusal</td>
<td>2 pts.</td>
<td>Full occlusal or separate pits</td>
</tr>
<tr>
<td>Class V</td>
<td>3 pts.</td>
<td>Any cervical restoration (B, L)</td>
</tr>
<tr>
<td>Class VI cusp tip</td>
<td>1 pt.</td>
<td>Any cuspal pit restoration</td>
</tr>
<tr>
<td>Two Surface – 02150</td>
<td>$55.00</td>
<td>3 pts. OL, O-OL, OB</td>
</tr>
<tr>
<td>Class I 2 - surfaces</td>
<td>3 pts.</td>
<td>OL, O-OL, OB</td>
</tr>
<tr>
<td>Class II 2 - surfaces</td>
<td>4 pts.</td>
<td>MO, DO</td>
</tr>
<tr>
<td>Class III 2 - surfaces</td>
<td>3 pts.</td>
<td>ML, DL</td>
</tr>
<tr>
<td>Three Surface – 02160</td>
<td>$66.00</td>
<td>3 pts. BOL</td>
</tr>
<tr>
<td>Class I 3 - surfaces</td>
<td>3 pts.</td>
<td>BOL, MOL, DOL</td>
</tr>
<tr>
<td>Class III 3 - surfaces</td>
<td>5 pts.</td>
<td>ML, or DL connected to a Class V</td>
</tr>
<tr>
<td>Core Amalgam – 02950</td>
<td>$75.00</td>
<td>(These pts. awarded only if agg. clinically acceptable as final restoration)</td>
</tr>
<tr>
<td>Core Amalgam – 02950</td>
<td>$75.00</td>
<td>1 pt. - Interim restoration</td>
</tr>
<tr>
<td>Core Amalgam – 02950</td>
<td>$75.00</td>
<td>2 pts. - Interim restoration</td>
</tr>
<tr>
<td>Core Amalgam – 02950</td>
<td>$75.00</td>
<td>3 pts. - Interim restoration</td>
</tr>
<tr>
<td>Core Amalgam – 02950</td>
<td>$75.00</td>
<td>4 pts. - Interim restoration</td>
</tr>
<tr>
<td>Four Surface – 02161</td>
<td>$81.00</td>
<td>8 pts. MODL, MODB, MODBL</td>
</tr>
<tr>
<td>Class II 4-surfaces</td>
<td>8 pts.</td>
<td>MODL, MODB, MODBL</td>
</tr>
<tr>
<td>Pin Retention – 02951</td>
<td>$17.00</td>
<td>Per tooth 1 pt.</td>
</tr>
</tbody>
</table>

### COMPOSITE PROCEDURES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Surface Anterior – 02330</td>
<td>$44.00</td>
<td>1 pt. Any pit or cusp tip restoration</td>
</tr>
<tr>
<td>Class I pit or VI pit</td>
<td>1 pt.</td>
<td>Any pit or cusp tip restoration</td>
</tr>
<tr>
<td>Class V</td>
<td>3 pts.</td>
<td>Any cervical restoration (B, L)</td>
</tr>
<tr>
<td>Incisal repair</td>
<td>2 pts.</td>
<td>Repair of small fracture/chips</td>
</tr>
<tr>
<td>Two Surface Anterior – 02331</td>
<td>$56.00</td>
<td>3 pts. ML, DL</td>
</tr>
<tr>
<td>Class III 2 - surfaces</td>
<td>3 pts.</td>
<td>ML, DL</td>
</tr>
<tr>
<td>Three Surface Anterior – 02332</td>
<td>$68.00</td>
<td>4 pts. ML or DL, connected to a Class V</td>
</tr>
<tr>
<td>Class III 3 - surfaces</td>
<td>4 pts.</td>
<td>ML or DL, connected to a Class V</td>
</tr>
<tr>
<td>Four Surface Anterior – 02335</td>
<td>$84.00</td>
<td>7 pts. Class III, Class IV and/or V connected</td>
</tr>
<tr>
<td>4 + surfaces</td>
<td>7 pts.</td>
<td>Class III, Class IV and/or V connected</td>
</tr>
<tr>
<td>Class IV</td>
<td>5 pts.</td>
<td>Class III plus incisal edge; must involve internal proximal contact</td>
</tr>
<tr>
<td>Four Surface Anterior – 02335</td>
<td>$84.00</td>
<td>7 pts. BOL, MOD, MOL, DOL, etc.</td>
</tr>
<tr>
<td>Core – 02950</td>
<td>See amalgam</td>
<td>4 Surface Posterior – 02394</td>
</tr>
</tbody>
</table>

### MISCELLANEOUS SERVICES & CODES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp SS Crown – 02931</td>
<td>$89.00</td>
<td>1 pt.</td>
</tr>
<tr>
<td>Protective Restoration – 02940</td>
<td>$30.00</td>
<td>1 pt.</td>
</tr>
<tr>
<td>Pulpal Debridement – 03221</td>
<td>$59.00</td>
<td>2 pts.</td>
</tr>
<tr>
<td>Desensitize Fl or Gluma – 09910</td>
<td>$18.00</td>
<td>1 pt.</td>
</tr>
<tr>
<td>Desensitize Resin – 09911</td>
<td>$25.00</td>
<td>1 pt.</td>
</tr>
<tr>
<td>Microabrasion – 09970</td>
<td>$26.00</td>
<td>2 pts.</td>
</tr>
<tr>
<td>Polish Restoration – 02002</td>
<td>$31.00</td>
<td>0 pts.</td>
</tr>
<tr>
<td>Home Fluoride Rx – 09620</td>
<td>$12.00</td>
<td>0 pts.</td>
</tr>
<tr>
<td>Bleaching/Arch – 09972</td>
<td>$100.00</td>
<td>6 pts.</td>
</tr>
<tr>
<td>Additional Bleaching Solution – 09975</td>
<td>$26.00</td>
<td>0 pts.</td>
</tr>
<tr>
<td>BW 2 Films – 0272</td>
<td>$13.00</td>
<td>0 pts.</td>
</tr>
<tr>
<td>BW 4 Film – 0274</td>
<td>$26.00</td>
<td>0 pts.</td>
</tr>
<tr>
<td>Miscellaneous Consult – 0110</td>
<td>(Use if no treatment is rendered)</td>
<td>Patient No Show – 1</td>
</tr>
<tr>
<td>Patient Cancellation – 2</td>
<td>0 pts.</td>
<td></td>
</tr>
<tr>
<td>Student No Show – 3</td>
<td>0 pts.</td>
<td></td>
</tr>
<tr>
<td>Student Cancellation – 4</td>
<td>0 pts.</td>
<td></td>
</tr>
</tbody>
</table>

Revised 1/10/11
5. Amalgam or composite restorations done in FPD, Endo, or OD clinic will receive operative point credit provided departmental guidelines are followed. (Refer to page 4)

6. Certain clinical procedures traditionally preserve tooth structure (oblique ridges of maxillary molars and transverse ridges of mandibular first premolars). Retaining these structures may not warrant additional credit just because two "separate" restorations are involved. For example, separate occlusal and distolingual groove preparations in a maxillary molar may be one procedure worth 3 points (not two procedures worth 5 points). If in doubt about procedures such as these, consult with your instructor.

7. Nominal point credit will be given for certain temporization and pulp treatment procedures provided they are planned as such. You will receive no points if you must temporize a tooth simply because you ran out of time. However, if you plan an E&E (excavate & evaluate) or if you must temporize a carious pulp exposure, you will receive the designated points for a temporary restoration.

8. When you and an operative instructor are working together on a "non-standard" procedure, point credit will be at the discretion of the operative faculty.

9. Specific point credit policies have been established for work outstanding on patients who must be terminated or inactivated. Refer to the section on Other Operative Policies later in this manual.

WHAT YOUR CLINIC GRADE MEANS

The following subjective grade descriptions are guidelines for those students interested in a more detailed meaning of a particular assigned grade:

**Grade of A** Denotes clinical excellence. The patient has received superior restorative treatment above the standard of clinical acceptability. The student has exceeded departmental objectives qualitatively and has demonstrated superior abilities in patient treatment. The student has met the minimum quantity of work for the specified grading period.

**Grade of B** Above-average qualities in many categories. Treatment demonstrates optimal expectations of longevity. The student has performed qualitatively above clinically acceptable standards on a consistent basis, and demonstrates continuing professional growth and a high level of knowledge, motivation, and ability. The student has met the minimum quantity of work for the specified grading period.

**Grade of C** Clinical acceptability. Treatment rendered restores the patient to an acceptable state of health, function, and esthetics and demonstrates a reasonable expectation of longevity. The student has met the minimum quantity of work for the specified grading period.
Grade of D  Clinically unacceptability. Treatment rendered demonstrates questionable longevity. The student does not demonstrate an adequate level of professional growth. Treatment must be restored to clinically acceptable standards.

Grade of F  Clinical failure. Treatment rendered must be replaced or repeated. The student has not demonstrated the minimum clinically acceptable standards on which future success depends. He/she has not completed required clinical examinations and/or has failed to observe departmental policies on which a passing grade depends. The student has not met the minimum quantity of work for the specified grading period.

DETERMINATION OF COURSE GRADE
Your grades for all clinical activity in each grading period will be weighted and converted to a percentage. To be eligible for a given grade, you must accumulate the minimum number of points (refer to the table on Page 29) and a combined percentage according to the following:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>89% and above</td>
</tr>
<tr>
<td>B</td>
<td>86% - 88%</td>
</tr>
<tr>
<td>C</td>
<td>78% - 85%</td>
</tr>
<tr>
<td>D</td>
<td>73% - 77%</td>
</tr>
<tr>
<td>F</td>
<td>72% and below</td>
</tr>
</tbody>
</table>

Final scores will be as computed and will not be rounded to the nearest whole number.

RECONCILIATION OF RECORDS
As you progress through clinical operative dentistry, the number of patients you treat, the number of procedures you perform, and the amount of paperwork necessary to document your progress will all increase. Accordingly, you should have a strong interest in the correct management of your records, especially those dealing with evaluation and grades. We have developed a system of periodic record checking designed to keep you regularly informed of your progress and to provide us with information necessary for grade assignment and consultation.

Before you can be cleared for graduation, all work outstanding must be fully reconciled. For every white (start) copy of a grade form on file, there must be a corresponding hard (finish) copy indicating completion. At the approximate midpoint of each grading period, you will be given a progress report that specifies your accumulated points (total and by category), number of procedures outstanding, etc.

STUDENT CONSULTATIONS
If your progress report indicates that consultation is needed, you must make an appointment to see the appropriate course director within five school days of receipt of the report. During consultation, all discussions, recommendations, and suggested follow-up will be documented.

The majority of consultations will result from deficiencies noted on your progress report. You may; however, request consultation with any operative faculty any time you feel such interaction would be helpful.
OTHER OPERATIVE POLICIES
AND
GENERAL INFORMATION

This section deals with other operative policies, procedures and general information not addressed in previous sections.

ISOLATION PROCEDURES

The use of rubber dam in operative clinic is mandatory. Adequate vision, access, and manipulation of moisture-sensitive restorative materials demands complete isolation. Accepted isolation principles are detailed in your preclinical syllabi. Briefly, they include the following:

1. Posterior isolation: from midline to at least one tooth distal to the tooth being treated (if possible).
2. Anterior isolation: from first premolar to first premolar.
3. Single tooth isolation is not acceptable.
4. Rubber dam clamp: ligated and stable on the anchor tooth with no damage or strangulation of gingival tissue.
5. Face napkin and Young’s (U-shaped) frame must always be used.
6. Rubber dam completely inverted around the necks of the teeth with no interseptal bunching or gingival tissue extrusion.
7. You must exercise judgment in determining when the overall condition of the rubber dam demands its replacement.

The use of rubber dam may not always be practical or expedient. If you feel that it cannot be used, notify your instructor who will verify this and allow you to proceed without rubber dam. In such instances, cotton rolls and a saliva ejector or Svedopter must be used throughout the procedure.

NOTE: There are varying weights and colors of rubber dam available in gold clinic. The type used is generally at your discretion and that of your instructor. However, for all procedures involving esthetic restorative materials, the rubber dam of choice is the conventional dark grey.

CARIES REMOVAL

Whenever possible, all caries is removed from the tooth. however, indirect pulp capping is indicated in many situations and may be approved by your instructor. Should a pulp exposure result, you and your instructor will determine if direct pulp capping is feasible or if root canal therapy is indicated.
HIGH-SPEED CUTTING PROCEDURES

Air-water spray coolant must be used during all high-speed cutting procedures. If your finishing and polishing procedures include the use of high-speed rotary instrumentation, air-water coolant is not necessary. However, air coolant is mandatory.

ADJACENT ("BACK TO BACK") CAVITY PREPARATIONS

If you must restore adjacent teeth with contacting proximal restorations, it is advisable to restore them at two separate appointments to maintain maximum control of interproximal contact and contour. As you develop proficiency, you may be allowed to treat adjacent lesions by preparing both teeth, restoring one to proper form and contour, waiting a suitable time for initial set of the restoration, and then restoring the second tooth. Do not institute such procedures without faculty consent.

DAMAGE TO ADJACENT TEETH

If you damage an adjacent tooth during cavity preparation, your instructor will determine if recontouring can correct the defect or if a restoration must be placed (or replaced). If you must place a restoration due to damage you caused, you will do so for no credit and at no charge to the patient. Whether the affected surface can be recontoured or requires a restoration, you will receive a failing grade for the cavity preparation and/or the restoration.

MANAGEMENT OF PULP EXPOSURES

Pulp exposures can be mechanical or carious. Mechanical exposures are caused by the operator because of over-preparation. Carious exposures are caused during caries excavation and are generally unavoidable in some situations involving deep caries when an indirect pulp cap procedure is not indicated. Mechanical exposures will receive a failing grade for both cavity preparation and clinical judgment. Unavoidable carious exposures will generally be graded without bias. Treatment of pulp exposures will be determined through consultation with your instructor. Choice of treatment will involve consideration of such factors as pre-op symptoms, size of exposure, age of patient, degree of salivary contamination, etc.

WORKING WITH DIFFERENT INSTRUCTORS

You are assigned to work with the same instructor for any one given procedure. Do not change instructors without the permission of the instructor that initially started your procedure. If you must use two instructors, fully explain to the second instructor
everything you were advised to do by the first. The second instructor will generally allow you to continue as you were initially directed.

**CALLING INSTRUCTORS**
**FOR WORK COMPLETION CHECKS**

When you complete work on your patient, the following must be done before you call your instructor for final evaluation:

1. Have a clean mirror, explorer, floss and articulating paper available.
2. Keep your patient draped and in a reclined position (unless there will be excessive delay before the instructor gets to you).
3. Have all pertinent records completely filled out and available.
4. Have instruments readily available should the instructor need them.

If the above is not done before requesting a final check, the instructor may refuse to evaluate your work. It is discourteous to your classmates and to your patient to needlessly tie up an instructor who must wait until you are ready to be checked.

**SHARP INSTRUMENTS**

You are expected to sharpen or replace any instrument that cannot perform its function. Failure to do so will adversely affect your grade in clinical judgment.

**NUMBER OF PROCEDURES STARTED**

You may begin only one clinical procedure at a time. When cavity preparation has been completed and if enough time remains to complete a second procedure, your instructor may give permission to begin the second procedure. Also fill out only one Operative Grade Form at a time to reduce waste and expense. These policies ensure that you manage your clinic time properly, do not begin procedures that cannot reasonably be completed, and develop courtesy and consideration for the restricted time of both your patient and the faculty.

**LOST PATIENT CHARTS**

Patient charts are handled by many people and occasionally a chart will not be available when needed to record patient treatment in gold clinic. If your chart is temporarily lost or misplaced, the faculty will still allow you to work in clinic provided you:

1. Take at least one periapical radiograph of the tooth to be treated.
2. Have the instructor verify the lesion or defective restoration.
3. Complete a short medical/dental history.
4. Fill out appropriate Treatment Progress Notes describing the procedures done and noting that the chart has been lost or misplaced.

Your instructor will make an entry in these notes that no further operative work may be done until the chart has been located or a new chart developed.
PATIENT TRANSFER

Occasionally, patients are transferred from one student to another because of graduation, poor personal interaction between student and patient, or patient needs that are too difficult for a given student. This process must be cleared through the director of clinics office. In all such cases, the student to whom the patient is transferred must reroute the patient through operative clinic and develop a new Operative Treatment Plan Sequence. This may or may not entail a new Master Treatment Plan. The student who transfers a patient to another student is responsible for all operative work in progress at the time of transfer. Students may not complete work for credit that has been started by another student.

PATIENT TERMINATION

Any Operative work initiated but not completed at the time of termination, will receive half-credit. Only permanent restorations are eligible for half credit. Any portion of the grade for the procedure not evaluated, will receive a grade of “Failure”.

FACULTY OFFICE HOURS

Office hours for operative faculty can be obtained from the department secretary. The office hours for the course directors of each clinical course is listed a the front of this guide in the section listing the various courses. Please demonstrate courtesy and consideration by keeping unannounced visits to a minimum and by not seeking appointments before or after school hours or during the lunch-hour, unless prior arrangements have been made.

LIMITED TREATMENT
(Students Treating other Students)
(Students Assisting Students)
(Dental Hygiene Recall Patients)

We expect each student to develop treatment plans and complete the treatment for the patients in their own patient family. Treating patients outside of the family of patients that the student has worked up is not encouraged and will be allowed only in a few exceptions.

We will follow the guidelines defined by the office of the clinic director in regard to limited treatment of patients.

Patients seen for dental hygiene recall may require restorative treatment. These patients will be assigned to a dental student by the clinic director’s office for dental treatment. Once assigned, the dental student will bring the patient to the Gold Clinic for an operative evaluation prior to beginning treatment.
OPERATIVE TREATMENT PLANNING

When you develop an operative treatment plan, it should be done with full consideration of both the patient’s needs and your capabilities. Consider the following when determining proper treatment plan sequencing:

1. Obvious emergencies (pain, swelling, etc.) are always listed first, regardless of the difficulty level of such needs. These will be listed in the “Priority Care” section of the treatment plan and must be completed by you or an upperclassman as soon as possible and prior to starting routine operative procedures. Some of these may be referred to other clinics such as Endodontics or Oral Surgery.

2. All extensive lesions or defective restorations that have the potential of developing into emergency situations are listed next. These also will be listed in the “Priority Care” section of the treatment plan.

3. Remaining necessary treatment should be sequenced with a consideration of your abilities and the needs of your patient. Your initial clinical experiences as a sophomore should be limited to Class I pit or occlusal restorations until you have developed the expertise and confidence necessary to do more complex treatment.

As a sophomore, there will be some procedures listed in your treatment plan that you will not be able to provide treatment for initially due to your inexperience. These teeth will be noted as “priority care” situations and will be listed in the priority care section of the treatment plan. The instructor will note which of the teeth need immediate care and will indicate on the treatment plan that they need to be referred to an upper classman (DS III or IV) for immediate attention. Although you will not get to treat these types of teeth now, be patient, because you will get to treat them when you become more experienced. The next year the new class of DS II’s will be referring them to you. You should also initially try to sequence maxillary restorations ahead of mandibular restorations. While gravity and direct vision favor the mandibular arch, block anesthesia is required; maxillary teeth can often be infiltrated individually. It is more considerate of your patient to sequence treatment such that the comparatively more uncomfortable mandibular block injections are limited as much as possible. When you can accomplish multiple restorations per clinic session, the maxillary/mandibular distinction becomes less important.

TREATMENT PLANNING POLICIES

(See Treatment Plan Workup, Page 14)

Prior to actual routing, thoroughly review the tentative operative treatment plan as developed in Oral Diagnosis and modify it as necessary; do not accept the tentative plan as gospel. Gross deviations between what you list and what the patient actually needs reflects inadequate interest and/or preparation. Take the time to review and modify the treatment plan before you call an instructor for verification. He/she will then review with you the findings as listed on your Preventive Treatment Plan and Treatment Plan Workup sheet, and modify them as necessary before they are transferred to the Priority Care and Routine Operative Treatment Plan Sequence forms. As you transfer the workup information to these forms, enter one restoration per line.
A Master Treatment Plan will not be generated without routing through operative clinic. No operative treatment plan will be accepted by the Department of Oral Diagnosis that has not been developed and signed on the appropriate orange forms.

To ensure that no potential lesions are masked by either calculus or stain, the teeth must be clean prior to final treatment plan development. If the patient’s hygiene is such that full diagnosis cannot be accomplished, it may be necessary to reappoint your patient for an additional visit.

A new Operative Treatment Plan Sequence is required on all transfer patients. At the discretion of the faculty, a new Master Treatment Plan may also be required.

The treatment planning process can be very time-consuming. Therefore, no routing will be started after 11:30am for morning clinic sessions and after 3:30pm for afternoon sessions. Since the first half-hour of clinic periods is normally a very active time when students need faculty for start checks and consultations. In addition, no treatment planning will be done before 9:30am or before 1:30pm.

During clinics that are only half-full or less, please use an unoccupied chair close to the main area of clinical activity so that faculty can concentrate their activities in a smaller area. If you wish to route your patient through operative clinic and are not on the schedule, notify an attending instructor who will direct you to an unoccupied chair (if available) or ask you to wait until one becomes free.

**MOCK BOARDS**

During the Spring semester of the senior year (usually in April), an optional Mock Board clinical examination may be scheduled to prepare you for the actual licensing examination. Mock Boards will be scheduled in conjunction with the Office of Patient Management and will simulate as closely as possible the procedures and time constraints of the licensing board.

**Be sure to have Class II and/or Class III primary carious lesions saved in your patient family to use on the mock board.**

The Operative part of Mock Boards is optional and is offered to you as preparation for participating in your actual licensing board examination. You are not required to participate in Mock Boards. More detailed information regarding Mock Boards will be distributed as its scheduled time approaches.

**REASONABLE ACCOMMODATIONS FOR DISABILITIES:**

Our department follows the guidelines in providing reasonable accommodations for students with disabilities as stated in the student handbook.

Policy - The University of Oklahoma will reasonably accommodate otherwise qualified individuals with a disability unless such accommodation would: pose an undue
hardship, result in a fundamental alteration in the nature of the service, program or activity or cause undue financial or administrative burdens. The term "reasonable accommodation" is used in its general sense in this policy to apply to employees, students and visitors. The student must self-identify as an individual with a disability and provide appropriate diagnostic information that substantiates the disability. All diagnostic information is confidential; therefore, memos can be sent only at the student's request. Individuals who have complaints alleging discrimination based upon a disability should contact the Vice Provost for Academic Affairs in accordance with prevailing University discrimination grievance procedures.

http://www.ouhsc.edu/admissions/handbook/Reasonable_Accommodation.htm