CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

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Dental Pilot Project Program: Site Visit Report

The Dental Pilot Project Program allows authorized organizations to test, demonstrate and evaluate new or expanded roles for oral healthcare professionals before changes in licensing laws are made by the Oregon State Legislature. The intent of the project is to prove quality of care provided, trainee competency and patient safety in addition to the larger goals of access to care, cost effectiveness and the efficacy of introducing a new workforce model.

The Oregon Health Authority (OHA) is responsible for monitoring approved pilot projects and ascertaining the progress of each project in meeting its stated objectives and complying with program statutes and regulations. The primary role of OHA is monitoring for patient safety. Secondarily, OHA shall evaluate approved projects and the evaluation shall include, but is not limited to, reviewing progress reports and conducting site visits.

Site visits are conducted with the primary purpose of health and safety monitoring and surveillance and to determine compliance with administrative rules. Site visits are conducted using both qualitative and quantitative methodological approaches. They primarily consist of participant interviews and clinical records review.

Project Name & ID Number:	Dental Pilot Project #300 “Dental Therapist Project: Dental Hygiene Model”
Project Sponsor:	Willamette Dental Group
Date of Site Visit:	August 7, 2021
Site Location:	Pacific University – College of Health Professions School of Dental Hygiene Studies[1] 222 SE 8th Avenue Hillsboro, Oregon 97123
Primary Contact Name and Title:	Kristin Simmons, RDH, MHA, PhD Project Director – Willamette Dental Group

[1] Pacific University-College of Health Professions, https://www.pacificu.edu/academics/colleges/college-health-professions/school-dental-hygiene-studies

Site Visit Visits

Per Oregon Administrative Rule (OAR) 333-010-0790:
Dental Pilot Projects: Authority Responsibilities[2]
(1) Project monitoring. Program staff shall monitor and evaluate approved projects which shall include, but is not limited to:
(b) Periodic, but at least annual, site visits to one or more project offices, employment/utilizations sites, or other locations where trainees are being prepared or utilized;
(3) Site visits.
(a) Site visits shall include, but are not limited to:
(A) Determination that adequate patient safeguards are being utilized;
(B) Validation that the project is complying with the approved or amended application;
(C) Interviews with project participants and recipients of care; and
(D) Reviews of patient records to monitor for patient safety, quality of care, minimum standard of care and compliance with the approved or amended application.
(b) If the Authority has convened an advisory committee, representatives of the committee may be invited by the Authority to participate in the site visit though the Authority may, at its discretion, limit the number of members who can participate;
(c) Written notification of the date, purpose and principal members of the site visit team shall be sent to the project director at least 90 calendar days prior to the date of the site visit;
(d) Plans to interview trainees, supervisors, and patients or to review patient records shall be made in advance through the project director;
(e) An unannounced site visit may be conducted by program staff if program staff have concerns about patient or trainee safety;
(f) The Authority will provide the project sponsor with at least 14 business days to submit to the Authority required patient records, data or other documents as required for the site visit; and
(g) Following a site visit the Authority will:
(A) Within 60 calendar days, issue a written preliminary report to the sponsor of findings of the site visit, any deficiencies that were found, and provide the sponsor with the opportunity to submit a plan of corrective action;
(i) A signed plan of correction must be received by the Authority within 30 calendar days from the date the preliminary report of findings was provided to the project sponsor;
(ii) The Authority shall determine if the written plan of correction is acceptable no later than 30 calendar days after receipt. If the plan of correction is not acceptable to the Authority, the Authority shall notify the project sponsor in writing and request that the plan of correction be modified and resubmitted no later than 10 business days from the date the letter of non-acceptance was mailed to the project sponsor;
(iii) The project sponsor shall correct all deficiencies within 30 calendar days from the date of correction provided by the Authority, unless an extension of time is requested from the Authority. A request for such an extension shall be submitted in writing and must accompany the plan of correction.
(iv) If the project sponsor does not come into compliance by the date of correction reflected on the approved plan of correction, the Authority may propose to suspend or terminate the project as defined under OAR 333-010-0820, Suspension or Termination of Project.

[2] Full Text of Oregon Administrative Rules 333-010-0700 through 333-010-0820, Oregon Secretary of State, Oregon Administrative Rules, Oregon Health Authority, Public Health Division, Chapter 333, Division 10, Health Promotion and Chronic Disease Prevention, Online at https://sos.oregon.gov/

(B) Within 90 calendar days of receipt of a plan of correction, issue a final report to the sponsor; and
(C) If there are no corrections needed, the Authority will issue a final report within 180 calendar days.

Objectives of the Site Visit:	**Methodology:**
1. Determination that adequate patient safeguards are being utilized. 2. Validation that the project is complying with the approved or amended application 3. Compliance with OARs 333-010-0700 through 333-010-0820.	1. Interviews with project participants

Attendees:

Project Sponsor Representatives:

Gail	Aamodt	Faculty, Pacific University
Amy	Coplen	Dental Therapist Trainee/ Faculty, Pacific University
Jaycee	Copher	Dental Therapist Trainee
Shannon	English	Project Dental Director
Christopher	Flemming	Supervising Dentist
Brittany	Fox	Supervising Dentist
Julie	Hardinzki	Dental Therapist Trainee
Jinky	Hickcox	Dental Therapist Trainee
Leslee	Huggins	Supervising Dentist
Kayla	Huskey	Dental Therapist Trainee
Khanh	Huynh	Supervising Dentist
Dawn	Johnson	Dental Therapist Trainee
Brian	Lien	Instructor Dentist
Yadira	Martinez	Dental Therapist Trainee
Courtney	Miller	Supervising Dentist
Lohring	Miller	Supervising Dentist
Lizette	Nguyen	Dental Therapist Trainee
Tochukwu	Onwuachusi-Okeke	Supervising Dentist
Kimberly Ann	Perlot	Dental Therapist Trainee
Reina	Rosario	Dental Therapist Trainee
Monica	Sarmiento	Dental Therapist Trainee
Kristen	Simmons	Project Director
Elizabeth	Tomczyk	Supervising Dentist
Drew	Webster	Supervising Dentist

Oregon Health Authority Staff:

Sarah	Kowalski	OHA - Dental Pilot Project Program
Karen	Phillips	OHA – Oral Health Program
Kaz	Rafia	OHA – Dental Director

Clinical Records Review:
The purpose of the chart review is to allow Advisory Committee members who are subject-matter experts the opportunity to review and make assessments and determinations of the quality of care provided by the DHAT trainee within the constraints and limitations of a chart auditing review.

At the time of the site visit on August 7, 2021, all trainees were in the Didactic or Clinical phase of the training portion of the project. OHA conducts clinical record reviews during the Utilization phase once trainees are providing care at approved Employment/utilization sites.

Relevant Definitions: Oregon Administrative Rules:333-010-0710

(7) "Clinical phase" means the time period of an approved project where a trainee treats patients, supervised by an instructor, applying knowledge presented by an instructor.

(9)"Didactic phase" means the time period of a project during which trainees are presented with an organized body of knowledge by an instructor.

(10)"Employment/utilization phase" means the time period of a project where trainees are applying their didactic and clinical knowledge and skills in an employment setting under the supervision of a supervisor.

(11)"Employment/utilization site" means an Authority approved location, locations, or class of locations where a trainee or trainees provide care during the employment/utilization phase.

(25)"Training program" means an organized educational program within a project that includes at least a didactic phase and a clinical phase.

Summary of Site Visit:

On August 7, 2021, the Oregon Health Authority (OHA) Dental Pilot Project Program conducted a required site visit of Dental Pilot Project #300.

OHA staff observed the Trainee and Supervising Dentist Orientation of cohort 2 trainees and their supervising dentists. Please see Exhibit 1 for the orientation agenda and policy and procedure manual. Trainees and supervising dentists were provided with an in-depth guide to the requirements of the training program as well as requirements for participation in the Dental Pilot Project program.

The program in dental hygiene at Pacific University is accredited by the Commission on Dental Accreditation (CODA). The school operates a 16-chair dental hygiene clinic. Dental Therapy student trainees utilize the dental hygiene clinic for their clinical training; a tour of the clinic was provided to orientation attendees.

Subsequent to the site visit, a questionnaire was sent to participants of the pilot project. The purpose was to determine trainees and supervising dentists' years of experience providing oral health services prior to participation in the pilot project, familiarity with dental therapy as a profession, satisfaction with the orientation training, and whether trainees or supervising dentists had concerns with patient safety.

Results of the questionnaire can be found under Exhibit 2. Please see Appendix A for a copy of the questionnaires.

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (a) Provide treatment which does not expose a patient to risk of harm when equivalent or better treatment with less risk to the patient is available;	**ID Number** **MS1A**

Program Requirements	**Met** ☒	**Not Met** ☐
Observations and/or Identified Deficiencies:	Supervising dentists and Dental Therapist trainees follow the curriculum and protocols developed by Pacific University. Competency evaluations are part of the curriculum.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (b) Seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience;	**ID Number** **MS1B**

Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and/or Identified Deficiencies:	No deficiencies were identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (c) Provide or arrange for emergency treatment for a patient currently receiving treatment;	**ID Number** **MS1C**

Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and/or Identified Deficiencies:	No deficiencies were identified. There were no instances of emergencies.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (d) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines;		ID Number MS1D
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and/or Identified Deficiencies:	No deficiencies were identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (f) Comply with the infection control procedures in OAR 818-012-0040		ID Number MS1F
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and/or Identified Deficiencies:	No deficiencies were identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards (3) Assure that trainees have achieved a minimal level of competence before they enter the employment/utilization phase;		ID Number MS3
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and/or Identified Deficiencies:	Individuals must complete a third-party administered competency examination prior to the utilization phase. (Appendix B) Individual trainees are supervised according to requirements outlined in their collaborative agreements. (Appendix C)	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0420: Dental Pilot Projects: Trainees (1) A dental pilot project must have a plan to inform trainees of their responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules.		ID Number T1
Dental Pilot Project	**Met** ☒	**Not Met** ☐

Program Requirements		
Observations and Identified Deficiencies:	Trainees are provided this information prior to agreement and entering the training program.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0425: Dental Pilot Projects: Instructor and Supervisor Information A dental pilot project must have: (2) A plan to orient supervisors to their roles and responsibilities.			**ID Number** **S2**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐	
Observations and Identified Deficiencies:	Supervising Dentist and Trainee Orientation, August 7, 2021 See materials. Exhibit 1.		
Corrective Action	Not applicable.		
Required Next Steps	Not applicable.		

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring (2) Monitoring Plan. A sponsor of a dental pilot project must have a monitoring plan approved by the Authority that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (a) Patient safety;			**ID Number** **EM2A**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐	
Observations and Identified Deficiencies:	No observed deficiencies.		
Corrective Action	Not applicable.		
Required Next Steps	Not applicable.		

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring (2) Monitoring Plan. A sponsor of a dental pilot project must have a monitoring plan approved by the Authority that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (b) Trainee competency;			**ID Number** **EM2B**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐	
Observations and Identified Deficiencies:	In compliance, quarterly reports filed on time.		
Corrective Action	Not applicable.		

Required Next Steps	Not applicable.

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring (2) Monitoring Plan. A sponsor of a dental pilot project must have a monitoring plan approved by the Authority that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (c) Supervisor fulfillment of role and responsibilities;	**ID Number** **EM2C**

Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	At the time of SV, no trainees have entered the utilization phase. All trainees of Cohort 1 and 2 are under didactic/training phase of the project as of August 7, 2021.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring (2) Monitoring Plan. A sponsor of a dental pilot project must have a monitoring plan approved by the Authority that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (d) Employment/utilization site compliance.	**ID Number** **EM2D**

Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	In compliance.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring (3) Data. A sponsor's evaluation and monitoring plans must describe: (b) How data will be monitored for completeness;	**ID Number** **EM3B**

Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☒
Observations and Identified Deficiencies:	In compliance. Data submitted correctly to OHA.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring 5) A sponsor must provide a report of information requested by the program in a format and timeframe requested.		**ID Number** **EM5**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	In compliance.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring (6) A sponsor must report adverse events to the program the day they occur.		**ID Number** **EM6**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	No deficiencies. There were no instances of adverse events.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0440: Dental Pilot Projects: Informed Consent (1) A sponsor must ensure that informed consent for treatment is obtained from each patient or a person legally authorized to consent to treatment on behalf of the patient.		**ID Number** **IC1**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	In compliance.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0440: Dental Pilot Projects: Informed Consent (4) Dental pilot project staff or trainees must document informed consent in the patient record prior to providing care to the patient.		**ID Number** **IC4**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	In compliance, trainees are in education phase.	

Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0440: Dental Pilot Projects: Informed Consent (5) Informed consent needs to be obtained specifically for those tasks, services, or functions to be provided by a pilot project trainee.		**ID Number** **IC5**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	In compliance, trainees are in education phase.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0455 Dental Pilot Projects: Program Responsibilities (2) Site visits. (A) Determination that adequate patient safeguards are being utilized;		**ID Number** **PR2A**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	No deficiencies observed.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0455 Dental Pilot Projects: Program Responsibilities (2) Site visits. (B) Validation that the project is complying with the approved or amended application		**ID Number** **PR2B**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	DPP#300 conducts an orientation for the trainees and supervising dentists to orient individuals to their roles. See Exhibit 1 for more information on policies and procedures.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0460 Dental Pilot Projects: Modifications (1) Any modifications or additions to an approved project shall be submitted in writing to program staff.	**ID Number** **M1**

Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0460 Dental Pilot Projects: Modifications (3) All other modifications require program staff approval prior to implementation.	**ID Number** **M3**

Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	No deficiencies were identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

REPORT END

Dental Therapy – Orientation Agenda

August 7, 2021
9:00 AM – 3:00 PM

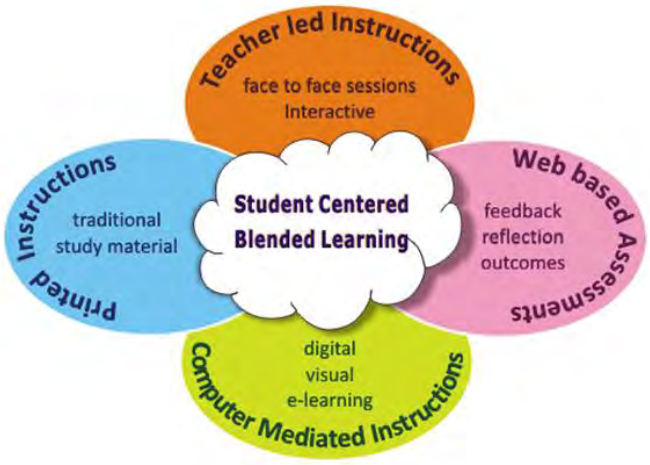
Dental Therapy Trainees 9:00 AM – 2:00 PM

Supervising Dentists 11:00 AM – 3:00 PM

9:00-9:15	Coffee and Donuts – DT Trainees Only
	Stop by the table to register and get your photo taken for your Boxer Card
9:15-9:30	Welcome and Introductions – DT Trainees Only
9:30-11:00	Instrument Distribution (Clinic) – DT Trainees Only
	Test Computer login
	Review community Moodle
	Review of expectations, communication, homework
11:00-11:15	Break – DT trainees, Supervising Dentist Check-in
11:15-11:30	Group photo – sign photo release – All
11:30-12:00	Distribute Lunch – All
	Overview of the Program
	Confirm Check contact information
12:00 – 2:00	Policies & Procedures manual for the pilot project – All
2:00 – 3:00	Grading, Calibration, Questions – Supervising Dentists Only

Dental Workforce Pilot Project #300 Policies and Procedures Manual

2021



Contents

This manual is designed to help the supervising dentists and DT student/trainees understand the policies and procedures of the program, as well as identify best teaching methods when working with the dental therapy student/trainee.

IMPORTANT: All faculty and students are responsible for knowing and following the information presented in this DT manual.

Project Personnel, Goals and Purpose

Project Contacts:

- Molly Saunders, DMD 503-[redacted] Instructor
- Shannon English, DDS 541[redacted] Dental Director
- Kristen Simmons, PhD 503-[redacted] Project Director
- Gail Aamodt RDH, MS 503[redacted] Dir. of Clinical Education, Pacific University
- Amy Coplen, RDH, MS 734-[redacted] Program Director, Pacific University

Cohort 2 Contacts:

Trainee	Email	Phone	Organization
[redacted]	[redacted].com	541-[redacted]	Capitol
[redacted]	[redacted]om	541-[redacted]	Capitol
[redacted]	[redacted]mail.com	541-[redacted]	Dr. Miller
[redacted]	[redacted]dvantagedental.com	971-[redacted]	Advantage
[redacted]	[redacted]@gmail.com	503-[redacted]	Willamette
[redacted]	[redacted]ahoo.com	541-[redacted]	Willamette
[redacted]	[redacted].com	503-[redacted]	Willamette
[redacted]	[redacted]ast.net	503-[redacted]	Virginia Garcia
[redacted]	[redacted]ail.com	[redacted]	Virginia Garcia
[redacted]	[redacted]@pacificu.edu	503-[redacted]	Pacific

Supervising Dentist	Email	Phone	Trainee
[redacted]	[redacted]dent.com	401-[redacted]	[redacted]
	[redacted].com	541-[redacted]	[redacted]
	[redacted]@yahoo.com	503-[redacted]	[redacted]
	[redacted]nt.com	541-[redacted]	[redacted]
	[redacted]ast.net	541-[redacted]	[redacted]
	[redacted]advantagedental.com	503-[redacted]	[redacted]
	[redacted]@gmail.com	503-[redacted]	[redacted]
	[redacted]ettedental.com	503-[redacted]	[redacted]
	[redacted].org	[redacted]	[redacted]
	[redacted]rg	541-[redacted]	[redacted]

Background

On May 21st 2020, the Oregon Health Authority (OHA) approved the application of the "Dental Therapist Project: Dental Hygiene Model. The project sponsors submitted a detailed evaluation and monitoring plan and standard operating policies and procedures manual that met the OAR 33-010-0780 requirements. The dental pilot project (DPP) is approved to operate until January 2, 2025.

Pilot Project Goals:

- To expand access to consistent, safe, and high-quality oral health care.
- To decrease the overall cost of providing dental care by adding a dental therapist to the dental team.
- To establish an efficient and effective healthcare team member that meets the needs of community members with the highest disease rates and least access to care.
- To successfully train restorative dental hygienists as competent dental therapists.

Populations Served:

Dental therapy procedures will be provided on >50% of individuals who experience limited access to care during the utilization phase of the project, such as:

- Individuals who qualify for OHP coverage
- Adults with diabetes
- Older adults (age 65+)
- Children with moderate to high caries risk
- Pregnant women with moderate to high caries risk

Overview of the Project

The purpose of this dental therapist pilot project is to investigate the feasibility of adopting the dental therapist model as a new category of dental care provider for Oregon. This dental pilot project was designed to determine if adding a dental therapist to the existing dental team is an efficient and cost-effective way to increase access to dental care while maintaining the quality of dental care and safety that all patients deserve. This dental pilot project will also evaluate the efficacy of training licensed dental hygienists with a restorative endorsement to become dental therapists through a unique one-year dental therapy training program that will allow the dental hygienists to complete dental therapy training while they maintain their current employment as a dental hygienist.

This dental pilot project is built upon the initial entrance for the dental hygienist, currently licensed in Oregon with a restorative endorsement. Pilot project 300 builds upon CODA guidelines for a dental therapist. The student trainee will be selected based on evidence of completion of an accredited dental hygiene program, scholarship, professional experience and commitment to pursuing an advanced education. It is designed so that the trainee may complete this project within a 12-18 month period. Packing and carving of dental restorations will not be taught during the pilot project. All students in the pilot project must have the restorative endorsement prior to application into the program. Those students accepted into the pilot project who are currently NOT using their restorative skills in practice must submit recent samples of restorative procedures on typodont teeth to demonstrate sufficient skills

to participate in the pilot project. The Oregon Board of Dentistry licensee look-up site will be used to confirm that each trainee is an Oregon licensed hygienist in good standing with the Oregon Board of Dentistry.

The project director and dental director will conduct annual site visits at all clinical sites.

Curriculum Overview:

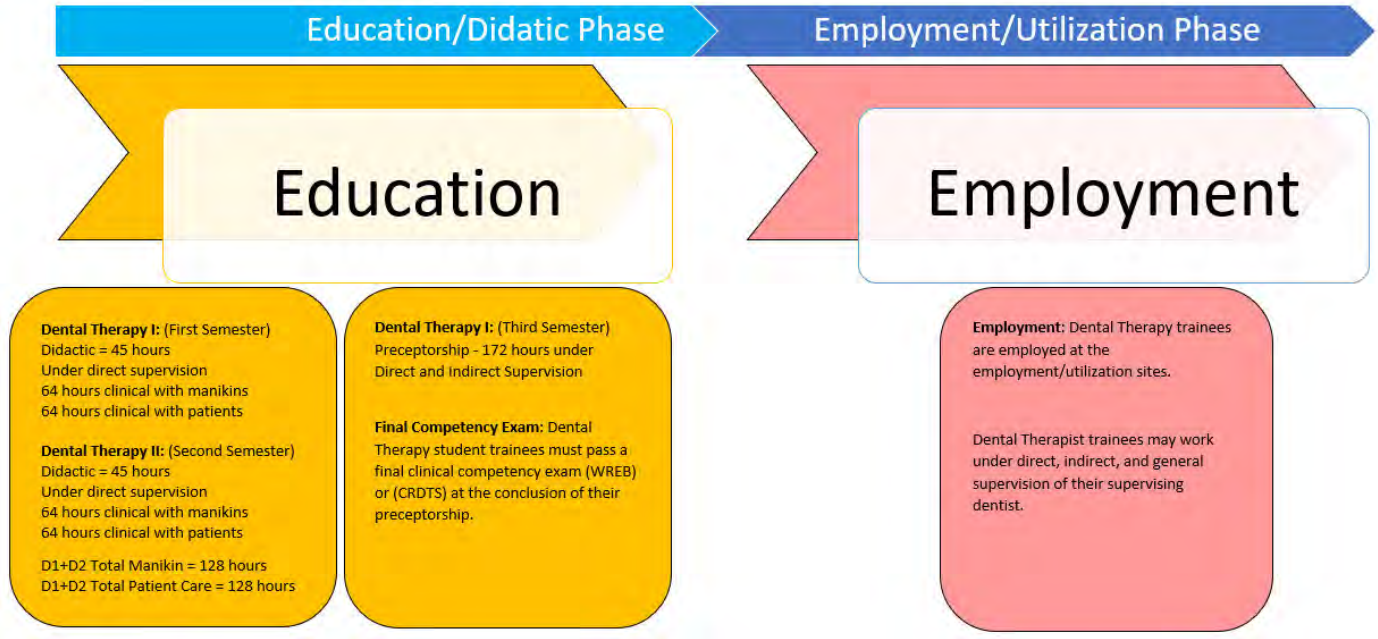
- Asynchronous online didactic portion
- Weekend labs – every other Saturday, 8 hour days
- 300-hour clinical hours of patient care with a dentist who serves as the supervising dentist.
- Board examination evaluating a Class III composite restoration and a Class II amalgam or composite restoration.

The lab training and didactic Phase will occur through Pacific University's School of Dental Hygiene Studies. Clinical patient care hours will take place at approved employment/utilization sites under the supervision of their supervising dentist.

Student trainees must complete all aspects of the training project described in the approved application. During the education phase, the student trainee must take and pass a final competency examination as outlined in both the approved application and evaluation and monitoring plan. Proof of passage must be supplied to OHA upon request in accordance with OAR 33-101-0790.

Supervision and Collaborative Agreement

DPP #300 is required to have a collaborative agreement approved by OHA for use in the utilization phase of the project. The supervising dentist is responsible for all authorized services and procedures performed by the dental therapist trainee pursuant to a signed collaborative agreement between both the dental therapist trainee and supervising dentist. A dental therapist trainee must have a signed collaborative agreement on file with each supervising dentist who supervises them during the utilization phase.



Disclosure

- Participant agreement – each student trainee must sign a participant agreement with their employment site to be signed and turned in during orientation. The employment site and Pacific university will keep a signed copy of the agreement on file.
- Completion of this program does not guarantee Oregon licensure. The student will have to complete and abide by the rules and regulations leading to licensure in Oregon.

Definitions

- **DT student/trainee:** meaning a person licensed as a dental hygienist with a restorative endorsement currently practicing dental hygiene in the state of Oregon and is currently in the dental pilot project.

- **Supervising dentist**: a dentist, licensed in the state of Oregon who is supervising a student/trainee in the dental pilot project.
- **Instructing dentist:** a dentist that teaches the online and lab portions of the dental pilot project.
- **Direct supervision:** supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
- **Indirect supervision:** supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- **General supervision**: supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
    - It is not a requirement of the pilot project that DT procedures are provided under general supervision. A DT trainee and supervising dentist, working together, may determine that the DT can perform certain procedures under general supervision during the utilization phase which should be outlined in the collaborative agreement. This determination is reached after the supervising dentist has reviewed multiple procedures and outcomes and is confident in the skill level of the DT trainee in the procedures identified.

Supervision Table

Phase of Pilot Project	Level of Supervision	Supervision by
DT I course	Direct	Course Instructor Dentist Supervising Dentist
DT II course	Direct	Course Instructor Dentist Supervising Dentist
DT III - Preceptorship	Direct and Indirect	Supervising Dentist
Utilization	Indirect and General (based on collaborative agreement)	Supervising Dentist

Timelines

- ***Dental Therapy 1***
    - 20 weeks – (approximately 4 months)
        - Didactic online coursework – Estimated approximately 15-20 hours a week - This does not include time spent on lab homework
        - 8 Clinical days at Pacific University with Manikins (64 Hours)
            - Mandatory (Saturday 8am – 5pm)
        - Clinical with patients and supervising dentist (64 Hours)
- ***Dental Therapy* 2**
    - 20 weeks – (approximately 4 months)
        - Didactic online coursework – Estimated approximately 15-20 hours a week - This does not include time spent on lab homework
        - 8 Clinical days at Pacific University with Manikins (64 Hours)
            - Mandatory (Saturday 8am – 5pm)
        - Clinical with patients and supervising dentist (64 Hours)
- **Competency Exam**
- ***Dental Therapy 3 PRECEPTORSHIP***
    - 20 weeks (12 hours per week dedicated clinic time for Dental Therapy Procedures)
        - Didactic online coursework – Estimated approximately 15-20 hours a week
        - Clinical with patients and supervising dentist (172 Hours)
- ***Utilization***
    - Dental therapy trainees are practicing with a collaborative agreement. They may work under direct, indirect and general supervision of their supervising dentist.
    - Required > 50% of unique patients seen by dental therapist trainee are from target population approved by the OHA.

Successful Completion of the Project

- **On-line didactic portion of the project (DT I & DT II) –** student trainees must stay up to date and pass all exams at a 75% or above to successfully complete the entire on-line didactic portion of the project.
- **Laboratory/clinical portion of the project (DT I & DT II) –** students must successfully complete all aspects of the laboratory/clinical portion of the project at 75% or above. This includes all competencies and clinical hour requirements. Student trainees will complete 124 hours of patient care under direct supervision of the supervising dentist between DT I and DT II prior to moving onto the preceptorship phase of the project.
- **Preceptorship (DT III) –** student trainees must complete a minimum of 172 hours of clinical care under the direct and indirect supervision of the dentist prior to entering the utilization phase of the project.
- **Utilization –** once the student trainee has completed all phases of education, they are able to move into the utilization phase. Prior to entering the utilization phase, all aspects of the utilization prep list must be completed.

Dental Therapist Trainee Utilization Prep Checklist

- ☐ Completed form submitted to OHA by Project Director 14 days prior to the trainees entering the utilization phase of the workforce pilot project at which point they will be moved from being referred to a trainee/student trainee to being referred to as a dental therapist trainee.
    - ☐ Name tags can be provided by the employer (Dental Therapist Trainee)
- ☐ Collaborative agreement is signed by both DT and supervising dentist 14 days prior to entering the utilization phase. Send one copy to:
    - ☐ Project Director to be stored electronically
    - ☐ The organization's entity
    - ☐ The facility where the trainee is working
- ☐ Dental Director will confirm with Data Analyst the start date of utilization phase via email
- ☐ Project Director will notify external evaluator 14 days prior to trainee entering the utilization phase
- ☐ Supervising Dentist upon signed collaborative agreement begins to collect cases for audits
- ☐ Supervising Dentist will submit 1 of their own patient cases for each of the 12 dental therapy procedures to Dental Director for comparison to the DTs work

Oregon Health Authority Rules and Regulations 2020 – Dental Pilot Projects

NOTE: you will be participating in an approved dental pilot project. It is important to understand the rules under which this program will abide.

OHA Site Visits:
The OHA Dental Pilot Projects Program is responsible for monitoring approved pilot projects. The primary role of the Oregon Health Authority is monitoring for patient safety. Secondarily, program staff shall evaluate approved projects and the evaluation shall include, but is not limited to, reviewing progress reports and conducting site visits. OHA is responsible for ascertaining the progress of the project in meeting its stated objectives and in complying with program statutes and regulations. Per Oregon Administrative Rule (OAR) 333-010-0455, a report of findings and an indication of pass or fail for site visits shall be provided to the project director in written format within 60 calendar days following a site visit.
SITE VISITS:

(a) Site visits shall include, but are not limited to:

(A) Determination that adequate patient safeguards are being utilized;

(B) Validation that the project is complying with the approved or amended application;

(C) Interviews with project participants and recipients of care; and

(D) Reviews of patient records to monitor for patient safety, quality of care, minimum standard of care and compliance with the approved or amended application.

(b) If the Authority has convened an advisory committee, representatives of the committee may be invited by the Authority to participate in the site visit though the Authority may, at its discretion, limit the number of members who can participate;

(c) Written notification of the date, purpose and principal members of the site visit team shall be sent to the project director at least 90 calendar days prior to the date of the site visit;

(d) Plans to interview trainees, supervisors, and patients or to review patient records shall be made in advance through the project director;

(e) An unannounced site visit may be conducted by program staff if program staff have concerns about patient or trainee safety;

(f) The Authority will provide the project sponsor with at least 14 business days to submit to the Authority required patient records, data or other documents as required for the site visit; and

Roles, Responsibilities and Expectations

Dental Therapist Trainee – Behavior Characteristics

- Passion to serve
- Understands the time commitment and commits fully to the investment made by the employer and academic site
- Effectively translates learning into action
- Ability to change the views of others without causing resentment
- Demonstrates a strong ability to simultaneously perform multiple tasks
- Displays critical thinking
- Understands needs and requirements of the training
- Maintains a high degree of ethical conduct
- Is flexible and open towards changing job functions
- Copes effectively with pressures and tension

Dental Therapist Trainee – Expectations

- Maintain Oregon dental hygiene licensure with restorative endorsement throughout the pilot project.
- Knowledge and adherence to the Dental Practice Act for Dental Hygienists: it is the responsibility of the student trainee to understand the Oregon Dental Practice Act and be aware of the procedures which may be legally performed by dental hygienists in this state. It is illegal and unethical for student trainees to perform procedures which are not legal in this state unless they are supervised by faculty in an educational setting.
- Knowledge and adherence to the additional allowable procedures outlined in this program for the dental therapist.
- Work under the appropriate dental supervision as stated in the pilot project
- Attendance: Regular and prompt attendance is essential for success in the Dental Therapy Program. Participation in all didactic courses, clinic sessions and labs is required. Trainees are expected to be on time, be prepared for, and stay for the duration of all scheduled labs and clinic sessions. Recognizing that illness and emergencies occur, there are times when an absence is unavoidable. Absence does not excuse a Trainee from the responsibility for missed clinic sessions, requirements and assignments. It is the responsibility of the student trainee to make arrangements with the lead course instructor to make up all labs, clinic sessions and fieldwork rotations that are missed. There will be one make-up lab per semester. Trainees are required to make up all missed course requirements.
- Professionalism & ethics: student trainees must display ethical behavior and professional judgment in a variety of professional situations. All are expected to comply with all policies and procedures established by ADHA (see ADHA website) Trainees involved in an act of unprofessional conduct may be dismissed from the program.
- Laboratory & clinical competence: Laboratory competence is achieved when the Trainee demonstrates a predetermined level of skill using study models, manikins, or other simulation methods. Trainees must reach laboratory competence, as evidenced by a clinical competency

exam prior to providing those services for patient. Clinical competence is achieved when the Trainee achieves a predetermined level of skill in a clinical setting on patients. Be prepared. Trainees must complete all readings and assignments prior to the lab

- Trainees should plan on 15-20 hours per week to complete online coursework.
- Additional lab homework hours vary and are in addition to online coursework.
- Understands and agrees to the time commitment of the pilot project.
- Follows all typodont and patient care guidelines provided by the pilot project.
- Maintains all documentation as required by the pilot project including, but not limited to: intraoral photos, patient consents, chart notes, patient satisfaction survey, and clinic hourly log.
- Demonstrates high level of organizational skill and attention to detail.
- No cell phones in use during clinical hours to include during the labs.
- Maintain confidentiality of information related to student trainees, patients, faculty, and staff.
- Signs collaborative agreement 14 days prior to entering utilization phase and works with the supervising dentist to send a copy to: project director, organization's entity, and facility where trainee is working.

Supervising Dentist – Expectations

- Pre-established working relationship with Dental therapist trainee.
- Commitment to provide supervision, feedback and support for all clinical hours required in the training phase of the program.
- Encourages trainee to provide dental therapy procedures as soon as they have passed competency assessments.
- Commitment to standing meetings with Dental Director of pilot #300 and participate in calibration exercises.
- Maintains a work situation which stimulates the growth of the dental therapist trainee.
- Completes the 13-point assessment at the required intervals.
- Oversees and effectively maintains all record requirements within pilot #300.
- Reviews for accuracy and meets the OHA reporting requirements (ex. Treatment plan, intraoral photos, chart notes)
- Completes chart audits in a timely manner and with high degree of accuracy.
- Follow all FERPA guidelines for student trainee privacy.
- Actively seeks qualifying procedures for the dental therapy trainee to provide.
- Provide effective feedback: confirming, concise, consistent and leading to a successful result
- Review online didactic portion of the curriculum to understand parameters of ideal preparations being taught to the dental therapy trainee. Supervising dentists will have access to the course on Community Moodle.
- Understand the grading of procedures.
- Maintain Oregon Dental license throughout the project.
- Completes all supervising dentist training modules.
- Demonstrates high level of organizational skill and attention to detail.
- Knowledge and adherence to the Dental Practice Act for Dental Hygienists and Dentists: it is the responsibility of the student trainee and supervising dentist to understand the Oregon Dental

Practice Act and be aware of the procedures which may be legally performed by dental hygienists and the dental therapy student trainee in this state. It is illegal and unethical to supervise student trainees to perform procedures which are not legal in this state.

- Knowledge and adherence to the additional allowable procedures outlined in this program for the dental therapist.
- Provide the appropriate dental supervision as stated in the pilot project.
- Check all procedures performed by the dental therapist student trainee during all phases of the pilot.
- Understands and implements the evaluation and monitoring plan.
- Assess the completeness and accuracy of student trainee, patient, and clinic records.
- Maintain confidentiality of information related to student trainees, patients, faculty, and staff.
- Reviews trainee clinical logs at regular intervals to ensure trainees are getting appropriate clinical hours.
- Signs collaborative agreement 14 days prior to trainee entering utilization phase and works with the trainee to send a copy to: project director, organization's entity, and facility where trainee is working.
- Begins to collect cases for audits once collaborative agreement is signed.
- Time expectation: 1-2 hours per week

Clinical Practice Site Administrator – Expectations

- Provides adequate PPE in accordance with OSHA and CDC guidelines.
- Responsible for data collection and reposit to master data file as required by OHA. Reporting requirements include collecting patient satisfaction surveys & consent forms, number and codes of procedures provided, patient demographic information.
- Maintain confidentiality of information related to student trainees, patients, faculty, and staff.
- Demonstrates high level of organizational skill and attention to detail.

Site – Expectations

- During DT I and DT II the supervising dentist must provide direct supervision of the Dental Therapy Trainee. Schedules must be aligned to allow an average of 4-6 hours of dedicated time each week to do dental therapy procedures. This will ensure that DT I and DT II clinical hours can be completed within the 15-week timeframe.
- A dental assistant must be provided to the dental therapy trainee during all aspects of training and during the utilization phase. No more than two dental assistants shall be assigned to any one dental therapy trainee.
- The site is expected to recruit patients with qualifying procedures for the dental therapy trainee to perform under their scope of practice. Securing patients that qualify includes participation of the entire dental team.
- During the Preceptorship (DT III) the site must be able to provide a dedicated schedule and room to provide dental therapy procedures for an average of 12 hours a week to be completed within the 15-week timeframe**.**

Course Instructors – Expectations

- Provide laboratory and clinical instruction and supervision for dental therapy trainees.
- Teach a variety of didactic dental therapy courses using online platform
- Provides timely evaluation of student trainees' clinical skills, gives constructive feedback, and provides remediation as needed.
- Monitor patient care to ensure that patients receive safe and appropriate care in on campus clinic.
- Assist dental director with calibration and supervision of supervising dental therapy instructors.
- Participate in long-range planning, curriculum development and outcomes assessment for the dental therapy pilot project.
- Assess the completeness and accuracy of student trainee, patient, and clinic records.
- Maintain confidentiality of information related to student trainees, patients, faculty, and staff.
- While in training courses, monitor student trainees with clinical policies and procedures.
- Demonstrates high level of organizational skill and attention to detail.
- Licensed dental provider in Oregon
- Will complete all instructor training modules
- Knowledge and adherence to the Dental Practice Act for Dental Hygienists and Dentists: it is the responsibility of the student trainee and supervisor to understand the Oregon Dental Practice Act and be aware of the procedures which may be legally performed by dental hygienists and the dental therapist student trainee in this state.
- Knowledge and adherence to the additional allowable procedures outlined in this program for the dental therapist.
- Track and monitor progress of each DT trainee.
- Track and monitor clinical hours of each DT trainee throughout the educational phases.
- Track and monitor completion of clinical requirements throughout the educational phase of the pilot project.
- Maintain confidentiality of information related to student trainees, patients, faculty, and staff.
- Demonstrates high level of organizational skill and attention to detail.
- Reviews DT trainee clinical logs at regular intervals to ensure trainees are getting appropriate clinical hours.

Dental Director – Expectations

- Oversee the dental therapy education phase and the utilization phase of the dental workforce pilot project.
- Work with the instructor dentists and supervising dentists to ensure that the dental therapy education program includes the didactic content, clinical skills and evaluation methods to effectively train the dental therapists.
- Continue to work with the supervising dentists during the utilization phase when the dental therapist trainees are providing patient care under their indirect and/or general supervision.
- Perform annual site visits.
- Regular meetings with project director.
- Regularly meet with supervising dentists for purposes of calibration.

- Establish consistent communication with all supervising dentists.
- Meet with the instructor dentists for purposes of calibration.
- Monitor hours of students during preceptor and utilization phases of the pilot project.
- Confirms with data analyst the start date of utilization phase for each trainee.
- Provide adverse event training to Supervising Dentists.
- Report adverse events to OHA.
- Maintain confidentiality of information related to student trainees, patients, faculty, and staff.
- Demonstrates high level of organizational skill and attention to detail.
- Reviews trainee clinical logs at regular intervals to ensure trainees are getting appropriate clinical hours.
- Provides feedback and support to clinical sites to ensure trainees gain patient clinical hours.
- Reviews selection of supervising dentists' chart audits for accuracy.
- Develop and provide training for supervising dentists at the beginning of each training phase.
- Regularly reviews project evaluation data with core team (13-point assessments, course evaluations, patient satisfaction surveys, etc.).

Project Director – Expectations

- Oversee implementation and evaluation of the dental workforce pilot project.
- Manage the evaluation plan, data collection, and budget management.
- Provide reports to the Oregon Health Authority throughout the duration of the dental workforce pilot project.
- Secure an outside evaluator to provide an objective evaluation of the dental workforce pilot project data and results.
- Work with the dental director to advocate for dental therapy with dentists, policy makers, and the public.
- Perform annual site visits.
- Regular meetings with dental director.
- Sends completed trainee forms to OHA within 14 days of trainees entering the utilization phase.
- Notifies external evaluator 14 days prior to trainees entering utilization phase.
- Maintain confidentiality of information related to student trainees, patients, faculty, and staff.
- Demonstrates high level of organizational skill and attention to detail.
- Provides feedback and support to clinical sites to ensure trainees gain patient clinical hours.
- Regularly reviews project evaluation data with core team (13-point assessments, course evaluations, patient satisfaction surveys, etc.).

Advisory Board – Expectations

- Attend quarterly meeting, two in person and two via conference call.
- Make recommendations regarding course content, curriculum, instructional materials, equipment, and facilities.
- Share information about the labor market, employment opportunities and employer needs.

- Provide information about the oral health needs of the community and current trends in dental care.
- Suggest ways to enhance the projects public image and foster community relations.
- Identify community resources that may support development.
- Help identify and recruit new advisory committee members.
- Commit the time and effort necessary to be an active committee member.
- Ask questions, share ideas, express opinions, and provide constructive feedback.
- Feel comfortable discussing topics that are important to the Dental Therapy project.
- Maintain confidentiality of information and discussions as requested.

Scope of Practice for the DT

Dental Therapists may provide all services that a dental hygienist, with a restorative endorsement, may provide. In addition, the dental therapist has been trained to provide the following care based on the current CODA standards:

1.	**Understanding scope of practice of a dental therapist:** Identify oral and systemic conditions requiring evaluation and/or tx by dentists, physicians or other healthcare providers, and manage referrals.
2.	**Pharmacology:** Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider
3.	**Extractions:** Simple extraction of erupted primary teeth and teeth with severe periodontal disease (class III mobility)
4.	**Emergency Care:** Emergency palliative treatment of dental pain limited to the procedures within the scope of practice of a dental therapist
5.	**Restorative:** Preparation and direct restorations in primary and permanent teeth. (Placement of direct restorations in primary & permanent teeth is already covered in dental hygiene programs with restorative functions)
6.	**Temporary Crowns:** Fabrication and placement of single tooth temporary crowns
7.	**Stainless steel crowns:** Fabrication and placement of preformed crowns on primary teeth
8.	**Pulp capping – primary & permanent teeth:** Indirect and direct pulp capping on permanent teeth & indirect pulp capping on primary teeth
9.	**Pulpotomy / Pulpal Debridement – primary teeth:** for the relief of acute pain
10.	**Prosthetics:** Minor adjustments and repairs on removable prostheses
11.	**Space maintainer removal:** Removal of space maintainers
12.	**Diagnosis of decay including pulp vitality testing**
13.	**Placement of sutures.** (Removal of sutures is already a covered procedure in dental hygiene programs)

List of CDT codes that correspond to all procedures provided by a dental therapist student/trainee:

I. Codes currently allowed for the registered dental hygienist in Oregon

Code	Procedure
D0190	**Screening of a patient (pre-diagnostic service)** A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist.
D0191	**Assessment of a patient (pre-diagnostic service)** A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.
D1110	**Prophylaxis – adult** Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors
D1120	**Prophylaxis – child** Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors
Topical Fluoride Treatment (Office Procedure). Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste.	
D1206	**Topical application of fluoride varnish**
D1208	**Topical application of fluoride – excluding varnish**
D1310	**Nutritional counseling for control of dental disease** Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries.
D1320	**Tobacco counseling for the control and prevention of oral disease**
D1330	**Oral hygiene instructions**
D1351	**Sealant – per tooth**
D1353	**Sealant repair – per tooth**
D1354	**Interim caries arresting medicament application – per tooth** Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.
D0412	**Blood glucose level test – in –office using a glucose meter.** This procedure provides an immediate finding of a patient's blood glucose level at the time of sample collection for the point-of-service analysis
D4341	**Periodontal scaling and root planing – four or more teeth per quadrant** This procedure involves instrumentation of the crown and soot surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

D4342	Periodontal scaling and root planing – one-three teeth per quadrant Same as above.
D4346	Scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.
D4910	Periodontal maintenance This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.
D4921	Gingival irrigation – per quadrant Irrigation of gingival pockets with medicinal agent. Not to be used to report use of mouth rinses or non-invasive chemical debridement.
D5730-31	Denture reline (chairside)
D5986	Fluoride gel carrier
D9210	Local anesthesia – not in conjunction with operative or surgical procedures
D9215	Local anesthesia – in conjunction with operative or surgical procedures
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis *(NOTE: if the Dental Therapist has a current nitrous oxide permit)*
D9410	House/extended care facility call Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed
D9420	Hospital or ambulatory surgical center call Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.
D9910	Application of desensitizing medicament

	Include in-office treatment for root sensitivity. Typically reported on a "per visit" basis for application of topical fluoride. This code is not to be used for bases, liners, or adhesives used under restorations.
D9911	**Application of desensitizing resin for cervical or root surface, per tooth** Typically reported on a "per visit" basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives used under restorations.
D9932 -35	**Cleaning and inspection of removable complete or partial denture (no adjustments)**
D9941	**Fabrication of athletic mouth-guard**
D9975	**External bleaching for home application, per arch; includes materials and fabrication of custom trays**
D9993	**Dental case management – motivational interviewing**
D9994	**Dental case management – patient education to improve oral health literacy**
DH with a Restorative Functions Endorsement	
Pack and carve amalgam and composite restorations on teeth that have been prepared by a dentist. Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc., acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration.	

II. Codes to be added for the dental therapist student/trainee corresponding to the 13 additional procedures taught in the pilot program.

Code	Procedure
D0140	**Limited oral evaluation – problem focused** An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.
D0120	**Periodic oral evaluation – established patient.** An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.
D0145	**Oral evaluation for a patient under 3 years of age and counseling with primary caregiver** Diagnostic services performed for a child under the age of 3, preferably within the first 6 months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.
D0171	**Re-evaluation – post operative office visit**
D1999	**Unspecified preventive procedure, by report** Used for a procedure that is not adequately described by a code. Describe the procedure
D0210	**Intraoral – complete series of radiographic images**

D0220	Intraoral – periapical first radiographic image
D0230	Intraoral – periapical each additional radiographic image
D0240	Intraoral – occlusal radiographic image
D0270	Bitewing – single radiographic image
D0272	Bitewings – two radiographic images
D0273	Bitewings – three radiographic images
D0274	Bitewings – four radiographic images
D0277	Vertical bitewings – 7-8 radiographic images
D0330	Panoramic radiographic image
D0460	Pulp vitality tests Includes multiple teeth and contra lateral comparison(s), as indicated.
D0601	Caries risk assessment and documentation, with a finding of low risk Using recognized assessment tools.
D0602	Caries risk assessment and documentation, with a finding of moderate risk Using recognized assessment tools
D0603	Caries risk assessment and documentation, with a finding of high risk Using recognized assessment tools
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.
D1555	Removal of fixed space maintainer Procedure performed by dentist or practice that did not originally place the appliance.
Amalgam Restorations (Including Polishing). Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951)	
D2140	Amalgam – one surface, primary or permanent
D2150	Amalgam – two surfaces, primary or permanent
D2160	Amalgam – three surfaces, primary or permanent
D2161	Amalgam – four or more surfaces, primary or permanent
Resin-Based Composite Restorations – Direct. Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).	
D2330	Resin - based composite – one surface, anterior
D2331	Resin – based composite – two surfaces, anterior
D2332	Resin – based composite – three surfaces, anterior
D2335	Resin – based composite – four or more surfaces, or involving incisal angle, anterior
D2391	Resin – based composite – one surface, posterior
D2392	Resin – based composite – two surfaces, posterior
D2393	Resin – based composite – three surfaces, posterior

D2394	Resin – based composite – four or more surfaces, posterior
D2930	Prefabricated stainless steel crown – primary tooth
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth
D2940	Protective restoration Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration.
D2941	Interim therapeutic restoration – primary dentition
D2951	Pin retention – per tooth, in addition to restoration
D2999	Unspecified restorative procedure, by report Use for a procedure that is not adequately described by a code. Describe the procedure.
D2990	Resin infiltration of incipient smooth surface lesions Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion
D3110	Pulp cap – direct (excluding final restoration) Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.
D3120	Pulp cap – indirect (excluding final restoration) Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of a medicament Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintain the vitality of the remaining portion by means of an adequate dressing. • To be performed on primary or permanent teeth. • This is not to be construed as the first stage of root canal therapy • Not to be used for apexogenesis
D9311	Consultation with a medical health care professional
D5410-11 D5421-22	Denture adjustments or partial denture adjustments
D7111	Extraction, coronal remnants – primary tooth Removal of soft tissue-retained coronal remnants.
D7140	Extraction, erupted tooth or exposed root *NOTE: DT will be limited to the removal of a class III mobility periodontally involved tooth*
D9110	Palliative (emergency) treatment of dental pain – minor procedure This is typically reported on a "per visit" basis for emergency treatment of dental pain
D9311	Consultation with a medical health care professional Treating dentist consults with a medical health care professional concerning medical issues that may affect patient's planned dental treatment.
D9995	Teledentistry – synchronous. Real time encounter. Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

D9996	Teledentistry – asynchronous. Information stored and forwarded to dentist for subsequent review. Reported in addition to other procedures. (e.g., diagnostic) delivered to the patient on the date of service.
D2931	Prefabricated stainless steel crown – permanent tooth
D2932	Prefabricated resin crown
D2799	Fabrication and placement of single tooth temporary crowns

Dental Radiographs

Participants will follow the ADA Guidelines for Prescribing Radiographs. These recommendations are subject to clinical judgment and may not apply to every patient. They are to be used only after reviewing the patient's health history and completing a clinical examination. Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the clinician's responsibility to follow the ALARA Principle (As Low As Reasonably Achievable) to minimize the patient's exposure.

ADA recommendations can be found on:
https://www.ada.org/~/media/ADA/Publications/ADA%20News/Files/Dental_Radiographic_Examinations_2012.pdf?la=en

Local Anesthesia and Nitrous Oxide

- DT student/trainees must have a current local anesthesia endorsement in the state of Oregon and must follow all criteria as set forth by the Oregon Board of Dentistry. As such, DT students will provide local anesthesia under the general supervision of a licensed dentist.
- NITROUS OXIDE: will not be taught during the program. Only DT student/trainees who are currently licensed to administer nitrous oxide under their dental hygiene license may do so during the pilot project, under the indirect supervision of a licensed dentist.

Quality Assurance Program

All clinical faculty, staff, dental therapy student/trainees, administrators and other appropriate sources play a vital role and share the responsibility to ensure our patients receive the highest quality of care through assessment of quality assurance policies and protocols. This is maintained by reviewing data, making recommendations, taking corrective actions and periodically updating the QA Program. The Standards of Patient Care for the Dental Pilot Project is based on five main areas. These patient-centered standards focus on the provision of comprehensive, quality care to the patients and include:

- Care is provided in a timely manner
- Patient care is of high quality
- Patients report satisfaction with care received
- Confidentiality of patient information is maintained
- Care is delivered in a safe environment

Measurable quality indicators have been established for these standards of care. Data is collected through a number of mechanisms (patient consent, patient satisfaction surveys, chart audits, information systems data, etc.), evaluated and recommendations will be made to improve areas found not to meet the standards. All forms are located in the pilot project master forms manual. All patients receiving treatment by a DT student/trainee will be offered a Patient Satisfaction Survey at the time of service.

Additional Quality Measures

- **Informed consent**: All patients must complete the consent form that correlates with the correct phase of the project. Consent forms can be found in the dental pilot project forms manual.
- Each **Supervising Dentist** will submit 1 of their own patient cases for each of the 12 dental therapy procedures for comparison to the DTs work.
- Each of the cases submitted by the **Supervising Dentist** will be randomized prior to sending dental therapy cases to the external evaluator. This will allow comparison of a dentist's work to a dental therapist's work to ensure quality is similar.
- At the end of each semester, student trainees and supervising dentists recieve evaluation surveys. The data collected is used to revise and improve the curriculum on an ongoing basis.

Chart Reviews/Audits

- Chart documentation will be completed on all patients receiving treatment by the DT student/trainee during all phases of the pilot project. The documentation will include the name of the supervising dentist at the time of service.
- The chart note templates are located in the Pilot project 300 Forms Manual.
- Chart Reviews: the supervising dentist will review and sign off on all chart notes, radiographs and photographs during the entire pilot project. During the educational phases of the project, the dentist will approve all irreversible procedures prior to the patient leaving the clinic. Note: Chart documentation must be reviewed, amended if necessary, and documented approval by signature provided by the supervising dentist.

- **The supervising dentist will conduct a formal chart audit on 10 random charts per month** during the utilization phase. The chart audit form can be found in the dental pilot project forms manual.
- **The Dental Director will perform randomly selected chart audits** from the supervising dentists at 10 per quarter to ensure calibration of the supervising dentists.

Student Supplies and Equipment

- All lab supplies will be provided by Pacific University.
- All patient care supplies will be provided by the clinical site.
- The following Equipment and supplies will be loaned to the student while in the training portion of the project and must be returned in good condition at the end of the training phases:
    - Textbooks may be kept
    - Typodonts (adult, pedo and board)
    - Typodont rod
    - Instruments (prep and restorative kits)
    - Intraoral camera
    - Bur blocks and burs
    - Suture board
- The student trainee will be expected to provide the following:
    - Laptop computer
    - Loupes
- A slow and high-speed handpiece will be provided during labs but will remain at the school clinic.

HIPAA: Health Insurance Portability and Accountability Act of 1996: referring to patient records

All students and faculty who have direct access to ePHI must provide documentation of successfully completing HIPAA training. No student folders, patient records or radiographs are to be removed from the clinic by the student. To protect patient privacy:

- Patient records should not be left open on the computer screen and computers must be signed off after each clinic session prior to leaving the clinic.
- Records may NOT be copied or printed unless requested by the patient, needed for a referral or when used for an academic report.
- Should a dental/medical record be needed for an academic report or reporting required by the pilot project, all patient identifiers must be removed from the document.
- Any patient documents at Pacific University Dental Hygiene clinic must be requested from front office staff.

Evaluations and Forms

All evaluations and forms can be located in the Student and Faculty Forms Manual.

Students are expected to keep a detailed log of clinical hours and procedures during all phases of education. This log is to be initialed by the supervising dentist and is kept as a paper copy. It is strongly recommended that these logs are scanned in case the hard copy is lost. Completed logs must be brought to every lab session for review by the instructor dentist.

Sample Log

Date	Procedure(s)	Total Time Spent	Observation/ Clinical	Supervision	Supervising Dentist Initial

"Rules" for DTI and DTII Clinic Hours Log

Hands-on Clinical Hours: Will be a minimum of 270 hours (DTI, DTII, DTIII).

Observational Clinical Hours: Can be a maximum of 30 hours (for DTI and DTII).

1. When working as a hygienist you can log 15 minutes for both a periodic exam and a comprehensive exam towards your **Hands-on Clinical Hours** if you review radiographs and gather information to formulate a treatment plan to present to your Supervising Dentist. Discussion and feedback should be given by your Supervising Dentist. A maximum of 20 hours may be counted toward your required hours. Emergency triage is considered a separate category and does not fall under these limitations.

2. As a Restorative Hygienist, you are licensed to place restorations. You **cannot** log the time you work as a Restorative Hygienist toward your clinical hours. However, if you prepare a tooth and restore it……the entire time can be logged as **Hands-on Clinical Hours**.

3. If you assist your Supervising Dentist while they prepare a tooth you may log this time as **Observational Clinical Hours**. It is expected during this procedure that the Supervising Dentist is verbally instructing the DT Student or will do so following the procedure. If the DT Student restores this preparation, the time it takes to restore the tooth does not count towards hands-on clinical hours.

4. A DT Student can observe their Supervising Dentist performing a procedure. It is expected that during the procedure the Supervising Dentist is verbally instructing the DT Student or will do so

following the procedure. These are considered **Observational Clinical Hours** and are logged as such.

In addition, updated total hours must be logged in a googlesheet which is shared with the dental director and supervising dentist on the 15th and 30th of every month.

Corrective Action Plan: All student/trainees and supervising dentists will be monitored during this project to evaluate adherence to protocol. If a dentist or student/trainee has deviated on a policy, they will be put on a corrective action plan and monitored weekly by the dental director for a minimum period of 1 month. Should the infraction continue to occur, the Dental Director and Project Director will determine the extent of further corrective action which could result in removal from the pilot project.

Reports: Every quarter, all charts where DT have performed irreversible procedures will be sent to the external evaluator in electronic format for review.

Adverse events: incidents of "**physical harm** that are due to treatment within a time frame relevant to the clinical scenario". All adverse events are to be reported by phone immediately to the dental director (Shannon English - 541-345-3970), who will complete the incident form and contact the Oregon Health Authority on the day the event occurred.

The Adverse Event form can be found on:
https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/ORALHEALTH/DENTALPILOTPROJECTS/Documents/AdverseEventReporting.pdf

1. The goal is to identify the Adverse Event (AE).
2. It is not relevant to determine or assign fault or blame to recognize that an Adverse Event (AE) occurred.

Category	Description of Dental Adverse Event Severity Categories using the Dental AE severity tree
A	No errors
B	Error with no impact on patient
C	Error with minimal/mild impact to patient; does not require monitoring
D	Error with moderate to severe impact to patient; requires monitoring
E1	Temporary (reversible or transient) minimal or mild harm to the patient
E2	Temporary (reversible or transient) moderate to severe harm to the patient
F	Harm to the patient that required transfer to emergency room and/or prolonged hospitalization
G1	Permanent minimal/mild patient harm
G2	Permanent moderate to severe patient harm
H	Intervention required to sustain life
I	Patient death

Examples of Dental Adverse Events:

- Painful dry socket
- Perforation of tooth due to endodontic treatment
- Pain following extraction/RCT without proper pain management
- Wrong tooth extraction
- RCT on wrong tooth
- Paresthesia following a dental procedure
- Death due to overdose of anesthesia
- Tissue necrosis due to bleaching or rubber dam clamp
- Allergic reactions to dental materials
- Laceration of lip/tongue/cheek during dental procedure• Painful dry socket
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- RCT on wrong tooth
- Paresthesia following a dental procedure
- Death due to overdose of anesthesia
- Tissue necrosis due to bleaching or rubber dam clamp
- Allergic reactions to dental materials
- Laceration of lip/tongue/cheek during dental procedure

Poor Quality of Care:

- Poor or no images
- Bad margins, overhangs that do not cause ST damage
- Porous material
- Non-retentive restorations
- Open contacts
- Caries remains
- Heroic Dentistry (dentistry that has poor prognosis for longevity)
- Errors
- Chart Omissions/inadequate documentation

Errors: unintended incidents that did not cause physical harm

- Example: anesthetizing the wrong tooth
- If NO HARM to the patient, you do NOT need to report errors to the OHA as an adverse event

Pain: pain can be expected; if the pain is slight, manageable or temporary, then no harm has occurred. Therefore, no Adverse event.

Pain scale: 1-3 = slight pain = no harm

4-6 = moderate pain = E1

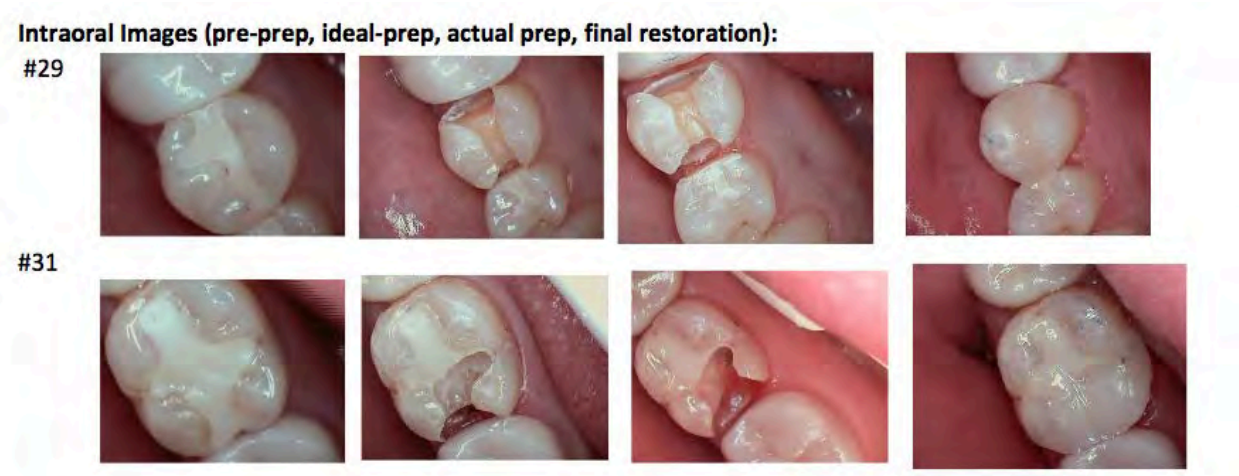
7-10 = severe pain = E2

Unexpected Outcomes: All unscheduled post op visits need to be documented in the patient's chart. This information must be sent immediately to the Dental Director and Project Director to determine if it qualifies as an adverse event.

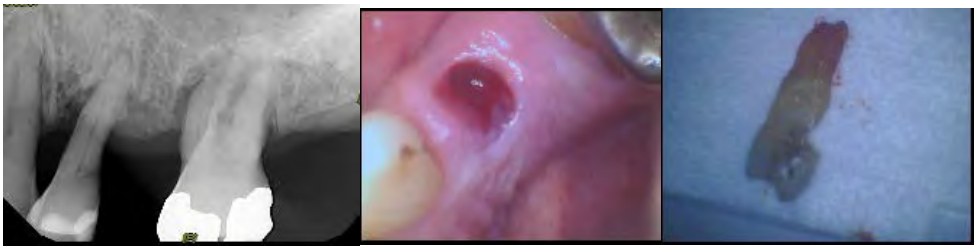
Photos – DT will take photographs of every procedure throughout the project

Pre and post op photos: all tx will be monitored with pre-op, ideal prep, final prep and post-op photos for all irreversible dental treatment. Once the student/trainee has reached the preceptorship phase of the project they no longer need to take the ideal prep photo. All intraoral photos must be clear and diagnostic, placed in mount in order and rotated to the correct orientation.

See below:



Extractions: a pre-op radiograph and post-op intraoral extraction site, and extracted tooth and/or remnents will be taken of all extractions.



Patient Surveys – all patients treated by the DT will be offered a patient survey, on the day of service. The survey will be generated by axiUm or in hard copy. Completed hard copy forms will be sent securely to the project director monthly. Data will be entered into axiUm for reporting.

Clinical Standards

HIPAA protocols for project:

- All participants must follow the HIPAA protocols set forth for their respective clinics.
- In addition, all students and faculty on site at Pacific University must follow Pacific's HIPAA policies during pt care as follows:

Privacy & Confidentiality

The Pacific Dental Hygiene Clinic is committed to implement procedures to ensure the Dental Hygiene Studies workforce members (all students, faculty, staff and contractors in contact with patients) have the appropriate authorization to access ePHI. Clinic Managers and Coordinators are responsible for the development, implementation and maintenance of the departmental procedures. Violations against the Health Insurance Portability and Accountability Act (HIPAA) policies and procedures within the School of Dental Hygiene Studies will be in accordance with sanctions based on the Pacific University HIPAA Privacy and Security Sanctions Policy and the HIPAA Violation Guidelines Matrix.

HIPAA & Workforce Trainings

All student trainees who have access to patient care must provide documentation of successfully completing all of Pacific University's online trainings prior to gaining access to ePHI. Trainings include, but are not limited to: HIPAA, Bloodborne Pathogens, Rapid Regulatory Compliance, OSHA and Medicare/Medicaid training modules. In addition, all DHS workforce members with access to patient care must review the Pacific University Policies and Procedures Summary Presentation within the online trainings and agree to the HIPAA Attestation training. By signing the attestation, one agrees not to provide PHI or discuss confidential information with unauthorized persons. Pacific University will ensure that all student trainees are appropriately investigated and screened prior to receiving access to ePHI. Additionally, in accordance with the Division Policy for Workforce Trainings through the Health Care Clinics Operations and Compliance Committee, all trainings must be completed annually to maintain access to ePHI through axiUm and the Dental Database. All must be completed within the month of the annual renewal date for the individual. Failure to complete all assigned trainings and agreeing to the Pacific University HIPAA Attestation training will result in denied access to ePHI through axiUm and the Dental Database.

Additional documentation needed for access to PHI include: Professional license validation for all student trainees

Access Control Policy

Level Establishment Access and removal of access to the electronic health record is maintained by the Manager of Dental Patient Services and the Clinic Operations Coordinator for the Pacific Dental Hygiene Clinic. The Manager of Dental Patients Services will grant student trainees access to axiUm with appropriate level access to ePHI based on their study or work-related duties and responsibilities. The Clinic Operations Coordinator is responsible for removing or denying access to axiUm for all student trainees upon completion of the project. The Clinic Operations Coordinator is also responsible for granting and removing access to the Dental Database (ability to view radiographs and intraoral images) and removing access to axiUm.

Password Maintenance

Passwords for access to axiUm must remain confidential and not to be shared with anyone.

Workstations where ePHI is accessed or stored should remain locked when not in use or left unattended. All workstations within the dental hygiene clinic where ePHI is accessed or stored will have privacy screens to aid against the unauthorized deliberate or incidental surveillance. Computer displays will be configured to go blank when left unattended for more than a brief period of time. Automatic logoff of all computers within the School of Dental Hygiene Studies is set at 30 minutes per a granted exception request through Pacific UIS. Clinical records are the property of the Pacific Dental Hygiene Clinic and are retained by the clinic.

No student folders, patient records or radiographs are to be removed from the clinic without instructor permission. Student trainees, instructors and staff who fail to comply with this policy may be dismissed/terminated from the program. To protect patient privacy: ONLY student trainees are to pick up printed documents from the clinic printer to ensure proper documents are given to patients.

Records may NOT be copied, printed, scanned or exported by student trainees at any time. The exception for printing is solely for documentation to the patient during treatment in regards to consent forms, post op instructions, referral forms, and prescriptions. All patient documents for academic reports may only be printed by the front office staff. This can be completed by sending a request to the front office staff through Messenger in axiUm with details including the patient chart number and the documents needed. Please allow 48 hour turnaround time to receive documents via secure Pacific University email accounts. ePHI that is stored in the University provided online storage system, Box, must follow the HIPAA File Storage in Box policy to ensure confidentiality of records. Should a dental/medical record be needed for an academic report, all patient identifiers will be removed from the document. Should a patient request dental records to be transferred from the Pacific Dental Hygiene Clinic, an Authorization to Disclose Health Records in English or Spanish must be signed by the patient prior to any release per the Authorization for Use and Disclosures of Protected Health Information policy. Once the Authorization to Disclose Health Records is obtained with a verified signature, all records/documents will be sent via the encrypted University email system or in a tamperproof envelope.

If ePHI is to be sent via email it must be sent through University encryption email server based on the Information Technology Standard-Encryption with the subject line: [pacusendsecure]. The front office staff will add a Records note within the patient's EHR in axiUm when dental records are transferred for an Accounting of Disclosures of Protected Health Information. Information to be included in the note: Location for where the documents were sent. Statement that verifies the Authorization to Disclose Health Records is on file.

Infection Control Guidelines

- All participants must follow the OSHA protocols set forth for their respective clinics.
- In addition, all student trainees and instructors on site at Pacific University must follow Pacific's infection control policies during patient care as follows:

Operatory Protocols Personal Protective Equipment (PPE): ALL clinic personnel must wear PPE when an occupational exposure is anticipated.

Gowns: Mandatory for ALL procedures and operatory preparation/cleanup. Disposable protective gowns are provided by the School and must be worn to prevent skin exposure and soiling of street clothes or scrubs when contact with body fluids (blood/saliva) is likely. The gowns must be removed before leaving the clinic area for the day and are not to be worn or carried into restrooms, elevators, stairwells, patient waiting areas, faculty or department offices, the cashier's window or outdoors.

Masks: Mandatory for ALL procedures and operatory preparation/cleanup. A disposable mask must be worn to protect the face, oral mucosa and nasal mucosa when splatter or spray of body fluids is anticipated. Full-face shields must be worn; however, a mask is required even when wearing a face shield. A fit-tested N95 mask must be worn during aerosol generating procedures on patients. The mask must be changed as soon as possible if visibly soiled or wet and must be changed between patients. Masks should be worn to manufacturer's directions and should never be placed under the chin. Masks are available in all clinic areas.

Protective eyewear: Mandatory for ALL procedures and operatory preparation/cleanup. Protective eyewear should be worn when splatter or spray of body fluids is likely or when performing laboratory procedures that pose a risk for eye injury. Full face shields may be substituted for eye glasses. The eyewear should have side shields or have a "wrap around" design so that splatter cannot enter the eye from the sides. Personal prescription glasses can be fitted with side shields or over-goggles or a face shield can be worn in conjunction with the prescription glasses. Protective eyewear must be American National Standards Institute (ANSI) approved. Patients may wear their prescription glasses or will be provided with safety glasses to wear during all treatment procedures. Over-glasses should be used for prescription glasses that do not provide sufficient protection, such as narrow reading glasses. All eyewear, including side shields, should be disinfected after each patient appointment.

Gloves: Mandatory for ALL procedures and operatory preparation/cleanup. Utility gloves must be worn when handling dirty instruments and while handling hazardous chemicals such as the provided clinic disinfectant. Gloves must be worn when skin contact with body fluids (blood/saliva) or mucous membranes is anticipated, or when touching items or surfaces that may be contaminated with these fluids. Gloves should also be worn during head and neck exams and should be changed prior to the intraoral exam. After contact with each patient, gloves must be removed, hands washed and then a new pair of gloves is donned before treating another patient. Gloves are to be replaced immediately or as soon as feasible if they become torn, cut or punctured. Gloves are available in all clinic areas. No gloves are to be worn outside of the operatory bay, when using the telephone, getting supplies from the carts or consulting with a faculty member.

Handwashing: Handwashing with an antimicrobial soap is an extremely effective means of preventing the transmission of microorganisms via the hands. Even with the use of gloves, handwashing significantly reduces the risk of disease transmission. Hands should be washed when arriving in clinic, before donning gloves and again after removing that pair of gloves. Waterless, alcohol-based hand sanitizers are located throughout the clinics and may be used to disinfect hands between glove changes with the same patient; however, soap and water should still be used at the beginning and end of each clinic period and whenever the hands become visibly soiled. Annual online training is required through the University for Proper Handwashing Technique.

Unit Set-Up for Patient Care Note: ALL PPE (including utility gloves – not exam gloves) is required when cleaning and disinfecting the dental operatory unit at all times. Pre-Treatment Set-Up 1. FLUSH: All air/water handpiece lines and ultrasonic water line for 2 minutes at the beginning of each clinical session. 2. CLEANING: Clean and remove any residual blood and debris on all contact clinical surfaces of the dental unit with the disinfectant wipe provided under the operatory sink. 3. DISINFECT: To disinfect all contact clinical surfaces of the dental unit re-wipe all surfaces with a new disinfectant wipe. During the disinfection step all surfaces must remain wet for the recommended contact time indicated on the provided disinfectant. 4. SOAPY WATER: Using soapy water on a 4x4 gauze located under the operatory sink (in a colored spray bottle) wipe all chair upholstery including the patient chair and operator stools. 5. Remove PPE based on OSHA/CDC guidelines and regulations listed below: a. Clean utility gloves with soap and water prior to removing b. Remove utility gloves and place in Ziplock bag located under the operatory sink c. Perform hand hygiene procedure d. Remove safety glasses e. Remove gown f. Remove mask from earloops g. Perform hand hygiene 6. RETRIEVE all disposables/barriers, instruments and biohazard bin with clean, ungloved hands. 7. SET-UP Unit: a. Attach a disposable saliva ejector tip, high-speed evacuation tip as needed, and air/water syringe tip and cover with plastic barriers. b. Place plastic barriers over light handles, head rest, main operatory arm, suction arm and keyboard. c. Place plastic self-stick barriers over both chair touchpads on chair and pens/pencils. ***d. If an intraoral camera or ultrasonic will be used, place a plastic sleeve over the camera***.

During Treatment 1. Charting-Electronic record and paper charts: Data may be entered into the computer with gloves by typing on the plastic covering the keyboard. When a provider is typing without gloves move the plastic barrier above the keyboard and enter data. Patient paperwork must NOT be handled with contaminated gloves. Use a plastic sheet barrier located in the operatory cart to rest gloves on and decrease the chance for cross contamination. Always wash or sanitize your hands before and after handling a paper chart. All writing utensils that will be used with gloves must be wrapped in a self-stick disposable barrier. Needles and Scalpels: To prevent needle-stick injuries, syringes should not be passed nor should needles be recapped by holding the cap in one's hand. Needles can be recapped by using a one-handed technique by utilizing either a commercially manufactured device designed for this purpose or to use the hole that is located in each of the instrument kits. The following protocol should be followed: Immediately prior to injection, carefully loosen the needle cap, remove the cap and place it upright in the tray hole or device. After the injection, using one hand, the syringe/needle is inserted into the cap with enough force to allow the cap to attach to the needle hub. The entire syringe assembly (with the attached needle cap) is withdrawn from the hole and laid flat on the instrument tray. A one-handed scoop method may be used if a mechanical device is not available. The method requires a one-handed technique, such that the needle is inserted into the cap, which is positioned flat on the cart/tray top. Once the needle is inserted, the entire assembly is carefully levered upward using the cap as a fulcrum on the cart/tray top. The cap can then be seated by applying pressure downward. This can be done entirely with one hand. Uncapping a contaminated needle presents another exposure risk.

Many needlesticks have occurred when the cap is pulled off by hand and a “reflexive rebound” occurs such that the hand jerks back into the needle. In addition, needles can pierce the cap, particularly if bent. Inspect the cap to be sure the needle has not penetrated. Hemostats/cotton forceps may also be used to gently rock the cap and slide it off the needle. The cap should be gently and carefully loosened by rocking it – not pulling on it. Never put your hand in front of the needle. Once the cap is loosened, with one hand only, carefully slide the needle out of the cap by dropping it onto the tray. Removing the needle from the syringe: With the anesthetic needle securely recapped, the needle hub can be held with a hemostat/cotton forceps and then unscrewed from the syringe. Hold the hemostat/cotton forceps stationary while turning the syringe. To prevent the risk of injury, the needle sheath should not be held with one’s hand while unscrewing the needle. Needles can penetrate caps and exposures can occur when needles are removed with the hand. Used needles are to be disposed of immediately in a red sharps container and should not be purposely bent or broken after use. Do not place an uncapped needle anywhere in the operatory. 3. Saliva ejector: Proper use of a saliva ejector is to have the clinician suction liquid and debris with the patient keeping their mouth wide open. Due to the risk of causing a back-flow of contaminated fluid, do not have the patient close their lips around the saliva ejector.

In between patients, on the same day, use the provided disinfectant and wipe all surfaces of the saliva ejector hose and adapter. Allow to stay wet for the recommended contact time indicated on the provided disinfectant.

Following patient care:

Storage and transport of contaminated patient-related items: All critical and semi-critical patient care items must be placed within the biohazard bin when being transported to sterile. All non-critical patient care items (i.e. XCP’s) may be placed on the patient tray while being transported to sterile. Items such as bite registrations and impressions that have been contaminated by contact with a patient's blood/saliva must be sprayed with disinfectant, wrapped in a damp paper towel and placed inside a baggie prior to transporting from the operatory to the wet lab. To consult with or obtain instructor approval for an impression disinfect the impression prior to presenting. Post-Treatment Cleanup 1. Remove exam gloves and wash hands. Gloves can be placed in the “regular” trash if not visibly soiled with blood. If gloves are visibly soiled with blood they are to be discarded in the large biohazard bin located on the east side of clinic where the faculty gowns reside. 2. Dawn utility gloves prior to clean-up procedures. 3. Discard all disposables including disposable sharps on patient tray prior to loading and transporting biohazard instrument bin and patient tray. a. Place all disposable sharp items in the red sharps containers that are located inside the cabinet door below the sink in each operatory or on the counter on the dirty side of sterile. 4. The glass anesthetic carpules must be disposed of in sharps containers. 5. Other items that are to be placed in sharps containers include: scalpel blades, suture needles, used burs, and broken instruments. 6. Place all critical and semi-critical patient care items within the biohazard instrument bin. Note: XCP’s may be placed on the patient tray. 7. Immediately take biohazard instrument bin and patient tray to sterile with the lid securely closed for processing. 8. After dropping off items for processing in sterilization, remove disposable barriers at the operatory and place in regular trash container. 9. FLUSH: All air/water handpiece lines and ultrasonic water line for 30 seconds. 10. Clean utility gloves with soap and water prior to cleaning/disinfecting the operatory. 11. CLEANING: Clean and remove any residual blood and debris on all contact clinical surfaces of the dental unit with the disinfectant wipe provided under the operatory sink. 12. DISINFECT: To disinfect all contact clinical surfaces of the dental unit re-wipe with a new disinfectant wipe. During the disinfectant step all surfaces must remain wet for the recommended contact time indicated on the provided disinfectant. 13. SOAPY WATER: Using soapy water on a 4x4 gauze located under the operatory sink (in a colored spray bottle)

wipe all chair upholstery including the patient chair and operator stools. 14. END OF DAY: Re-wipe all surfaces with soapy water previously wiped with disinfectant solution to reduce the chemical buildup and increase the longevity of the equipment. a. Seniors are to run both suction lines with a dental vacuum line cleaner at the end of each clinic day. b. Traps are to be changed every Friday during Restorative lab/clinic by removing the debris trap and placing any amalgam into the amalgam waste bin located on the dirty side in sterile. Be sure to wear all PPE when cleaning the trap. Large cotton items, such as cotton rolls or 2x2's, that were sucked into the trap may be disposed of in the regular trash. Place the dirty trap in the biohazard bin located on the east side of clinic where the faculty gowns reside and replace with a new trap. c. Turn off the master switch on the main operatory arm under the tray, turn off the computer, take out the trash and place foot pedals on a paper towel on top of the patient chair. Housekeeping maintains and cleans the floors/walls/sinks of the dental hygiene clinic.

Teaching Methodology

For the Clinical Instructor
Internship Experience

Objectives

- Identify and implement effective guidelines for working with students.
- Provide effective feedback.
- Understand generation categories and how to work with students from each category.
- Identify styles of learning.
- Differentiate between types of knowledge and learning.
- Understand critical thinking and how problem based learning is used in the development of critical thinking.

Guidelines for Working with Students

Do

- Compliment success and growth
- Give feedback frequently
- Model professional behavior
- Follow all HIPAA, FERPA & OSHA guidelines

Don't

- Intentionally embarrass a student
- Discuss students outside of Pacific University
- Give out any information about a student to anyone

Feedback

Praise keeps you in the game, but real feedback helps you improve.

Informs a student what they did or did not do and enables them to self adjust.

Highly specific information about how a student did in light of what he or she attempted; intent versus effect; actual verses ideal performance.

Feedback

Effective:

- Provides confirming (or disconfirming) useful evidence of effect
- Compares current performance and trends to successful result (standard)
- Concise

Ineffective:

- Provides nonspecific advice, praise/blame, or exhortations.
- Assumes that process (instructions, hard work and advice) is sufficient to reach the goal.
- Lengthy

Examples of Feedback

Effective:

- It is important to have the x-rays up and ready before the exam so that time is not wasted during the exam.
- Last week you were running consistently 15-30 minutes behind schedule. This week you seem much more relaxed and able to stay on schedule while providing excellent patient care.
- We have received several compliments from patients about how thorough you are.

Ineffective:

- You need to speed up!
- Much better this week.
- Mrs. Jones returned for her restorative appointment and said.....
  Mike said.....
  Barbara said .....



How can we go from ↑ to ↓ ?


Understanding the Student!

- Identify what generation you come from and how this might differ from the student's generation
- Identify what type of learner you are and how this might differ from the student
- Identify what the adult learner needs

Multiple Generations of Student Learners

1. *Traditionalists*
2. *Baby Boomers*
3. *Generation X*
4. *Generation Y*
5. *Generation Z*

Teaching Isn't Easy!

Knowing a topic well and being able to teach it well are two very different things. (We have all had teachers who were topic experts but could not teach!)

The ability to adapt teaching to a wide variety of people, places, and things is a challenge.

A great learning experience involves both the educator and the participants using equal energy and being actively involved and interested.

(Instant Teaching Tools for the New Millennium, M. Deck, 2004)

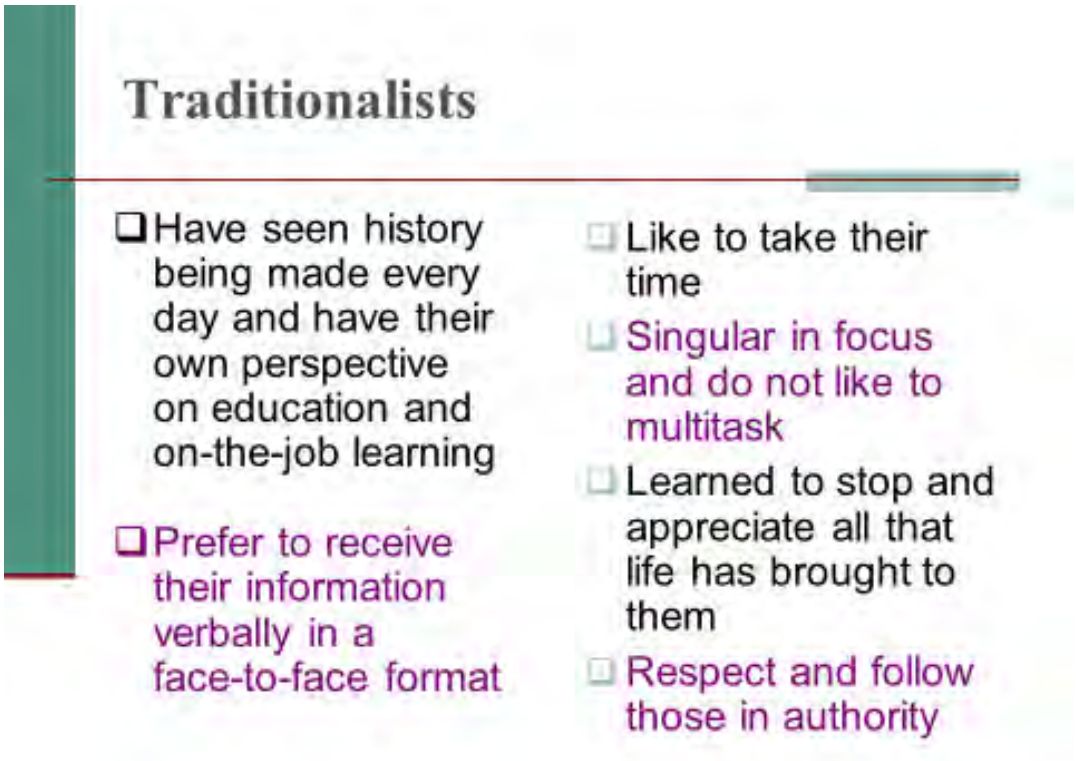
Multiple Generations of Student Learners

1. *Traditionalists*
2. *Baby Boomers*
3. *Generation X*
4. *Generation Y*
5. *Generation Z*

Traditionalist - born before 1946

Most typically found as:

- Faculty
- Continuing education participants


Traditionalists
Have seen history being made every day and have their own perspective on education and on-the-job learning
Prefer to receive their information verbally in a face-to-face format
Like to take their time
Singular in focus and do not like to multitask
Learned to stop and appreciate all that life has brought to them
Respect and follow those in authority

Baby Boomer – born 1946-1960
the "overworked" generation

Baby Boomers

- Jobs often define their identity
- First generation to think they could "have it all"
- Never hesitated to arrive early and stay late at work
- "Super" parents and community workers, working much more than 40 hours per week

Generation X

- Raised to be independent
- Reluctant to commit in both their personal and professional lives
- Talent for technology and dealing with change at a rapid pace
- Know how to relax and many see work as a means to an end
- Like to learn rapidly and conveniently in the most visual way possible

Generation X – born 1961-1980

Generation "X"

- They will work to better their skills, yet do not hesitate to look elsewhere when work conditions are bad
- Willing to follow individuals who are competent and excel at their jobs, even if those individuals do not carry a title
- Grown up with the media and expect to be entertained while learning.

Generation X

- Raised to be independent
- Reluctant to commit in both their personal and professional lives
- Talent for technology and dealing with change at a rapid pace
- Know how to relax and many see work as a means to an end
- Like to learn rapidly and conveniently in the most visual way possible

Generation Y – born 1981-2002
"the millennium generation"

Generation Y

- Technology savvy -an age of internet learners who can access any source of information in minutes and expect learning to follow the same pattern
- Love kinesthetic/active learning experiences and lose interest very quickly when bored
- A short attention span and prefer to learn in sound bites in a technological or hands-on format

Generation Y

- Seeking a more traditional life and commitment to family
- Large in numbers and the most ethnically diverse group to date
- Marrying earlier and beginning families at a younger age
- They are not listeners; but have been identified as seers and doers
- Seem to have money to spend, and are targeted by marketing and the media

Generation Z

also known as Net Gen or Gen Tech

- Born in the late 1990s and early 2000s.

Generation Z

- The Net Generation is optimistic, positive and driven to succeed.
- High achievers, they crave rewards and accolades for their hard work.
- They are aware of the many significant problems affecting the world, but are confident that through youthful and ever-improving technology, these problems will be solved.
- They are no stranger to community service. Volunteer projects have been a part of their academic & extracurricular life since kindergarten.
- They value work that has meaning & improves the lives of others.

Generation Z

- Gen Z college students are strongly motivated by academic projects that have a real-world component, particularly those that address a major issue like the environment, homelessness or poverty.
- Gen Z students work in teams to research an issue, create a plan and put that plan into action within their local community.
- They consider themselves active "global citizens", participating in international study and service projects.
- Gen Z is constantly connected. Not just to the Internet, but to each other. (Cell phones)

Generation Z

- Gen Z students are infamous for their "multitasking skills" and short attention spans.
- Growing up online, they are trained to quickly and simultaneously consume and process information from multiple medial sources – and to ignore anything "boring" or otherwise uninspiring.
- Research shows that Gen Z college students are strong visual learners and weaker textual learners.
- Researchers have found that Gen Z students have very close, open relationships with their parents, with whom they share many of the same values.

ADULT LEARNERS

Working with the Adult Learner

Adult learners enter education with a high level of motivation to learn.

They appreciate a program that is organized and structured with requirements and objectives clearly specified.

Adult learners want to know how the course content or experience will benefit them.

They expect the material to be relevant and they quickly grasp the practical use of the content.

Working with the Adult Learner

- Adult learners respect an instructor who is fully knowledgeable about the subject and presents it effectively.
- Adult learners bring to class an extensive experience from their personal and working lives.
- Adult learners are usually self-directed and independent.
- Adult learners want to participate in decision making. They want to cooperate with the instructor in mutual assessment of needs and goals, the choice of activities, and decisions on how to evaluate learning.

Working with the Adult Learner

Adult learners may be less flexible than younger students. They do not like to be placed in embarrassing situations. Before accepting a different way of doing something, they want to understand the advantages of doing so.

Adult learners like to cooperate in groups and socialize together. Small-group activities and an atmosphere for interaction during breaks are important.

Learning Styles (LS)

www.ncsu.edu/felder-public/ILSpage.html

Definition: T\traits that refer to how an individual tends to approach learning new material or tasks

Generally, we tend to teach in the manner we prefer to learn…which may not be the best way to work with an individual.

Understanding learning styles may help instructors know how to relate to the student in the clinical setting.

Sensing learning style

- Detail oriented, practical
- Likes learning facts and solving problems
- Likes connections to real world
- Dislikes complications and/or surprises

Working with this individual

- Identify specific examples of concepts and relate information to real world situations

Intuitive learning style

- Innovative, dislikes memorization and routine calculations
- Likes discovering possibilities
- Tends to work faster

Working with this individual

- Find theoretical connections and apply to facts
- Slow down to avoid mistakes due to lack of attention to detail

Visual learning style

- Tends to remember what they see
- Likes pictures, charts and diagrams
- Dislikes strictly reading text

Working with this individual

- Use charts, radiographs, and diagrams to represent visual connections
- Draw pictures and take photographs to aid memory of information

Intuitive learning style

- Innovative, dislikes memorization and routine calculations
- Likes discovering possibilities
- Tends to work faster

Working with this individual

- Find theoretical connections and apply to facts
- Slow down to avoid mistakes due to lack of attention to detail

Verbal learning style

- Tends to remember words (written and spoken)

Working with this individual

- Write outlines or rewrite information in your own words
- Working in groups may be helpful as the student hears others verbalize information

Sequential learning style

- Tends to understand in linear steps
- Follows a logical path in problem solving
- Dislikes skipping steps or jumping from topic to topic

Working with this individual

- Outline material in a logical order
- Study in the order of the textbook, handouts, or as the information was presented in class
- Create inventories

Global learning style

- Tends to gather information somewhat randomly, often without initially identifying the connections.
- Frequently experiences the "Ah ha" moment of suddenly understanding a concept.

Working with this individual

- Identify the "big picture" of a topic before trying to master the details
- Review the objectives and skim the entire chapter to get an overview prior to focusing on details
- Try to relate the topic to things already known
- Rather than planning to study several topics in an evening, try to set aside larger blocks of study time for individual subjects

Active learning style

- Tends to retain and understand information best by doing something active. This may include explaining or discussing material with others.

Working with this individual

- Study in a group to facilitate an active relay of information on the topic
- Create games or role plays to review information
- Brainstorm with a peer
- Participate in active discussion

Reflective learning style

- Tends to think about information
- Often prefers to work alone

Working with this individual

- Pause while studying new material to review the reading
- Pause to think of possible applications or questions about the information presented
- Write a simple summary of the information to help retain the material

Understanding, Knowledge & Critical Thinking

Understanding: they really "get it"

- Involves sophisticated insights and abilities, in varied performances and contexts.
- Gained over a continuum, developing as a result of ongoing inquiry and rethinking.

Teaching for understanding involves more than the student understanding but identifying the *destination as well!*

6 Facets of Understanding

1. **Explanation**: can explain facts and data
2. **Interpretation**: answers the questions

   What does it mean? Why does it matter? How does it relate to me? What makes sense?
3. **Application**: ability to use knowledge in new situations and diverse contexts.

6 Facets of Understanding

4. **Perspective:** The ability to see and hear points of view through critical eyes.
5. **Empathy:** To grasp the world from someone else's point of view; requires respect for people different from ourselves.
6. **Self-knowledge:** The ability to identify personal style, prejudices, projections, and habits of mind that both shape and impede our own understanding. Being aware of what we do not understand and why understanding is so difficult.

We Teach "Critical Thinking"

An awareness of a real problem or when there is uncertainty about a solution.

It is based on the evaluation and integration of existing data and theory into a solution about the problem at hand

A solution that can be defended as reasonable, taking into account the conditions under which the problem is being solved.

Critical Thinking

Critical thinking develops over time.

When students address problems that have obvious importance within their discipline, they begin to realize that merely receiving information from the instructor will NOT prepare them for life after graduation. They come to understand the importance of taking an active role in their learning.

Overall - Enjoy the Experience of Mentoring the Developing Professional

Thank you!

FERPA TRAINING

Family Educational Rights and Privacy Act

The material provided in this training is designed to prepare authorized members of the campus community to fully understand the responsibilities of handling student record information under FERPA and Pacific University's student record policy. Pacific University is legally and ethically obligated to protect the confidentiality of students' records. Everyone with access to student data is required to review this training material.

The following material will be covered in this training module:

- *What is FERPA?*
- *Why is FERPA important?*
- *What are the basics of FERPA?*
- *What is directory information?*
- *Who and what is protected under FERPA?*
- *What is considered acceptable "permission" to release records?*
- *What are the student's rights under FERPA?*
- *What are the parent's rights under FERPA?*
- *What are a spouse's rights under FERPA?*
- *Important reminders*
- *Who may I contact if I have a question about what can be released under FERPA?*
- *Where do I find Pacific University's full FERPA policy?*
- *Test*

What is FERPA?

- FERPA is an acronym for the Family Educational Rights and Privacy Act of 1974.
- FERPA is a federal law (known as the Buckley Amendment)
- FERPA protects the privacy of a student's education records

Why is FERPA important?

- If an employee of the university violates FERPA, the Department of Education could take away the university's student federal funding
- Violation of FERPA may constitute grounds for staff dismissal
- Our students depend on us to keep their academic information confidential

FERPA Basics

- Student educational records are considered confidential and may not be released without the written consent of the student.

- As a faculty or staff member, you have a responsibility to protect education records in your possession.
- Under FERPA, some information (called "Directory Information") can be released without the student's written permission. However, the student may opt to consider this information confidential as well. Before releasing any Directory Information, the faculty or staff member should consult with the University's Registrar's Office to determine whether the student has chosen to not disclose and to insure any release of information is consistent with University policy.
- Faculty and staff have access to information only for legitimate use in completion of your responsibilities as a university employee. Legitimate educational need to know is the basic principle to consider before accessing student information.
- If in doubt, do NOT release any information until you talk to the office responsible for student records. Contact the University Registrar's Office at: registrar's office or refer the request to that office.

What is considered "Directory Information"?

- Directory Information is information which is not normally considered a violation of a person's privacy.
- Directory Information may be disclosed without a student's written consent unless a student has requested that this information not be released.
- Directory Information typically includes:
  Name (including both maiden name and married name, where applicable)
  Address, telephone listing and email address
  Date and place of birth
  Major field of study
  Anticipated graduation date
  Enrollment status (undergraduate or graduate, full-time or part-time)
  Dates of attendance
  Degrees and awards received
  Participation in officially recognized sports and activities
  Weight and height (members of athletic teams)

- NOTE: Pacific University has chosen not to release Directory Information, as defined in the Policy, to parties outside the University. Exceptions to this guideline include but are not limited to Deans Lists, Academic or Athletic Honors/Awards or programs, or information to hometown newspapers of students attending the university. Directory Information for use within the university is permitted in accordance with FERPA guidelines; however disclosure within the university does not constitute institutional authorization to transmit, share, or disclose any or all information received to a third party.

Putting it into Practice

- If you do not have a way of knowing whether or not a student has requested confidentiality of directory information, do NOT release it.
- The university considers a student's right to privacy to be very important and does not share directory information with third parties.

- A student may request that directory information be made confidential. All requests for directory holds must be in writing and submitted to the Registrar's Office, which is the sole office authorized to maintain directory holds.
- If a student requests confidentiality of directory information, it is an all-or-nothing directive. In this instance, not even the student's name will appear in on-line directories.

Who is protected?

Eligible students are protected under FERPA. An eligible student is an individual who has reached 18 years of age, is or has ever been in attendance at Pacific University.

What is protected?

The student's education record is protected. The definition of an education record refers to any record that is directly related to a student and kept by the university or someone acting on behalf of the university from which a student, or students, can be identified. This can include: files, documents and materials in any medium (handwritten, tape, disks, film, microfilm, microfiche, etc). When in doubt, assume that any item that relates to a student is an education record and seek further assistance from the registrar's office.

- PUBLIC POSTING OF STUDENT GRADES. FERPA regulations clearly state that the public posting of grades either by the student's name, or institutional student identification number without the student's written permission is a violation. In order to post grades an instructor must either obtain the student's uncoerced written permission to do so or by using code words or randomly assigned numbers that only the instructor and individual student know. Note: posting of grades by social security number is NOT allowed.

- LETTERS OF RECOMMENDATION. Pacific University school officials are encouraged to support students in their efforts to attend graduate school, apply for scholarship programs, or seek professional employment. In order to submit letters of recommendation in accordance with FERPA regulations, school officials must request that students submit ”Consent for Release of Information" (Appendix 5) or its equivalent prior to providing student information to third parties. This consent for release shall be maintained by the appropriate school official in accordance with the maintenance guidelines.

Permission

Written permission must be obtained from a student before releasing an educational record
(unless the request fits a specific exception as outlined in Pacific University's FERPA policy)

All student requests for release of information must be in writing (FAX requests for release of information are allowed under FERPA regulations.), dated, and must include:

1. Purpose of the release
2. Specific information to be released
3. Specific parties to whom the information is to be released
4. The student's signature

Telephone request for information:

Pacific University does NOT release academic information via the telephone. Verification from the Registrar's Office must be secured prior to release of any information.

Student's Rights Under FERPA

1. The right to see the information that the institution is keeping on the student
2. The right to seek amendment to those records and in certain cases append a statement to the record
3. The right to consent to disclosure of his/her records
4. The right to file a complaint with the U.S. Department of Education

Students may *not* inspect and review the following as outlined by the Act:

1. Financial information submitted by their parents
2. Confidential letters and recommendations associated with admissions
3. Employment or job placement, or honors to which they have waived their rights of inspection and review
4. Education records containing information about more than one student, in which case the institution will permit access only to that part of the record which pertains to the inquiring student.

Parent's Rights

1. When a student reaches the age of 18, or begins attending a postsecondary institution (regardless of age), FERPA rights transfer to the student.
2. Parents may obtain non-directory information (grades, GPA, etc.) ONLY at the discretion of the institution, WITH a signed consent from students who have chosen to allow release of non-directory information to parents AND after it has been documented that their child is legally their dependent. ALL PARENTS should be referred to the Registrar's office.

Spouse's Rights

The spouse has NO rights under FERPA to access the student's education record. All inquiries should be referred to the Registrar's office.

Important Reminders

- Do not display student scores or grades publicly in association with names, student ID numbers or other personal identifiers.
- Do not put papers or lab reports containing student names and grades in publicly accessible places. Students should not have access to scores and grades of other students.
- Do not share student record information, including grades or grade point averages, with other faculty or staff members of the University unless their official responsibilities identify their "legitimate educational interest" in the information for that student.

- Do not share by phone or correspondence information from student education records, including grades or grade point averages, with parents or others outside the institution, including letters of recommendation.
- Do not circulate a printed class list with the students' names and Social Security numbers as an attendance sheet.

Who Do I Contact If I Have Questions?
Please contact Pacific University Registrar's Office at 503-352-2234 or by e-mail at mailto:registrar@pacificu.edu

Where Do I Find Pacific University's FERPA Policy?
http://www.pacificu.edu/registrar/privacy.cfm **AND** **www.pacificu.edu/parent/ferpa.cfm**

Quiz begins on the next page

FERPA QUIZ (Questions from Case University but answers based on Pacific University FERPA Policy)

1. You get a phone call from someone identifying himself as a student, asking about his grades ir evaluation. Can you give out that information?
    a. Yes
    b. No

2. You receive an e-mail message from a reputable employer asking for names and addresses for students with GPA of 3.0 or better. They have good job information to offer. Can you help students get jobs by giving out that information?
    a. Yes
    b. No

3. You receive a subpoena in the mail. It appears to be a legal, court ordered subpoena. Should you supply the information?
    a. Yes
    b. No

4. You get a frantic phone call from an individual who says he is a student's (husband/brother/father) and must get in touch with her immediately because of a family emergency. Can you tell him where and when they will be present today?
    a. Yes
    b. No

5. Is it wrong for professors to leave personally identifiable exams or papers in a box for students to pick up?
    a. Yes
    b. No

6. An unauthorized person retrieves information from a computer screen that was left unattended. Under FERPA, is the institution responsible?
    a. Yes
    b. No

7. Professor X wants to know the GPA of Student Y and says he is entitles to it because he is a school official and needs it to complete his official academic responsibilities. Do you give it to him without further question?
    a. Yes
    b. No

8. A newspaper reporter calls to ask for a student's major and dates of attendance. Is it OK to give it out as long as the student has not requested directory information confidentiality?
    a. Yes

b. No

9. An employer asks you if you can verify that a student has received a degree. The student has no confidentiality hold, so should you do it?
    a. Yes
    b. No

10. Your daughter attends school at Pacific University. She needs her transcript sent to a company so she can get a job. There is a deadline and your daughter does not have time to take care of it herself. Can you make the request on her behalf?
    a. Yes
    b. No

FERPA QUIZ answers (Questions from Case University but answers based on Pacific University FERPA Policy)

1. You get a phone call from someone identifying himself as a student, asking about his grades. Can you give out that information?
    a. Yes
    b. No

Answer: No, Pacific University does not release academic information over the phone.

2. You receive an e-mail message from a reputable employer asking for names and addresses for students with GPA of 3.0 or better. They have good job information to offer. Can you help students get jobs by giving out that information?
    a. Yes
    b. No

Answer: No, without a written request for the release of this information from the student to the employer we are not allowed to supply this information (regardless of the good intention of the employer)

3. You receive a subpoena in the mail. It appears to be a legal, court ordered subpoena. Should you supply the information?
    a. Yes
    b. No

Answer: No, it is appropriate to refer this request to the registrar's office for evaluation.

4. You get a frantic phone call from an individual who says he is a student's (husband/brother/father) and must get in touch with her immediately because of a family emergency. Can you tell him where and when the student will be present today?
    a. **Yes**
    b. **No**

Answer: No; under Pacific University's policy the appropriate response would be to reply: "If the person is in coming, a message will be given to the student to phone them as soon as possible".

5. Is it wrong for professors to leave personally identifiable exams or papers in a box for students to pick up?
    a. Yes
    b. No

Answer: Yes, any academic record with identification cannot be placed in an area where others could access it.

6. An unauthorized person retrieves information from a computer screen that was left unattended. Under FERPA, is the institution responsible?
    a. Yes
    b. No

Answer: Yes. FERPA requires that any computer screen with student information be closed, when left unattended, in order to protect student privacy.

7. Professor X wants to know the GPA of Student Y and says he is entitles to it because he is a school official and needs it to complete his official academic responsibilities. Do you give it to him without further question?
    a. Yes
    b. No

Answer: No. It would be more appropriate to refer Professor X to the Registrar's office to explain why or how this information is needed to complete his official academic responsibilities. Prior GPA information could potentially bias the Professor's assessment of the student.

8. A newspaper reporter calls to ask for a student's major and dates of attendance. Is it OK to give it out as long as the student has not requested directory information confidentiality?
    a. Yes
    b. No

Answer: No, even though this information is considered "directory information" and is typically approved for release by FERPA, Pacific University's FERPA Policy will supersede the release of this information without student approval. It would be appropriate to ask the Registrar's office for guidance in this situation.

9. An employer asks you if you can verify that a student has received a degree. The student has no confidentiality hold, so should you do it?
    a. Yes
    b. No

Answer: No, it would be appropriate to refer the employer to the registrar's office.

10. Your daughter attends school at Pacific University. She needs her transcript sent to a company so she can get a job. There is a deadline and your daughter does not have time to take care of it herself. Can you make the request on her behalf?
    a. Yes
    b. No

Answer: No, your daughter must provide a written request to the registrar's office (as outlined in the FERPA policy).

Please forward a copy of your quiz to gail.aamodt@pacificu.edu

Thank you

Questioning for Critical Thinking in Clinical Teaching
---The Before During After (BDA) model

Brief

Who is your patient?

What procedure are you doing today?

What stage are you at?

Before treatment

What is unique about this patient? (e.g., high caries risk or dry mouth)

How do you know this? (e.g., cambra, med hx)

What is your differential diagnose?

What is your ideal treatment plan?

What are other alternative treatment plans?

How does the patient's specific needs or condition influence your treatment planning?

What is the short, medium, long term RBA for this patient with or without your treatment plan?

During treatment

What are the steps for today's procedure? (e.g., show me appropriate models of x-rays).

How long do you plan to spend on each step of the procedure?

What if…?

Why isn't the patient responding to the treatment?

Do you have any questions? (check-in with students during treatment)

After treatment

What have you done well?

What could we do differently next time?

What did you learn from this case?

How has this case changed your thinking about…?

Why wasn't this an ideal treatment?

CLNICAL TEACHING TIPS

1. What Clinical Teachers Should Do for Every Student

Before Patient Treatment:

- Clarify expectations; how the student will interact with you and patient
- Ask the student to explain assessment of patient & the treatment plan
- Praise the student for responses & insight
- Give anticipatory guidance and encourage questions

During Patient Treatment:

- Be available as soon as feasible and check in several times
- Remember the 4P's: praise in public; perfect (improve) in private
- Make notes to remind yourself about needed follow-up
- Try to give everyone one on one guidance as time allows. Be aware to spread your time equally between students

After Patient Treatment:

- Have a "close-out" debriefing
- Ask questions to stimulate student's self-assessment & reflection
- Provide overall feedback to the group, both suggestive & praise

2. 7 Traits of Effective Feedback

- Descriptive & non-judgmental ("just the facts")
- Specific & focuses on immediate issues
- Behaviorally anchored:
    - Focus on behavior student can change
    - Include a recommendation
- Well-timed & expected
- Regulated in quantity (less is more)
- Balanced: positive as well as corrective
- Anticipatory guidance (priming): suggestions, reminders
- Prompts & "just in time" coaching
- **Research:** Schonwetter. Students' perceptions of effective classroom & clinical teaching in dental and dental hygiene education. *J Dent Educ*. 2006; 70: 624-635.
  Irby. Teaching and learning in ambulatory Settings: Thematic review of the literature. *Acad Med*. 1995; 70; (10):898-931.

3. What Are Dental Students' Opinions About Effective Clinical Teaching?

Valued Instructor Characteristics:

- Respectful communication
- Collegial manner ("we're in this together")
- Available and approachable
- Positive & encouraging
- Eager to help
- Involved in patient care; not by-stander
- Proactive: models, explains & demonstrates
- Suggested feedback

Research: Ende. Preceptors' strategies for correcting in an ambulatory care medicine setting: Qualitative analysis. *Acad Med*. 1995; 70: 224-229

4. Five Specific Times When Feedback Should Be Given to Dental Students

- During pre-treatment planning: student's assessment of the patient and treatment plan
- During patient care: specific, tangible guidance to resolve difficulties
- End of patient encounter: correct actions & alternatives to correct deficiencies
- Monthly formative (progress) feedback:
    - How is student progressing, overall, toward entry-level professional competency?
    - What areas does student need to focus on during the coming month?

5. Feedback Tips

- Ask students to **self-assess**; opens the door for coaching.
- Raise issues with **questions** (avoid labeling) "What is your assessment of why Mrs. _____ discontinued treatment?"
- Use **"talk about"** instead of questions if student is anxious: "Talk about the difficulties with #12."
- Use collective **"we" instead of "you":** "When did we start to run into problems with Mr. _____?"
- Start with questions students can answer
    - **Reporting facts** (students report patient data)
    - **Comprehension questions** (student explains a concept)
    - **Avoid "WDY"** (Why didn't you) questions that are negative
    - Stay balanced: provide **positive and corrective** feedback
    - Remember both parts of corrective feedback:
        - Identify problems student encountered and causes
        - Provide a specific "Here's how to do it better next time…"

Research: Victoroff & Hogan. Students' perceptions of effective learning experiences in dental school: A qualitative study using critical incident technique. *J Dent Educ*. 70 (2006); 124-132.

The 5 C's of Clinical Teaching

Fundamental: If you criticize, you have an obligation to coach the student.

- **Correct (offer specific recommendation)**
- **Coach actively, especially during patient care**
  - Show & explain how
  - Provide suggestions for alternative methods
  - Ask questions encouraging students to solve problems
- **Concise Feedback**
  - One minute prescription – one point at a time
  - 4 Ps – Praise in Public, Perfect (improve) in Private
- **Confirmation by Student**
  - Have students explain their understanding of feedback message ("no confirmation, no comprehension")
- **Congratulate students for actions/decisions well done**

Research: Branch, Paranjape. Feedback & reflection: Teaching methods for clinical settings. *Acad Med*. 2002; 77: 1185-88.

Research: Neher. Microskills model of clinical teaching. *J Am Baord Fam Pract.* 1993; 6: 86-87.

6. Four Step Process for Teaching Psychomotor Skills

It's more than "see one, do one, teach one"

1. Orientation & explanation (but not "too much") • **Explain reasons for learning skill** • **Show or describe the desired outcome** • **Describe alerts: complications, risks, "time", likely problems**
2. Instructor talk-through (narrated demonstration) • **Make sure learners can see (over your shoulder view is best)** • **Describe each step before you perform** • **Provide "learning time" demonstration; pause for time-outs**
3. Learner talk-through with coaching & time-outs • **Ask participant to describe each step, then do it** • **Give prompts and praise – "take this slow" "looks good"** • **Ask: "What can I explain better?"**
4. Learner talk-through without coaching (return demonstration) • **Observe learner's actions** • **Provide praise for correct actions** • **Provide prescriptive feedback (reminders, anticipatory guidance)**

Research: Feil et al. Designing preclinical instruction for psychomotor skills. *J Dent Educ*. 1994; 58: 806-812.

7. Four Levels of "Teaching" Questions in the Clinic

Intellectual of Question — **Student's Job:**

Level 1: Request facts about case

- Any evidence of trauma?
- Length of time on medication?
- How was pain described?

Reports Facts

Level 2: Check student's knowledge

- Symptoms we could likely see?
- Is pain radiating to the jaw a common finding in…?
- How could a drug interaction cause this?

Demonstrate Comprehension

Level 3: Assess ability to analyze and make decisions

- What should we do for Mrs. Jones?
- What's your assessment of this radiograph?
- What if the patient showed no signs of trauma?

Explain/justify an assessment

Level 4: Help clarify student's thinking

- What concerns do you have about this procedure?
- What parts of this case don't make sense to you?
- How has this case changed your thinking about…?

Debrief: explore uncertainties; reflect on actions

Research: Feil et al. Designing preclinical instruction for psychomotor skills. *J Dent Educ*. 1994; 58: 806-812.

8. Bookends Strategy for Clinical Teaching

Orient students before patient encounter

- Ask level 3 questions "assessment & planning" questions
  - What do you plan to do & how do did you develop this plan?
  - How and why did you rule – out alternatives?
  - What are the advantages of this approach over others?
- Ask Priming & anticipatory guidance questions
  - Ask "what if" questions – encourage student to think ahead and anticipate potential problems and solutions

Debrief students after patient encounter

- Ask Level 4 reflection & self-assessment questions
  - What is the most important thing you learned today?
  - What could we do differently next time?
  - Review specific trouble spots

Research : Chambers. Association amongst factors thought important by instructors in dental education & perceived effectiveness of these instructors by students. *Eur J Dent Educ*. 2004; 8:147-51.

Dental Workforce Pilot Project
Dental Hygiene Restorative Function Endorsement Model
DT Project 300

I agree that I have read and understand the policy and procedure manual for the pilot project.

I have had the opportunity to ask and have my questions answered.

Print name: _____

Signature: _____

Date: _____

ABOUT THE QUESTIONNAIRE

The analysis in this report is based on respondents who completed a questionnaire.

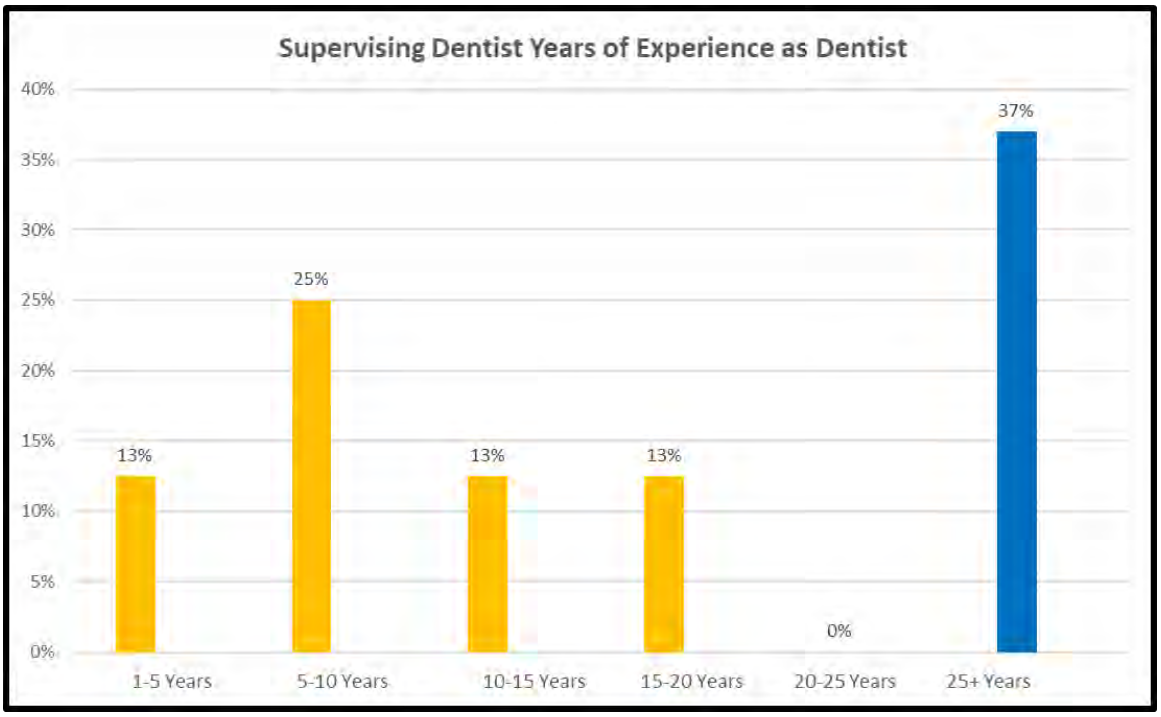
Trainees are identified as students in the Dental Therapy training program at Pacific University who are participating in the pilot project. Supervising Dentists are identified as dentists who provide direct, indirect, and general supervision of the dental therapy student trainees during the pilot project.

All participating trainees and supervising dentists were required to complete the questionnaire.

A total of 16 dentists and 16 trainees completed the questionnaire.

Supervising Dentist Years of Experience as a Dentist

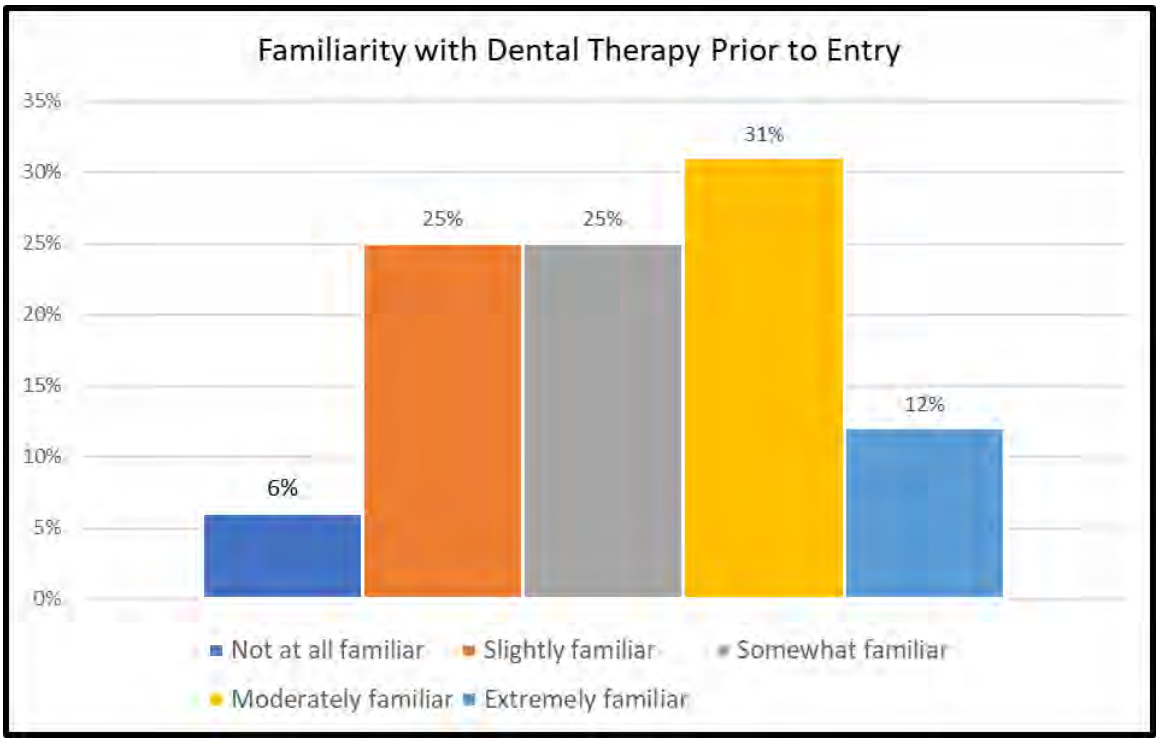
87% of the supervising dentists (14 individuals) had at least 5 years or more of experience as dentists. 37% of supervising dentists had more than 25 years' experience.



Endorsements and Permits

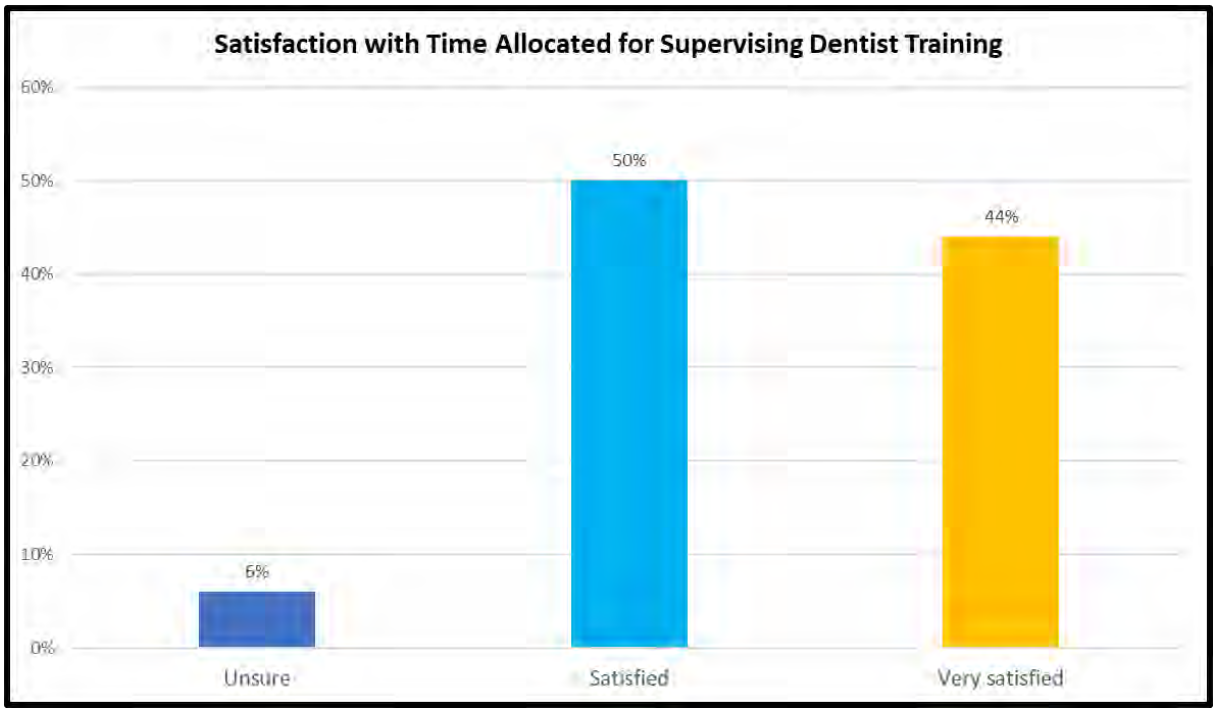
One supervising dentist was certified in the specialty of pediatric dentistry by the Oregon Board of Dentistry.

Supervising Dentists' Familiarity with Dental Therapy as a Profession



Using a Likert scale, respondents (supervising dentists) were asked to indicate their familiarity with Dental Therapy as a profession. 94% of the respondents indicated that they had some degree of knowledge of the dental therapy profession prior to participation in the pilot project.

Trainee Orientation and Supervising Dentist Training

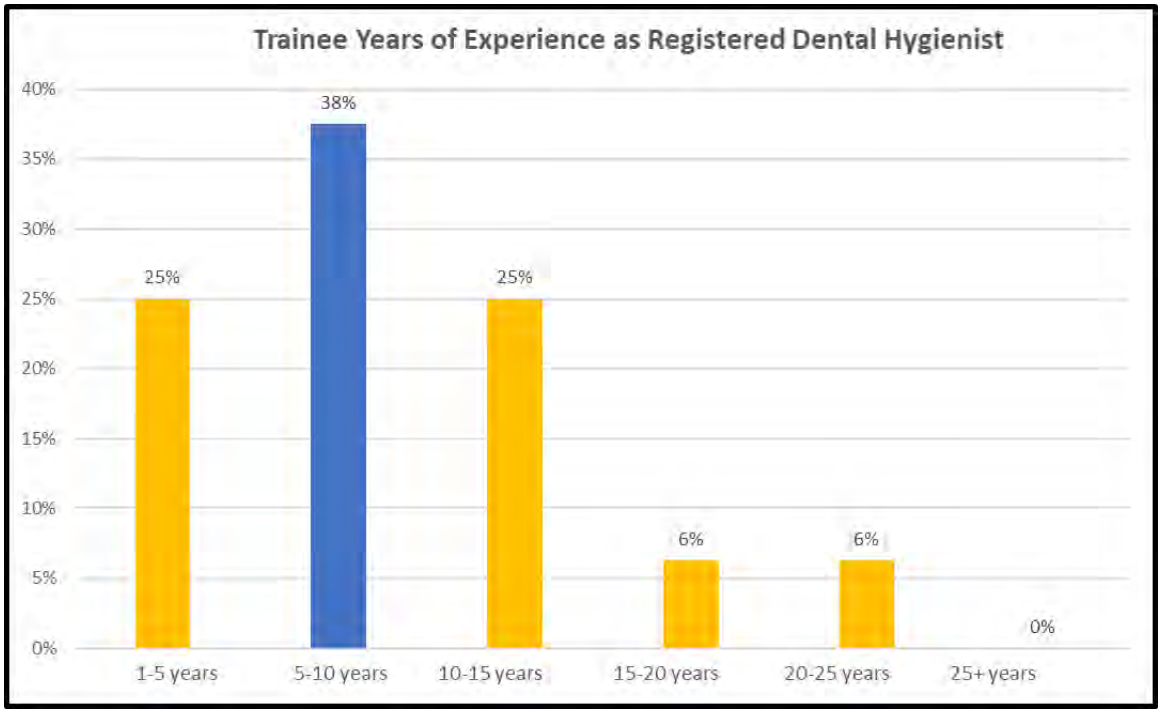


Using a Likert scale, respondents (supervising dentists) were asked to indicate their satisfaction with the time amount of allocated for the trainee orientation and supervising dentist training.

Seven respondents indicated that were “Very Satisfied,” eight respondents indicated they were “Satisfied”, and one respondent indicated they were “Unsure.”

Trainee Years of Experience as a Registered Dental Hygienist

75% of dental therapy trainees (12 individuals) had at least 5 or more years of experience as registered dental hygienists prior to entrance into the training program. 38% of trainees have between 5 and 10 years of experience.



Endorsements and Permits

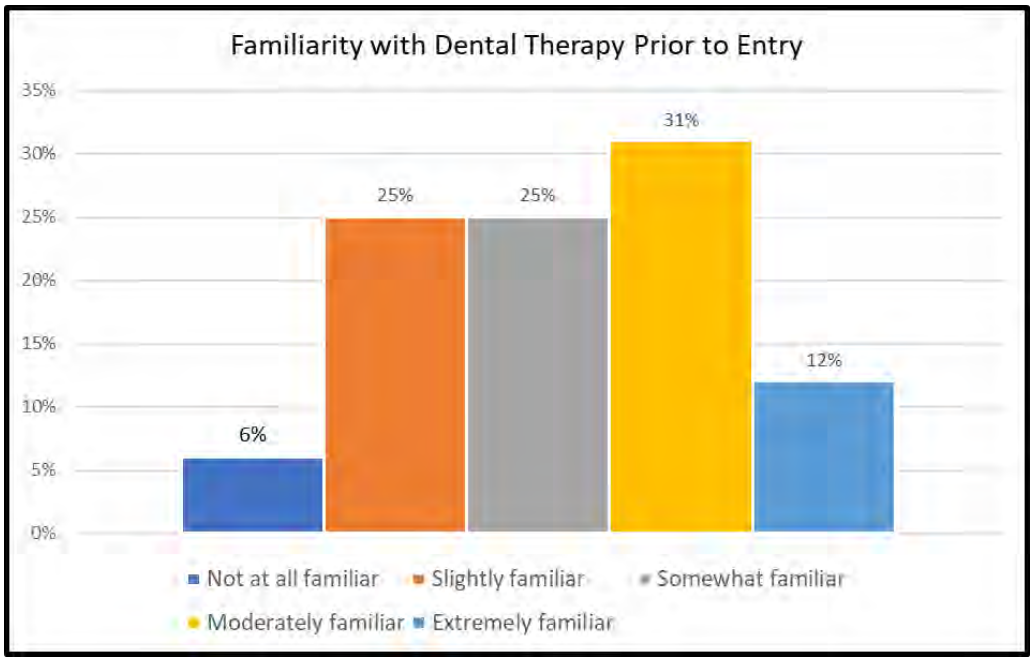
81% of dental therapy trainees (13 individuals) have obtained Expanded Practice Permits (EPP) from the Oregon Board of Dentistry.

100% of dental therapy trainees have obtained Restorative Functions Endorsements (RFE) from the Oregon Board of Dentistry.

All the dental therapy trainees have obtained Nitrous Oxide Permits from the Oregon Board of Dentistry.

Familiarity with Dental Therapy as a Profession

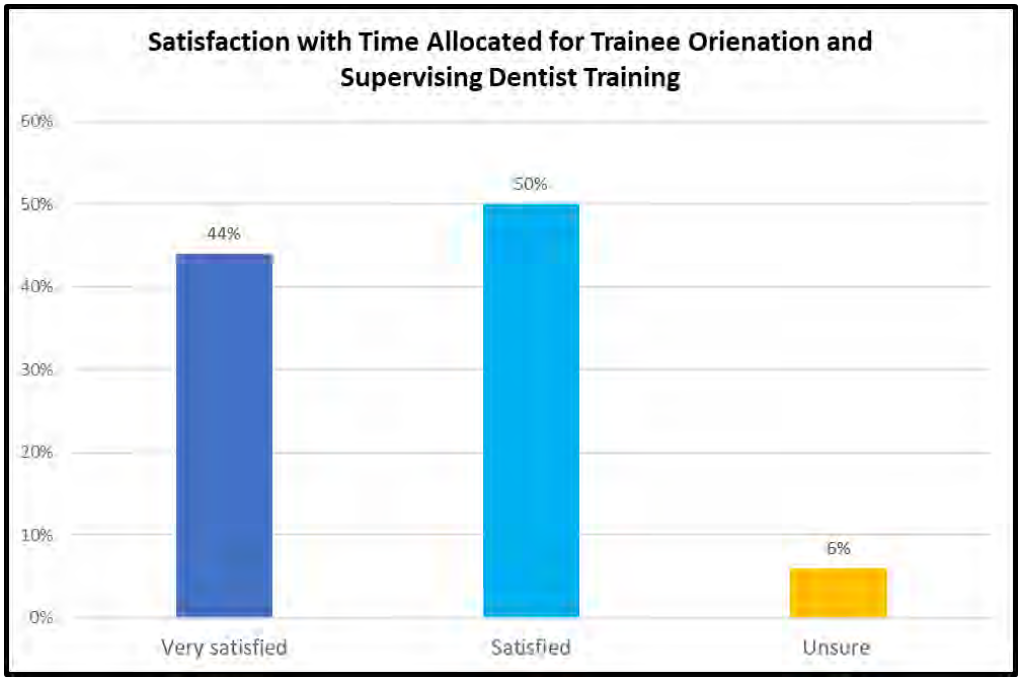
Respondents (trainees) were asked to indicate their familiarity with Dental Therapy as a profession. Using a Likert scale, trainees were asked to rank their familiarity with Dental Therapy, with 1 = Not at all familiar, 2 = Slightly familiar, 3 = Somewhat familiar, 4 = Moderately familiar, and 5 = Extremely familiar. 94% of the respondents indicated that they had some degree of knowledge of the dental therapy profession prior to entrance into the training program.



Trainee Orientation and Supervising Dentist Training

Respondents (trainees) were asked to indicate their satisfaction with the time allocated for the trainee orientation and supervising dentist training. Using a Likert scale, trainees were asked to rank their satisfaction level, with 1 = Not at all satisfied, 2 = Slightly unsatisfied, 3 = Unsure, 4= Satisfied and 5 = Very satisfied.

Seven respondents 44%) indicated that were Very Satisfied, eight respondents (50%) indicated that they were Satisfied and 1 (6%) respondent indicated they were Unsure.



Trainees' feelings on Supervising Dentist Preparation

Respondents (trainees) were asked to indicate their level of comfort with their supervising dentists' preparation for their roles as supervising dentists. Using a Likert scale, trainees were asked to rank their comfort levels, with 1 = Not at all comfortable, 2 = Slightly uncomfortable, 3 = Unsure, 4 = Comfortable and 5 = Very comfortable.

6 respondents (37%) indicated that were Comfortable and 10 respondents (63%) indicated they were Very Comfortable.

CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

The following document, "Supervising Dentist Questionnaire" must be completed as a required component of the Site Visit that took place on August 7, 2021, at Pacific University.

Instructions for completion:
Please review the document and answer each question to the best of your ability. Each supervising dentist must complete the questionnaire.

This document must be completed and submitted directly to OHA by the individual completing the questionnaire no later than **November 19, 2021.**

Please submit all materials to directly to Sarah Kowalski at sarah.e.kowalski@state.or.us

Supervising Dentist Name:
Employer:

Signature of Individual Completing Form

Date

Questions	Please answer each numbered question in the corresponding box in the right-hand column.
Elements of Implementation: OAR Definitions 333-010-0710, OAR Minimum Standards 333-010-0760, OAR Authority Responsibilities 333- 010-0790, 2011 OL Ch. 716	
OAR 333-010-0790 3.a.C Interviews with project participants and recipients of care	
1. How many years have you been licensed (practicing) as a dentist?	1. 1-5 years 2. 5-10 years 3. 10-15 years 4. 15-20 years 5. 20-25 years 6. 25+ years Please select one choice.
2. Are you licensed (or received a degree/certification, etc.) in a specialty as recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards?	☐ YES ☐ NO *If yes, please indicate each specialty that you have received a degree or certification in.* ☐ Dental Anesthesiology ☐ Dental Public Health ☐ Endodontics ☐ Oral and Maxillofacial Pathology ☐ Oral and Maxillofacial Radiology ☐ Oral and Maxillofacial Surgery ☐ Oral Medicine

	☐ Orofacial Pain ☐ Orthodontics and Dentofacial Orthopedics ☐ Pediatric Dentistry ☐ Periodontics ☐ Prosthodontics *Please indicate each specialty you have received board certification in:* Text Box If you are currently attending a graduate program, please indicate this in the comments. Comments:
3. Please indicate the practice type that you currently provide services in as the supervising dentist:	☐ Non-profit clinic ☐ Mobile services ☐ Hospital ☐ Private Practice ☐ FQHC ☐ Large Group Practice ☐ School Based Health Center Other:

4. Prior to your participation in DPP#300 as a supervising dentist, please indicate your familiarity with Dental Therapy as a profession.	1. Not at all familiar 2. Slightly familiar 3. Somewhat familiar 4. Moderately familiar 5. Extremely familiar Please select one choice from the list. Comments:
4. Did you attend the orientation/ supervising dentist training at Pacific University in August 2021?	☐ YES ☐ NO If you have attended other trainings as part of DPP#300, please list below: Comments:
5. Were you satisfied with the time allocated for the supervising dentist training?	1. Not at all satisfied 2. Slightly unsatisfied 3. Unsure 4. Satisfied 5. Very satisfied Please select one option. Comments:
6. Do you feel comfortable in your role as a supervising dentist?	1. Not at all comfortable 2. Slightly uncomfortable 3. Unsure 4. Comfortable 5. Very comfortable Please select one option.

	Comments:
7. Please indicate the name of the DT trainee currently under your supervision. (If you are supervising more than one trainee, please indicate this in the comments.)	Trainee Name Comments:
8. Please indicate the Cohort the DT trainee is under:	☐ Cohort 1 ☐ Cohort 2 ☐ Cohort 3
9. Please indicate which phase the trainee is currently under as part of the pilot project:	☐ Didactic/Training Phase (Note, Preceptorship is part of the training phase) ☐ Employment/Utilization Phase
10. Do you have any concerns related to patient safety?	☐ YES ☐ NO (Please use additional paper if necessary) Comments:

Additional Comments:

Completed documents are public record; please submit completed form to Dental Pilot Project Program coordinator. Copies will be made available to individuals upon request via a public record request through a Oregon Health Authority: External Relations Division: Public Records Request or by emailing OHA.PublicRecords@state.or.us.

OPTIONAL INFORMATION

The Oregon Health Authority is required under state and federal guidelines to identify individuals by ethnicity, race, gender, language and disability. Completion of this section is entirely voluntary and remains confidential. The READL rules (Chapter 943, Division 70) implement the Race, Ethnicity, Language, and Disability Demographic Data Collection Standards mandated by House Bill 2134 (2013).

The Oregon Health Authority (OHA) does not discriminate in any of its programs in relation to these protected classes as defined by State of Oregon law and federal law. ORS 413.042. Protected Classes: Age (18 or older), National origin, Color, Pregnancy, Disability, Race, Gender identity, Religion, Limited English proficiency, Sex, Marital status, Sexual Orientation

Language:

Please check all boxes that apply:

Gender Identity:

- ☐ Male
- ☐ Female
- ☐ Trans-Male
- ☐ Trans-Female
- ☐ Gender Non-Conforming
- ☐ Non-Binary
- ☐ Other

Ethnicity:

- ☐ Hispanic/Chicanx/Latinx
- ☐ Non-Hispanic/Chicanx/Latinx

Race:

- ☐ Asian American
- ☐ American Indian/Alaska Native
- ☐ African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Disability:

- ☐ Disability *Type:

- ☐ LGQBT+

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The following document, "Dental Therapist Trainee Questionnaire" must be completed as a required component of the Site Visit that took place on August 7, 2021, at Pacific University.

Instructions for completion:
Please review the document and answer each question to the best of your ability. Each trainee must complete the questionnaire.

This document must be completed and submitted directly to OHA by the individual completing the questionnaire no later than **November 19, 2021.**

Please submit all materials to directly to Sarah Kowalski at sarah.e.kowalski@state.or.us

Dental Therapist Trainee Name:
Employer:

Signature of Individual Completing Form Date

Questions	Please answer each numbered question in the corresponding box in the right-hand column.
Elements of Implementation: OAR Definitions 333-010-0710, OAR Minimum Standards 333-010-0760, OAR Authority Responsibilities 333- 010-0790, 2011 OL Ch. 716	
OAR 333-010-0790 3.a.C Interviews with project participants and recipients of care	
1. How many years have you been licensed (practicing) as a dental hygienist?	1. 1-5 years 2. 5-10 years 3. 10-15 years 4. 15-20 years 5. 20-25 years 6. 25+ years Please select one choice.
2. Are you licensed by the Oregon Board of Dentistry, as a dental hygienist, in any of the following:	☐ YES ☐ NO *If yes, please indicate each permit you currently hold:* ☐ Expanded Practice Permit (EPP) ☐ Nitrous Oxide Permit ☐ Restorative Functions Endorsement (RFE) Comments:

3. Prior to your participation in DPP#300 as a trainee, please indicate your familiarity with Dental Therapy as a profession.	1. Not at all familiar 2. Slightly familiar 3. Somewhat familiar 4. Moderately familiar 5. Extremely familiar Please select one choice from the list. Comments:
4. Did you attend the orientation & supervising dentist training at Pacific University in August 2021?	☐ YES ☐ NO If you have attended other trainings as part of DPP#300, please list below: Comments:
5. Were you satisfied with the time allocated for the orientation and supervising dentist training?	1. Not at all satisfied 2. Slightly unsatisfied 3. Unsure 4. Satisfied 5. Very satisfied Please select one option. Comments:
6. Do you feel that that your supervising dentist is prepared for their role as your supervisor?	1. Not at all comfortable 2. Slightly uncomfortable 3. Unsure 4. Comfortable 5. Very comfortable Please select one option.

	Comments:
7. Please indicate the name of the your supervising dentist. (If you are being supervised by more than one dentist, please indicate this in the comments.)	Dentist Name Comments:
8. Please indicate the Cohort the DT trainee is under:	☐ Cohort 1 ☐ Cohort 2 ☐ Cohort 3
9. Please indicate which phase the trainee is currently under as part of the pilot project:	☐ Didactic/Training Phase (Note, Preceptorship is part of the training phase) ☐ Employment/Utilization Phase
10. Do you have any concerns related to patient safety?	☐ YES ☐ NO (Please use additional paper if necessary) Comments:

Additional Comments:

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Language:

Please check all boxes that apply:

Gender Identity:

- ☐ Male
- ☐ Female
- ☐ Trans-Male
- ☐ Trans-Female
- ☐ Gender Non-Conforming
- ☐ Non-Binary
- ☐ Other

Ethnicity:

- ☐ Hispanic/Chicanx/Latinx
- ☐ Non-Hispanic/Chicanx/Latinx

Race:

- ☐ Asian American
- ☐ American Indian/Alaska Native
- ☐ African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

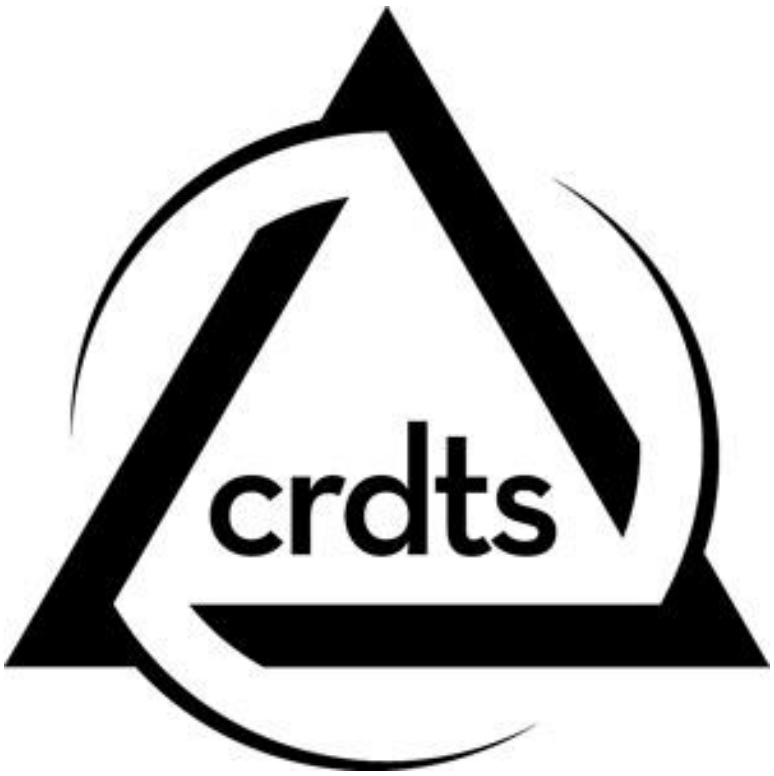
Disability:

- ☐ Disability *Type:

- ☐ LGQBT+

DENTAL THERAPY EXAMINATION FOR PACIFIC UNIVERSITY PILOT STUDY CANDIDATE MANUAL

May 15, 2022



As administered by:

Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd.
Topeka, Kansas 66604
(785) 273-0380
www.crdts.org

Please read this candidate manual prior to attending the candidate orientation and bring it with you to the orientation and the examination.

CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

DENTAL THERAPY FOR PACIFIC UNIVERSITY RESTORATIVE MANIKIN EXAMINATION - 100 POINTS

CONTENT	FORMAT & TIMING
The Restorative Clinical Examination consists of two procedures: Prepare 2 teeth with simulated decay on **9DL** and **14MO**. For the posterior procedure, candidates may choose to prepare/place a Class II Amalgam, or a Class II Composite: Class II Amalgam –Preparation **OR** Class II Composite –Preparation **AND** Class III Composite –Preparation	- Performed on a Manikin - Candidates will have 30 minutes to set-up. - Candidates will have 1.5 hours to complete both procedures.

SCORING SYSTEM

The examination scoring system was developed in consultation with three different measurement specialists; the scoring system is criterion-based and was developed using an analytical model. A compensatory scoring system is used to compute the final score, as explained below.

This exam is intended to be part of a Pilot Study for Dental Therapy students at Pacific University and is NOT intended for licensure purposes. However, in developing the examination, CRDTS has recommended a score of 75 to be a demonstration of sufficient competence.

Each examination score is based on 100 points.

SCORING SYSTEM FOR RESTORATIVE PROCEDURES

CRDTS and other testing agencies have worked together on a national level to draft and refine the performance criteria for each procedure in this examination. For the majority of those criteria, gradations of competence are described across a 4-level rating scale. Those criteria appear in this manual and are the basis of the scoring system. Those four rating levels may be generally described as follows:

SATISFACTORY
The treatment is of good to excellent quality, demonstrating competence in clinical judgment, knowledge and skill. The treatment adheres to accepted mechanical and physiological principles permitting the restoration of the tooth to normal health, form and function.

MINIMALLY ACCEPTABLE
The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill to be acceptable; however, slight deviations from the mechanical and physiological principles of the satisfactory level exist which do not cause damage nor significantly shorten the expected life of the restoration.

MARGINALLY SUBSTANDARD
The treatment is of poor quality, demonstrating a significant degree of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry, which if left unmodified, will cause damage or substantially shorten the life of the restoration.

CRITICALLY DEFICIENT

The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry. The treatment plan must be altered and additional care provided, possibly temporization in order to sustain the function of the tooth and the manikin patient's oral health and well-being.

A rating is assigned for each criterion in each procedure by three different examiners evaluating independently. Based on the level at which a criterion is rated by at least two of the three examiners, points may be awarded to the candidate. In any instance that none of the three examiners' ratings are in agreement, the median score is assigned. However, if any criterion is assigned a rating of ***critically deficient*** by two or more of the examiners*,* ***no points are awarded for that procedure or for the Examination Part***, even though other criteria within that procedure may have been rated as satisfactory. A description of criteria that are evaluated for the procedures appears below:

RESTORATIVE EXAMINATION – 100 Points

The Dental Therapy Exam requested by Pacific University consists of two procedures: Prepare 2 teeth with simulated decay on **9DL** and **14MO**. For the posterior procedure, candidates may choose to prepare/place either a Class II Amalgam or a Class II Composite:

Class II Amalgam Preparation	12 Criteria
OR	
Class II Composite Preparation	11 Criteria
AND	
Class III Composite Preparation	7 Criteria

To compute the score for each individual procedure, the number of points the candidate has earned for each criterion is totaled, divided by the maximum number of possible points for that procedure and the results are multiplied by 100. This computation converts scores for each procedure to a basis of 100 points. Any penalties that may have been assessed during the treatment process are deducted ***after*** the total score for the Examination Part has been converted to a basis of 100 points.

If no ***critical deficiency*** has been confirmed by the examiners, the total score is computed by adding the number of points that the candidate has earned ***across both procedures,*** and that sum is divided by the number of possible points for all procedures in that Part. If a ***critical deficiency*** has been confirmed by the examiners, an automatic failure is recorded for both the procedure and the Examination. An example for computing scores that include no critical deficiency is shown below:

PROCEDURE	# CRITERIA	POINTS EARNED	POINTS POSSIBLE	COMPUTED SCORE
Anterior Composite Preparation	7 Criteria	26	28	92.85
Posterior Amalgam Preparation	12 Criteria	42	48	87.50
TOTALS	19 Criteria	**68**	**76**	**89.47**

Although there are 2 procedures that are scored separately for restorative clinical skills, ***within the exam, a compensatory system*** *is used to compute the final score, as long as there is* ***no critical deficiency****. The computed score for each procedure is* ***not averaged****, but instead is numerically weighted by the ratio of its number of scorable criteria to the total number of scorable criteria. For example, the Anterior Composite Preparation has a total of 7 scorable criteria which represents 28 possible points out of the total of 68 possible points. As shown in the example above, the candidate earned 68 out of 76 possible points for the 2 procedures for a final score of 89.47 points. If any penalties were assessed, the points would be deducted as percentage points from the final score.*

STANDARDS FOR THE CONDUCT OF THE EXAMINATION

As a participant in an examination to assess professional competency, each candidate is expected to maintain professional standards. The candidate's conduct and treatment standards will be observed during the examination and failure to maintain appropriate conduct and/or standards may result in point penalties and/or dismissal from the exam.

Each candidate will be expected to conduct himself/herself in an ethical, professional manner and maintain a professional appearance at all times. Candidates are prohibited from using any study or reference materials during the examination. Any substantiated evidence of dishonesty; such as collusion, use of unauthorized assistance or intentional misrepresentation during application, pre-examination or during the course of the examinations shall automatically result in dismissal from and failure of the entire examination and forfeiture of all examination fees for the current examination.

DISHONESTY CLAUSE: Candidates failed for dishonesty shall be denied re-examination for one full year from the time of the infraction. Additionally, all State Boards will be notified of the situation. In some states, candidates failed for dishonesty may be permanently ineligible for licensure. Therefore, candidates should address these matters with the state(s) where they desire licensure prior to retaking the examination.

The standards itemized below apply to all candidates. Failure to adhere to these standards will result in failure of the procedure in progress and/or the entire examination.

1. **Anonymity.** The anonymous testing procedures for the examination shall exclude the possibility that any person who is involved with the grading of the examination may know, learn of, or establish the identity of a candidate, work-product graded or to be graded to a particular candidate. The candidate's name and school information should not appear on any examination forms, materials, or instruments. All examination forms and materials are identified by the candidates' identification number which is assigned prior to the examination.

2. **Approved Communication.** All approved communication must be in English and communication between candidates and Examination Officials must be in English.

3. **Assigned Operatories.** The candidate shall work only in the assigned clinic, operatory or laboratory spaces.

4. **Assigned Procedures.** The candidate must perform only the treatment and/or procedures assigned. Performing other treatment or procedures is strictly prohibited.

5. **Auxiliary Personnel: Use of Assistants.** *Auxiliary personnel are <u>not</u> permitted to assist at chairside during the manikin examinations.*

6. **Check-Out Procedures.** The items specified below should be enclosed in the original Candidate packet envelope and provided to the examination representative at the completion of the examination:
   - Identification badge
   - Progress Forms with labels placed

7. **Clinic Attire.** Clinic attire that meets CDC and OSHA standards must be worn in clinic areas. No bare arms or legs, or open-toed shoes are allowed in the clinic areas. Lab coats, lab jackets, and/or long-sleeved protective garments are all acceptable. Color and style are not restricted. There must be no personal or school identification on clinic attire other than the candidate identification badge.

8. **Electronic Equipment.** The use of cellular telephones, pagers, CD's, radios (with or without earphones) and other electronic equipment by candidates is prohibited within the clinic and scoring areas. All cellular telephones must be off and stored with personal belongings. In addition, the use of electronic recording devices by the candidate or an auxiliary during any part of the examination; or the taking of photographs during the evaluation or treatment procedures is prohibited.

9. **Equipment Failure.** In case of equipment failure, the Chief Examiner must be notified immediately so the malfunction may be corrected.

10. **Equipment: Use/Misappropriation/Damage.** No equipment, instruments, or materials shall be removed from the examination site without written permission of the owner. Nonpayment of fees for rental of space or equipment will be treated as misappropriation of equipment. Willful or careless damage of typodonts, manikins or shrouds may result in failure and any repair or replacement costs must be paid by the candidate before examination results will be released.

11. **Evaluation Procedures.** Candidate performance will be evaluated by three independent examiners. Candidates are not assigned specific examiners.

12. **Examination Completion and Start/Finish Times.** All procedures of the examination shall be completed within the specified time frame in order for the examination to be considered complete. Any examination procedures performed outside the assigned time schedule will be cause for the examination to be considered incomplete and will result in failure. Treatment procedures may not be initiated prior to the established starting time(s) and must be completed by the established finish time(s). Violation of this Standard will result in failure of the examination.

13. **Examination Guidelines.** Violation of the published standards, guidelines and requirements for the examination will result in failure.

14. **Examination Materials.** CRDTS examination materials distributed by the testing agency may NOT be removed from the examining area, nor may the forms be reviewed by unauthorized personnel.

15. **Extraneous materials.** Only those materials distributed or authorized by CRDTS may be brought to the examining area. Authorized materials include only your Candidate's Manual which may include hand- written notes on the pages provided; additional pages, texts or documents are prohibited. Impressions, registrations, overlays, stents, or clear plastic shells of any kind as well as models or pre-preparations are not permitted to be brought to the examination site. Use of unauthorized materials will result in failure of the entire examination.

16. **Failure to Follow Directions.** Failure to follow directions and instructions from examiners will be considered unprofessional conduct. Unprofessional conduct and improper behavior is cause for dismissal from the examination and will result in failure of the examination. Additionally, the candidate shall be denied re-examination by CRDTS for one full year from the time of the infraction.

17. **Feedback Forms:** Candidates have an opportunity to provide input about the examination. In an effort to continually improve our examination, feedback from the perspective of the candidates is one of the best ways to gather this information. The Feedback Form for candidates will be included in the candidate's packet. It is not required but will be collected separately from the candidate's packet to ensure that the candidate's examination results will in no way be affected by any feedback the candidate might have. Candidates are encouraged to complete the form honestly and thoughtfully before checking out.

18. **Identification Badges.** During the examinations, candidate ID badges must be worn at all times.

19. **Infection Control Standards.** During all *manikin clinical procedures,* the candidate must follow the most current recommended infection control procedures as published by the CDC. The operatory and/or operating field must remain clean and sanitary in appearance.
(www.cdc.gov/oralhealth/infectioncontrol/guidelines)

20. **Instruments and Equipment.** All necessary materials and instruments for the clinical procedures, other than the operating chair, light and dental unit must be provided by the candidate. All equipment must be compatible with the testing site attachments. Arrangements for rental handpieces and/or other equipment may be made through the testing site.

21. **New Technology.** New and innovative technologies are constantly being developed and marketed in dentistry. However, until such time as these innovations become the standard of care and are readily available to all candidates at all testing sites, the use of such innovative technologies will not be allowed in this examination unless expressly written as allowed elsewhere in this manual.

22. **Submission of Examination Records.** All required records must be turned in at the Examiner Desk before the examination is considered complete.

23. **Test Site Fees.** Schools may charge a rental fee for use of instruments, clinic facilities, supplies and disposables. This fee is independent of the examination fee and is not collected by the testing agency. Testing site fees vary from school to school. If not paid in advance, candidates should have cash or a check, as may be required by the respective testing site, for materials and equipment used during the examination. Specific information regarding site fees will be included in the candidate's Confirmation email.

24. **Tissue Management.** There shall be no unwarranted damage to simulated hard or soft tissues during manikin-based procedures. Incompetent or careless management of tissue will result in a score reduction.

25. **Tooth Identification.** The tooth numbering system 1-32 will be used throughout the examination. In this system, the maxillary right third molar is number 1 and mandibular left third molar is number 17.

GENERAL GUIDELINES FOR CLINICAL EXERCISES

1. **Progress Form:** At the examination, a Progress Form will be issued which will contain a record of the treatment, examiner signatures for all completed portions of the examination, and progress notes from the candidate to examiner as appropriate to the course of treatment. A ***BLUE pen*** shall be used for all notations on the Progress Form.

2. **Unauthorized Personnel:** Only authorized personnel will be allowed in the examining and clinic areas. Only the candidate is allowed in the operatory during treatment sections. No visitors are allowed.

3. **Performance Standards:** The candidate's clinical performance will be rated according to specific criteria. The performance criteria and the standards by which the examination is conducted are provided to the candidate within this manual.

4. **Penalty Deductions:** Throughout the examination, the candidate's professional conduct and clinical performance will be evaluated. A number of considerations will weigh in determining the candidate's final grades and penalties may be assessed for violation of examination standards and/or for certain procedural errors, as defined and described within this manual.

5. **Reasons for Dismissal**: In addition to the standards of conduct expectations, the following list is provided as a quick reference guide for candidates. While the following is not an all-inclusive listing, it does provide examples of behaviors that may result in dismissal/failure of the examination:
    - Using unauthorized equipment at any time during the examination process.
    - Altering records.
    - Performing required examination procedures outside the allotted examination time.
    - Failure to follow the published time limits and/or complete the examination within the allotted time.
    - Receiving assistance from another practitioner including but not limited to; another candidate, dentist, University/School representative(s), etc.
    - Exhibiting dishonesty.
    - Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the manikin patient and/or total disregard for manikin patient welfare, comfort and safety.
    - Unprofessional, rude, abusive, uncooperative, or disruptive behavior to other candidates, or exam personnel.
    - Misappropriation or thievery during the examination.
    - Noncompliance with anonymity requirements.
    - Noncompliance with established guidelines for asepsis and/or infection control.
    - Use of unauthorized documents or materials in treatment or evaluation areas.

- Use of cellular telephones, pagers or other electronic equipment in treatment areas.
- Use of electronic recording devices by the candidate or an auxiliary during any part of the examination; or the taking of photographs during the evaluation or treatment procedures.

6. **Authorized Photography:** At some selected test sites, oral photographs may be taken randomly during the examination by an authorized photographer retained by CRDTS. The purpose is to capture a broad representation of actual procedures which can be used for examiner calibration exercises. The photographs will include no identification of candidates. An announcement will be made or a notice will be distributed to inform candidates if photographs are authorized at a site.

7. **Communications from Examiners:** A Clinic Floor Examiner and Exam Proctor will be available for your benefit and to help facilitate the examination process. If you have any questions about any part of exam, ***please do not hesitate*** to confer with them.

   Typodonts from this Pacific University exam will be shipped off-site for grading, so no examiners will be present at the school.

   In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer.

8. **Infection Control:** Candidates must follow all infection control guidelines required by the state where the examination is taking place and must follow the CDC's *Guidelines for Infection Control in Dental Health-Care Settings* The current recommended infection control procedures as published by the CDC must be followed. Procedures must begin with the initial setting up of the unit, continue throughout the examinations and include the final cleanup of the operatory. Failure to comply will result in loss of points and any violation that could lead to direct harm will result in termination of the examination and loss of all points.

RESTORATIVE MANIKIN PROCEDURES

Restorative Examination Procedural and Clinical Management Guidelines

Requirements Specific to the Restorative Manikin Examination

General

Required Procedures: A Class II Preparation **14MO** and Class III Preparation **9DL**. A new diamond bur is the recommended manufacturer option for the Acadental typodont teeth with simulated decay.

Typodont instructions: At the beginning of the exam, candidates should immediately etch the maxillary arch with their 1 or 2-digit candidate # on the end caps of the arch.

Upon completion of the exam, contact the CRDTS Proctor for permission to dismantle. Place the Restorative arch into the labeled baggie and submit to the CRDTS Proctor for evaluation/storage.

Modification Requests

If during the preparation the tooth indicates a need for a significant change from the criteria outlined for Satisfactory, the candidate should make modification request(s) ***prior to performing them.*** The preparation ***must*** be prepared to the Satisfactory criteria and all pre-existing restorative material must be removed before submitting the first Modification Request. Requests to extend the preparation to an MOD or to place different material than the approved Treatment Selection must be made utilizing the Modification Request process. Exceptions include: modification to extend the proximal box because of tooth rotation or position. These do not require a request for modification but are listed in the Notes to Examiners area at the bottom of the Progress Form and must be initialed by a CFE. Each modification needs to be numbered and listed separately with the time noted and a brief explanation of the proposed modifications.

The request to modify should include:

What: (Type of modification)
Where: (gingival axial line angle, mesial box) *See Illustration below*
Why: (due to caries, decalcification)
How much: (reference back to either ideal or to the start)

The request should be shown to a Clinic Floor Examiner who will direct the candidate through the authorization process for modifications. If the candidate feels a finger extension is appropriate and/or necessary to eliminate marginal decalcification, such a modification should also be submitted for approval. ***If the candidate anticipates or actually experiences a pulpal exposure, the Clinic Floor Examiner should be notified at once***.

Example Modification Request

Modification Request # 1
What: Extend
Where: axial wall
Why: remove caries
How Much: .5 mm
☐ **Granted** ☐ **Not Granted**

Carefully review the criteria for modification requests. Inappropriate requests for modification(s) will result in a small penalty for each modification not granted. Requests for a modification for removal of caries when no stain, caries or decalcification exists will receive a larger penalty. Modifications that have been approved and appropriately accomplished will not result in any penalties.

If more than one modification is anticipated at any time, it is to the candidate's advantage to submit them on the same form as no additional time is provided for evaluation of modification requests and multiple submissions may significantly decrease treatment time. Candidates will submit their copy of the Modification Request Form with their Progress Form.

EXAMINATION CHECK-OUT

Candidate Feedback Forms

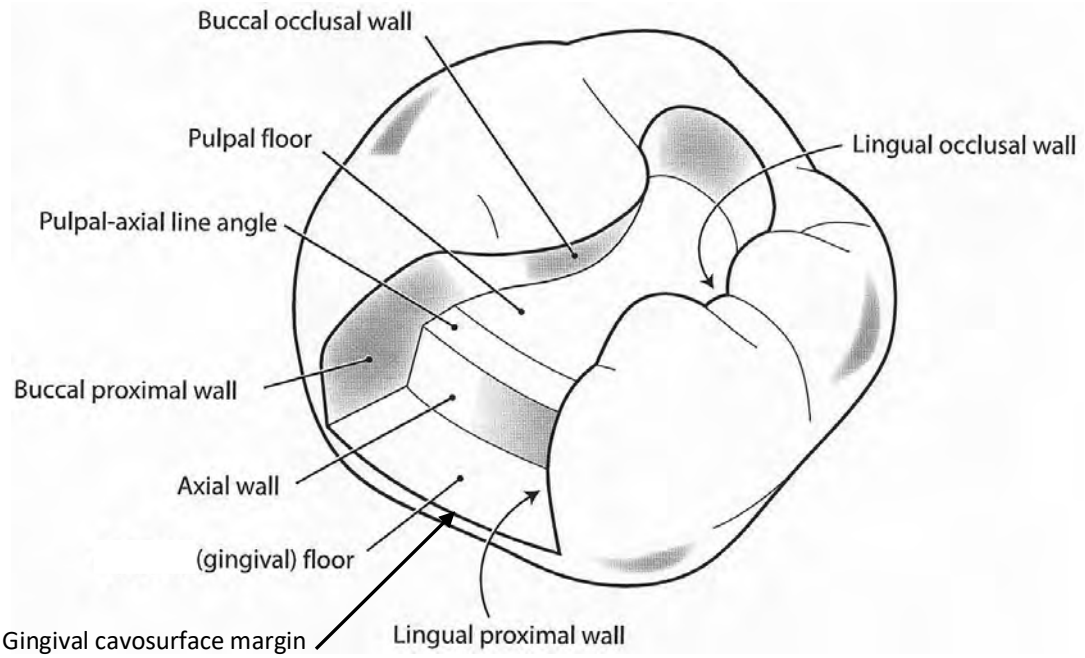
Candidates have an opportunity to provide input to CRDTS about the examination. CRDTS wishes to continually improve its examination program, and feedback from the perspective of candidates is one of the best ways for CRDTS to gather ideas on how to do this. The Feedback Form for candidates will be included in the candidate's packet. It is not required and will be collected separately from the candidate's packet to ensure that the candidate's examination results will in no way be affected by any feedback the candidate might have. Therefore, CRDTS encourages candidates to complete this form honestly and thoughtfully before checking out.

Check-Out Procedure

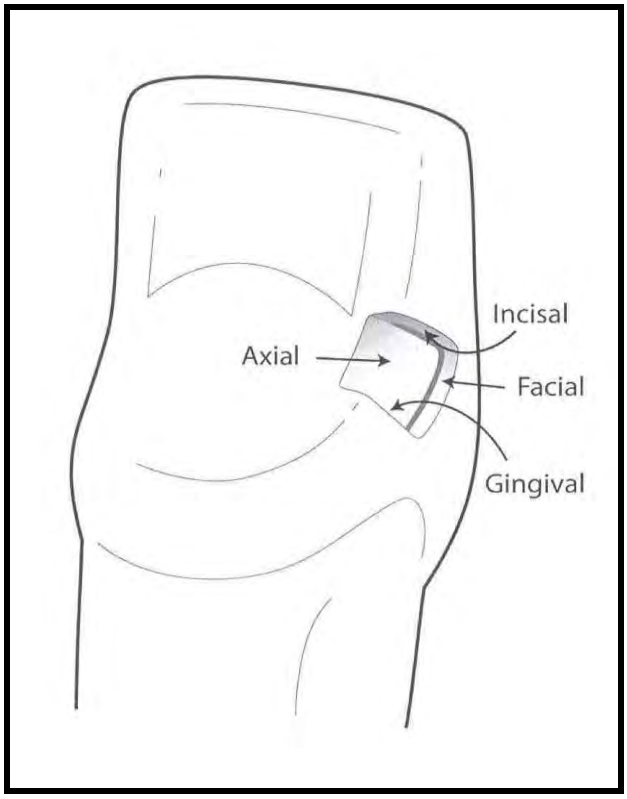
When the candidates are ready to check out, they must go to the CRDTS Proctor's desk and get a clearance check that everything is completed or accounted for. The following items must be enclosed **in the candidate's packet envelope:**

1. Completed Progress Form
2. Identification badge

Terminology for Modification Requests
Manikin Amalgam & Posterior Composite Preparations



Composite Preparation



AMALGAM PREPARATION
External Outline Form

PROXIMAL CLEARANCE

SAT	Contact is visibly open proximally.
ACC	Proximal contact is visibly open, and proximal clearance at the height of contour extends beyond 0.5 mm but not more than 1.0 mm on either one or both proximal walls.
SUB	Proximal contact is [_] not visually open; or proximal clearance at the height of contour [_] extends beyond 1.0 mm but not more than 2.0 mm on either one or both proximal walls.
DEF	The proximal clearance at the height of contour extends beyond 2.0 mm on either one or both proximal walls.

GINGIVAL CLEARANCE

SAT	Contact is open gingivally up to 0.5 mm.
ACC	The gingival clearance is greater than 0.5 mm but not greater than 2.0 mm.
SUB	The gingival clearance is greater than 2.0 mm but not more than 3.0 mm, or is not open.
DEF	The gingival clearance is greater than 3.0 mm.

OUTLINE SHAPE/CONTINUITY/EXTENSION

SAT	The outline form includes all carious and non-coalesced fissures.
SUB	The outline form is inappropriately overextended so that it compromises the remaining marginal ridge and/or cusp(s). The outline form is underextended and non-coalesced fissure(s) remain which extend to the DEJ and are contiguous with the outline form.
DEF	The outline form is overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge to the extent that the pulpal-occlusal wall is unsupported by dentin or the width of the marginal ridge is 1 mm or less.

ISTHMUS

SAT	The isthmus must be 1-2 mm wide, but not more than ¼ the intercuspal width of the tooth.
ACC	The isthmus is more than ¼ and not more than 1/3 the intercuspal width.
SUB	The isthmus is more than 1/3 and not more than ½ the intercuspal width.
DEF	The isthmus is greater than ½ the intercuspal width or less than 1 mm.

CAVOSURFACE MARGIN

SAT	The external cavosurface margin meets the enamel at 90°. There are no gingival bevels. The proximal gingival point angles may be rounded or sharp.
ACC	The proximal cavosurface margin deviates from 90°, but is unlikely to jeopardize the longevity of the tooth or restoration; this would include small areas of unsupported enamel.
SUB	The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material , including sealants, at the cavosurface margin. There is no decalcification on the gingival margin.
SUB	The cavosurface margin does not terminate in sound natural tooth structure; or, there is explorer penetrable decalcification remaining on any cavosurface margin, or the cavosurface margin

	terminates in a previously placed pit and fissure sealant.

AMALGAM PREPARATION
Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth, and is entirely in dentin, .5 mm from the DEJ.
ACC	The depth of the axial wall is .5 mm to 1.5 mm beyond the DEJ.
SUB	The axial wall is more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ.
DEF	The axial wall is [_] more than 2.5 mm beyond the DEJ or [_] there is no gingival floor.

PULPAL FLOOR

SAT	The pulpal floor is optimally 1.5 to 2.0 mm from the cavosurface margin at its shallowest point.
SUB	The pulpal floor is less than 1.5 mm at its shallowest point or greater than 2.0 mm but not greater than 3.0 mm from the cavosurface margin.
DEF	The pulpal floor is more than 3.0 mm from the cavosurface margin or is 0.5 mm or less at its shallowest point.

PULPAL-AXIAL LINE ANGLE

SAT	The pulpal-axial line angle is rounded.
SUB	The pulpal-axial line angle is sharp.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

PROXIMAL BOX WALLS

SAT	The walls of the proximal box should be convergent occlusally and meet the external surface at a 90º angle.
ACC	The walls of the proximal box are parallel, but appropriate internal retention is present.
DEF	The walls of the proximal box diverge occlusally which offers no retention and will jeopardize the longevity of the tooth or restoration.

PREPARED SURFACES

SAT	All prepared surfaces are smooth and well-defined, and the gingival floor is perpendicular to the long axis of the tooth.
SUB	The prepared surfaces are irregular or ill-defined.

AMALGAM PREPARATION

Critical Errors

Wrong Tooth/Surface Treated
Retention, when used, grossly compromises the tooth or restoration
Unrecognized Exposure
Critical Lack of Clinical Judgment/Diagnostic Skills

POSTERIOR COMPOSITE PREPARATION

External Outline Form

PROXIMAL CLEARANCE

SAT	Proximal contact is visibly open up to 0.5 mm.
ACC	Proximal contact is visibly open, and proximal clearance at the height of contour extends beyond 0.5 mm but not more than 1.0 mm on either one or both proximal walls.
SUB	Proximal contact is [_] not visually open; or proximal clearance at the height of contour [_] extends beyond 1.0 mm but not more than 2.0 mm on either one or both proximal walls.
DEF	The proximal clearance at the height of contour extends beyond 2.0 mm on either one or both proximal walls.

GINGIVAL CLEARANCE

SAT	Contact is open gingivally up to 0.5 mm.
ACC	The gingival clearance is greater than 0.5 mm but not greater than 2.0 mm.
SUB	The gingival clearance is greater than 2.0 mm but not more than 3.0 mm, or is not open.
DEF	The gingival clearance is greater than 3.0 mm.

OUTLINE SHAPE/CONTINUITY/EXTENSION

SAT	The outline form includes all carious and non-coalesced fissures, and is smooth, rounded and flowing with no sharp curves or angles.
SUB	The outline form is inappropriately overextended so that it compromises the remaining marginal ridge and/or cusp(s). The outline form is underextended and non-coalesced fissure(s) remain which extend to the DEJ and are contiguous with the outline form.
DEF	The outline form is overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge to the extent that the cavosurface margin is unsupported by dentin or the width of the marginal ridge is 1.0 mm or less.

ISTHMUS

SAT	The isthmus may be up to 2 mm wide, but not more than ¼ the intercuspal width of the tooth.
ACC	The isthmus is more than ¼ and not more than 1/3 the intercuspal width.
SUB	The isthmus is more than 1/3 and not more than ½ the intercuspal width
DEF	The isthmus is greater than ½ the intercuspal width.

CAVOSURFACE MARGIN

SAT	The external cavosurface margin meets the enamel at 90o.
SUB	The proximal cavosurface margin deviates from 90o and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material , including sealants, at the cavosurface margin. There is no decalcification on the gingival margin.
SUB	The cavosurface margin does not terminate in sound natural tooth structure; or, there is explorer penetrable decalcification remaining on any cavosurface margin, or the cavosurface margin terminates in a previously placed pit and fissure sealant.

POSTERIOR COMPOSITE PREPARATION

Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth, and is entirely in dentin, .5 mm from the DEJ.
ACC	The depth of the axial wall is .5 mm to 1.5 mm beyond the DEJ.
SUB	The axial wall is [_] more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ.
DEF	The axial wall is more than 2.5 mm beyond the DEJ or [_] there is no gingival floor.

PULPAL FLOOR

SAT	The pulpal floor depth must be at 1.5—2.0 mm in all areas; there may be remaining enamel.
SUB	The pulpal floor depth is greater than 0.5 mm but less than 1.5 mm or up to 3.0 mm.
DEF	The pulpal floor is [_] less than 0.5 mm or [_] is more than 3.0 mm from the cavosurface margin.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

PROXIMAL BOX WALLS

SAT	The walls of the proximal box should be parallel or converge occlusally.
SUB	The walls of the proximal box are divergent.
DEF	The walls of the proximal box are grossly [_] convergent so that the buccal-lingual gingival floor width is > than 2 times the buccal-lingual width of the occlusal access or [_] divergent so that the occlusal access is > two times the width of the buccal-lingual gingival floor.

PREPARED SURFACES

SAT	All prepared surfaces are smooth and well-defined, and the gingival floor is perpendicular to the long axis of the tooth.
SUB	The prepared surfaces are irregular or ill-defined.

POSTERIOR COMPOSITE PREPARATION

Critical Errors

Wrong Tooth/Surface Treated
Unrecognized Exposure
Critical Lack of Clinical Judgment/Diagnostic Skills

ANTERIOR CLASS III COMPOSITE PREPARATION
External Outline Form

OUTLINE EXTENSION

SAT	Outline form provides adequate access for complete removal of caries and/or previous restorative material and insertion of composite resin. Access entry is appropriate to the location of caries and tooth position. If a lingual approach is initiated, facial contact may or may not be broken as long as the margin terminates in sound tooth structure.
ACC	The wall opposite the access, if broken, may extend no more than 1.0 mm beyond the contact area. The outline form is overextended mesiodistally 0.5-1 mm beyond what is necessary for complete removal of caries and/or previous restorative material.
SUB	The outline form is underextended making caries removal or insertion of restorative material questionable. The outline form is overextended mesiodistally more than 1mm, but no more than 2 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The incisal cavosurface margin is overextended so that the integrity of the incisal angle is compromised. The wall opposite the access opening extends more than 1 mm beyond the contact area.
DEF	The outline form is underextended making it impossible to manipulate and finish the restorative material. The outline form is overextended mesiodistally more than 2.0 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The incisal cavosurface margin is overextended so that the incisal angle is removed or fractured. A Class IV restoration is now necessary without justification. The wall opposite the access opening extends more than 2.5 mm beyond the contact area.

GINGIVAL CONTACT BROKEN

SAT	The gingival contact must be broken. The incisal contact need not be broken, unless indicated by the location of the caries. If a lingual approach is initiated, facial contact may or may not be broken as long as the margin terminates in sound tooth structure.
ACC	The gingival clearance does not exceed 1.5 mm.
SUB	The gingival clearance is greater than 1.5 mm. The gingival contact is not visibly broken.
DEF	The gingival clearance is greater than 2.0 mm.

MARGIN SMOOTHNESS/CONTINUITY/BEVELS

SAT	Cavosurface margins form a smooth continuous curve with no sharp angles. Enamel cavosurface margins may be beveled.
ACC	The cavosurface margins are slightly irregular. Enamel cavosurface margin bevels, if present, do not exceed 1.0 mm in width.
SUB	The cavosurface margin is rough and severely irregular. Enamel cavosurface margin bevels, if present, exceed 1.0 mm in width, are not uniform or are inappropriate for the size of the restoration.

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. All unsupported enamel is removed unless it compromises facial esthetics.
ACC	There is a small area of unsupported enamel which is not necessary to preserve facial esthetics.
SUB	There are large or multiple areas of unsupported enamel which are not necessary to preserve facial esthetics. The cavosurface margin does not terminate in sound natural tooth structure; or, the cavosurface margin terminates in previous restorative material.

ANTERIOR CLASS III COMPOSITE PREPARATION
Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth and the depth does not exceed .5 mm beyond the DEJ.
ACC	The depth of the axial wall is no more than 1.5 mm beyond the DEJ.
SUB	The axial wall is more than 1.5 mm beyond the DEJ.
DEF	The axial wall is more than 2.5 mm beyond the DEJ.

INTERNAL RETENTION

SAT	If used, rounded internal retention is placed in the dentin of the gingival and incisal walls just axial to the DEJ as dictated by cavity form. Retention is tactilely and visually present.
SUB	When used, retention is excessive and undermines enamel or jeopardizes the incisal angle or encroaches on the pulp.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

ANTERIOR COMPOSITE PREPARATION
Critical Errors

Wrong Tooth/Surface Treated
Unrecognized Exposure
Critical Lack of Clinical Judgment/Diagnostic Skills

RESTORATIVE PROCEDURES
Treatment Management
Penalty Points Only

CONDITION OF ADJACENT TEETH

SAT	The adjacent teeth and/or restorations are free from damage.
ACC	Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
SUB	Damage to adjacent tooth/teeth requires recontouring which changes the shape and/or position of the contact.
DEF	There is gross damage to adjacent tooth/teeth which requires a restoration.

CONDITION OF SOFT TISSUE

SAT	The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
SUB	There is iatrogenic soft tissue damage that is inconsistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.

EXAMINATION APPLICATION POLICIES

Qualified candidates may apply to take the examination by submitting an application ***online*** at www.crdts.org. Once an application is completed online, it is considered a contract with CRDTS. If a candidate fails to fulfill all requirements of the application, or is unable to take the exam, the policies below will apply. Additional portions of the application must be submitted by mail. Detailed information regarding required documents/fees, test sites and examination dates/deadlines are outlined on the CRDTS website and in this Manual. A fully executed application complete with the appropriate documentation and fee is required to take the examination.

Read the entire application form before submitting any information. Be accurate and complete. If directions are not followed, the application may not be accepted.

1. **Application Deadline:** The application deadline is approximately 40 days before the date of the examination. Applications and all documentation/fees must be received on or before the published application deadline date. (Visit www.crdts.org)

2. **Social Security Number:** Candidates must enter their US government-issued social security number when applying online. Candidates without a social security number must contact CRDTS Central Office. The social security number will remain a part of the candidate's secure record. A 10-digit CRDTS ID number will be assigned, appear on all the candidate's examination forms and become the Username for login to CRDTS website. When logged-in, candidates will be able manage their information and view application documents, examination results. This 10-digit CRDTS ID number will connect the results back to the candidate's permanent record.

3. **Photographs:** Candidates must submit a digital photograph. The photograph MUST BE RECENT, passport quality, it may be in black & white or color, JPG/JPEG, FIG, or PNG formats, square and have minimal resolution of 200x200 and max resolution of 500x500.

4. **Signature of Candidate:** The candidate will sign the online application electronically. The electronic signature is legally binding and has the full validity and meaning as the applicant's handwritten signature. With the signature the applicant acknowledges that he/she has read and understands the process and the Candidate Manual and agrees to abide by all terms and conditions contained therein.

5. **Initial Examination/Application Fee**: The appropriate examination fee of $395 must be paid at the time of application. ***Payment submitted must be for the exact amount and can be paid online via VISA or Mastercard or by cashier's check or money order with the applicant's CRDTS ID number written in the lower left-hand corner.*** PERSONAL CHECKS WILL NOT BE ACCEPTED AND WILL BE RETURNED TOGETHER WITH THE APPLICATION TO THE APPLICANT.

   The examination fee of $395 includes application for one attempt at the exam.

6. **Site Fee:** The school may charge a site fee/rental fee for use of instruments, clinic facilities, manikin heads, supplies, and disposables. Some sites require that all instruments be supplied by the school. A rental charge or deposit imposed by the testing site must be remitted directly to the school.

7. **Retest Examination Fee**: There will be no opportunity for a retest of this exam.

After fully executing the online application, a Letter of Certification from Pacific University listing candidates eligible to sit for this examination must be received in CRDTS Central Office prior the Application Deadline. The Letter of Certification must be completed by the Program Director and emailed to Renee@crdts.org verifying that the candidate has demonstrated sufficient clinical competence, is in good standing, and it is anticipated that all program requirements are current and up to date.

ADMINISTRATIVE POLICIES

Once an application has been received or accepted for examination, the policies described in this section become effective.

1. **Disqualification:** A candidate may be disqualified to site for the exam by the Program Director at any time.

2. **Fee Refunds:** Refunds will be made, minus a $25 administrative fee, if notification of cancellation is received in the CRDTS Central Office 30 days prior to the examination. A 50% refund will be made if notification is made at least 6 business days prior to the examination. After that time, any cancellations will result in forfeiture of the entire examination fee. In addition, failure to appear for the exam will result in a forfeiture of the entire examination fee. This policy applies to all cancellations, regardless of reason.
3. **Confirmation Notification:** Candidates will receive a notice confirming their examination schedule; this notice may be distributed or posted by the school. Candidates will receive an email approximately 30 days prior to the examination. This email will contain:
    1. A letter confirming the exam date and the exam schedule.
    2. Other information and/or forms which may be needed to take the examination.
4. **Release of Scores:** Since procedures for this examination at Pacific University will be evaluated off-site, score results will be reported to the Program Director approximately three to four weeks after the examination.

Glossary of Words, Terms and Phrases

Angle	A corner; **cavosurface angle**: angle formed between the cavity wall and surface of the tooth; **line angle:** angle formed between two cavity walls or tooth surfaces.
Axial wall	An internal cavity surface parallel to the long axis of the tooth.
Bevel	A plane sloping from the horizontal or vertical that creates a cavosurface angle which is greater than 90°.
Cavity Preparation	Removal and shaping of diseased or weakened tooth tissue to allow placement of a restoration.
Cavosurface Margin	The line angle formed by the prepared cavity wall with the unprepared tooth surface. The margin is a continuous entity enclosing the entire external outline of the prepared cavity. Also called the cavosurface line angle.
Convenience Form	The shape or form of a cavity preparation that allows adequate observation, accessibility, and ease of operation in preparing and restoring the cavity.
Convergence	The angle of opposing cavity walls which, when projected in a gingival to occlusal direction, would meet at a point some distance occlusal to the occlusal or incisal surface.
Cusp (functional)	Those cusps of teeth which by their present occlusion, provide a centric stop which intercuspates with a fossa or marginal ridge of an opposing tooth/teeth.
Cusp (non-functional)	Those cusps of teeth which by their present occlusion, do not provide a centric stop which intercuspates with a fossa or marginal ridge of an opposing tooth/teeth.
Debris	Scattered or fragmented remains of the cavity preparation procedure. All debris should be thoroughly removed from the preparation before the restoration is placed.
Decalcification	Demineralized area of enamel that may appear white and chalky or may be discolored. It is considered unsound tooth structure if it can be penetrated by an explorer or is more than ½ the thickness of the enamel.
Dentin	Calcified tissue surrounding the pulp and forming the bulk of the tooth.
Divergence	The angle of opposing cavity walls which, when projected in an occlusal to gingival direction, would meet at a point some distance gingival to the crown of the tooth.

Exposure	*See "Pulp Exposure"*
Finish Line	The terminal portion of the prepared tooth.
Fissure	A developmental linear fault in the occlusal, buccal or lingual surface of a tooth, commonly the result of the imperfect fusion of adjoining enamel lobes.
Ill-defined	A cavity preparation which, while demonstrating the fundamentals of proper design, lacks detail and refinement in that design.
Isthmus	A narrow connection between two areas or parts of a cavity preparation.
Line angle	The angle formed by the junction of two surfaces. In cavity preparations there can be internal and external line angles which are formed at the junction of two cavity walls.
Liner - treatment	An appropriate dental material placed in deep portions of a cavity preparation to produce desired effects on the pulp such as insulation, sedation, stimulation of odontoblasts, bacterial reduction, etc. Also called therapeutic liner.
Long axis	An imaginary straight line passing through the center of the whole tooth occlusoapically.
Over-extension (preparation)	The placement of final cavity preparation walls beyond the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Pulp cap (direct)	The technique of placing a base over the exposed pulp to promote reparative dentin formation and the formation of a dentinal bridge across the exposure. The decision to perform a pulp cap or endodontics and the success of the procedure is determined by the conditions under which the pulp was exposed.
Pulp cap (indirect)	The technique of deliberate incomplete caries removal in deep excavation to prevent frank pulp exposure followed by basing of the area with an appropriate pulpal protection material to promote reparative dentin formation. The tooth may or may not be re-entered in 6-8 weeks to remove the remaining dentinal caries.
Pulp exposure (carious)	The frank exposure of the pulp through clinically carious dentin.
Pulp exposure (general)	The exposure of the pulp chamber or former pulp chamber of a tooth with or without evidence of pulp hemorrhage.
Pulp exposure (irreparable)	Generally, a pulp exposure in which most or all of the following conditions apply: The exposure is greater than 0.5 mm; the tooth had been symptomatic; the hemorrhage is not easily controlled; the exposure occurred in a contaminated field; the exposure was relatively traumatic.

Pulp exposure (mechanical) (unwarranted)	The frank exposure of the pulp through non-carious dentin caused by operator error, misjudgment, pulp chamber aberration, etc.
Pulp exposure (reparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is less than 0.5 mm; the tooth had been asymptomatic; the pulp hemorrhage is easily controlled; the exposure occurred in a clean, uncontaminated field; the exposure was relatively atraumatic.
Pulpal wall	An internal cavity surface perpendicular to the long axis of the tooth. Also pulpal floor.
Pulpoaxial line angle	The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity.
Resistance Form	The features of a tooth preparation that enhance the stability of a restoration and resist dislodgement along an axis other than the path of placement.
Retention Form	The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement.
Sound Tooth Structure	Enamel that has not been demineralized or eroded; it may include proximal decalcification that does not exceed ½ the thickness of the enamel and cannot be penetrated by an explorer.
Taper	To gradually become more narrow in one direction.
Uncoalesced	The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure.
Undercut	a. Feature of tooth preparation that retains the intra-coronal restorative material. b. An undesirable feature of tooth preparation for an extra-coronal restoration.
Under-extension (preparation)	Failure to place the final cavity preparation walls at the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Undermined enamel	During cavity preparation procedures; an enamel tooth surface (particularly enamel rods) which lacks dentinal support. Also called unsupported enamel.
Unsound Marginal Enamel	Loose or fragile cavosurface enamel that is usually discolored or demineralized, which can be easily removed with hand instruments when mild to moderate pressure is applied.

CRDTS

Place Candidate label here

MANIKIN PREPARATION PROGRESS FORM

#14 ___A ___C #9

STARTING TIME: _____ _____ _____

FINISH TIME: _____ _____ _____

CRDTS will provide the candidate a typodont to complete the Restorative Procedures. When the typodonts are received, the candidate's 3-digit candidate number must immediately be etched onto the end caps of the arch and then the typodont inserted into the facial shroud. The typodont may be dismantled only with the authorization of a CFE.

MODIFICATION REQUEST:

#14	#9
1	1
2	2
3	3
4	4

Ex 1	Ex 2	Ex 3

REST Ex ID: Mod Req Reviewed

Exp Proc

Exposure Processed: *(any pulpal exposure must be checked by Clinic Floor Examiner)*

CFE

TYPODONT MOUNTING APPROVED
Arches Labeled with Cand #
2nd arches placed in labeled bag

			FINAL EVALUATION #4 DO PREPARATION
			FINAL EVALUATION #14 MO PREPARATION
			FINAL EVALUATION #9 DL COMP PREPARATION

NOTES TO EXAMINERS *(Use ink. Please number each note. Notes should be written clearly and include specific information, i.e. description, location, etc.)*	*Ex. ID#*

CRDTS ID: _____ Test Site #_____ CANDIDATE # [ ]

MANIKIN MODIFICATION REQUEST FORM

Prepare to SAT criteria and see CFE BEFORE proceeding

CFE #: _____

Submission #: _____ Tooth #: _____ Amal ☐ Post Comp ☐ Ant Comp ☐

Modification Request # 1
What:
Where:
Why:
How Much:
☐ Granted ☐ Not Granted

Modification Request # 2
What:
Where:
Why:
How Much:
☐ Granted ☐ Not Granted

Modification Request # 3
What:
Where:
Why:
How Much:
☐ Granted ☐ Not Granted

Submission #: _____ Tooth #: _____ Amal ☐ Post Comp ☐ Ant Comp ☐

Modification Request # 1
What:
Where:
Why:
How Much:
☐ Granted ☐ Not Granted

Modification Request # 2
What:
Where:
Why:
How Much:
☐ Granted ☐ Not Granted

Modification Request # 3
What:
Where:
Why:
How Much:
☐ Granted ☐ Not Granted

Dental Therapy Trainee
Collaborative Management Agreement

This Collaborative Management Agreement is between _**Dr.** [redacted]_____ (hereinafter referred to as "Supervising Dentist") and _[redacted]___ (hereinafter referred to as "Dental Therapy Trainee") for the purposes of Dental Therapy Trainee performing the services authorized under the Oregon Health Authority Dental Therapy Pilot Project 300 (hereinafter referred to as "DPP 300") at the Supervising Dentist's dental practice setting. Supervising Dentist is an Oregon licensed dentist acting in the capacity as a Supervising Dentist under DPP 300 and defined under OAR 333-010-0710. Under DPP 300, a Supervising Dentist is limited to entering into a Collaborative Management Agreement with no more than one dental therapy trainee treating patients in a dental practice setting at any one time. The Collaborative Management Agreement shall be active for 1 year and shall be renewed annually with the Supervising Dentist. This Collaborative Management Agreement outlines the terms of the collaborative arrangement between the Supervising Dentist and Dental Therapy Trainee under DPP 300:

1. Practice settings where services may be provided and the populations to be served – practice settings and populations include those described in DPP 300.
    a. List the target populations in the generally defined categories according to DPP 300.
        i. Low-income adults as determined by patient's Medicaid eligibility
        ii. Children 0-18 who have moderate to high risk for caries
        iii. Adults 19-64 with diabetes
        iv. Older adults (age 65+)
        v. Pregnant women who have moderate to high risk for caries
    b. DPP 300 states that each pilot site will ensure that a minimum of 51% of the Dental Therapy Trainee's schedule is dedicated to treating patients in the target population during the utilization phase. (see a. above)

2. The supervising dentist shall list any limitations on the services that may be provided by the Dental Therapy Trainee, including the level of supervision required by the Supervising Dentist. Unless otherwise stated, all procedures listed under DPP 300 will be allowed.
    a. List the limitations on the services that may be provided by the Dental Therapy Trainee.
        i. List the limitations as agreed upon by the Supervising Dentist and Dental Therapy Trainee.
        ii. For example, all extractions must be under indirect supervision as defined be OAR 818-001-0002.
        iii. Any allowable procedure that has not yet been performed on a patient must be under direct supervision as defined by OAR 818-001-0002.
    b. List the services that are within the Scope of Practice of the Dental Therapy Trainee and that are restricted or prohibited by the Collaborative Management Agreement:
        i. Allowable services:

1. An active licensed dental hygienist with the Oregon State Board of Dentistry OAR 818-035-0020.
2. Additional Functions of Dental Hygienists OAR 818-035-0030.
3. Expanded Functions of Dental Hygienist OAR 818-035-0040.
4. Restorative Functions of Dental Hygienists OAR 818-035-0072.
5. Additional Dental Therapy Trainee services:

1.	**Understanding scope of practice of a dental therapist:** Identify oral and systemic conditions requiring evaluation and/or tx by dentists, physicians or other healthcare providers, and manage referrals.
2.	**Pharmacology:** Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider
3.	**Extractions:** Simple extraction of erupted primary teeth and teeth with severe periodontal disease (class III mobility)
4.	**Emergency Care:** Emergency palliative treatment of dental pain limited to the procedures within the scope of practice of a dental therapist
5.	**Restorative:** Preparation and direct restorations in primary and permanent teeth. (Placement of direct restorations in primary & permanent teeth is already covered in dental hygiene programs with restorative functions)
6.	**Temporary Crowns:** Fabrication and placement of single tooth temporary crowns
7.	**Stainless steel crowns:** Fabrication and placement of preformed crowns on primary teeth
8.	**Pulp capping – primary & permanent teeth:** Indirect and direct pulp capping on permanent teeth & indirect pulp capping on primary teeth
9.	**Pulpotomy / Pulpal Debridement – primary teeth:** for the relief of acute pain
10.	**Prosthetics:** Minor adjustments and repairs on removable prostheses
11.	**Space maintainer removal:** Removal of space maintainers
12.	**Diagnosis of decay including pulp vitality testing**
13.	**Placement of sutures.** (Removal of sutures is already a covered procedure in dental hygiene programs)

ii. procedures prohibited in this collaborative agreement shall be determined by the Supervising Dentist:

3. Age and procedure specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency:
    a. Provide a description of age specific protocols. All ages may receive dental procedures, as listed in DPP 300, by a Dental Therapy Trainee.
    b. Provide a description of procedure specific protocols. Dental Therapy Trainee will ensure recent radiographs (within 6 months) are available for all irreversible procedures prior to delivering care. The Dental Therapy Trainee will follow all personal protective equipment (PPE) and infection control guidelines of the practice setting where they are providing care. Dental Therapy Trainee will take pre, prep, and post intraoral photos for all irreversible procedures provided. All extractions must be reviewed and approved by the Supervising Dentist prior to the extraction of the tooth.
    c. Provide a description of case selection criteria: only patients that have conditions within the requirements of DPP 300 will receive care by the Dental Therapy Trainee. The Supervising Dentist must review radiographs and approve case selection to authorize the DPP 300 list of services under 2. B. of this Collaborative Management Agreement.
    d. Provide a description of assessment guidelines: all patients scheduled for irreversible procedures must have recent radiographs and oral examination, diagnosis and treatment plan examination by a dentist (within 6 months) prior to receiving treatment by the Dental Therapy Trainee.
    e. Provide a description of imaging frequency guidelines and follow ADA radiographic guidelines for imaging frequency. If an irreversible procedure is to be performed by a Dental Therapy Trainee, the radiographs must be within 6-months. Intraoral photographs will be taken for all irreversible procedures completed by the Dental Therapy Trainee (pre, prep and post images).

4. Patient Records. Dental Therapy Trainee will utilize the same software and documentation criteria that is used by the Supervising Dentist. A chart note must be completed for every patient that receives care by the Dental Therapy Trainee. The dental records will be stored at the dental practice setting and kept for 20 years (as is required by Oregon law). The Supervising Dentist must indicate that the chart note, radiographs and intraoral photos were reviewed for each patient who has received care from the Dental Therapy Trainee.

5. Medical Emergencies. The Dental Therapy Trainee will review and sign that he/she understands the medical emergency protocol for the practice settling where care is provided. The Supervising Dentist will receive a report within 24 hours of any patient medical emergency. The Dental Therapy Trainee will notify the Supervising Dentist of any care extending beyond the scope of agreeable services of the Dental Therapy Trainee.

6. A quality assurance plan for monitoring care provided by the Dental Therapy Trainee, including patient care review, referral follow-up and a quality assurance chart review, will include the following:

a. Provide a description of the patient care review: The patient must be a patient of record with the practice. The medical history will be reviewed and updated prior to the provision of care by the Dental Therapy Trainee. All services provided by the Dental Therapy Trainee requires that the tasks be performed with the prior knowledge and consent of the Supervising Dentist.
b. Provide a description of the plan for referral follow-up to the Supervising Dentist: All patients that have not been seen by a dentist in the prior 6 months will receive a referral for a dental exam.
c. Provide a description of the quality assurance chart review: All chart notes, radiographs and intraoral photos where the Dental Therapy Trainee has provided irreversible procedures must be reviewed and approved by the Supervising Dentist and identified in the patient chart.

7. Protocols for dispensing and administering medications authorized under DPP 300, including the specific conditions and circumstances under which these medications are to be dispensed and administered
    a. The Dental Therapy Trainee may dispense and administer analgesic, anti-inflammatory and antibiotic medications within the parameters of the Collaborative Management Agreement and within the Scope of Practice as defined by the pilot project.
    b. The Collaborative Agreement must reflect the process in which the Supervising Dentist prescribes, and the Dental Therapy Trainee dispenses and administers these medications: the Dental Therapy Trainee will write a prescription to be filled at a pharmacy for the medication prescribed. Only medications that fall within the scope of the Dental Therapy Trainee will be prescribed. These medications include analgesic, anti-inflammatory and antibiotic medications used in the treatment of dental conditions that fall within the scope of the Dental Therapy Trainee.
    c. A Dental Therapy Trainee is prohibited from dispensing or administering narcotic medications as defined in DPP 300.

8. Criteria relating to the provision of care to patients with specific medical conditions or complex medication histories, including requirements for consultation prior to initiation of care.
    a. The Dental Therapy Trainee will complete a thorough medical history review for all patients prior to providing dental care. The Dental Therapy Trainee will follow all guidelines from the ADA and the American Heart Association for the care and treatment of patients with complex medical conditions. A physician consult will be required for a patient who is ASA III or higher, or any medical conditions or concerns in question. A dental consultation and clearance will be completed prior to the provision of care for any patient with an ASA of III or higher.

9. Supervision criteria for dental assistants (DA) to the extent permitted in the Collaborative Management Agreement and according the Oregon Board of Dentistry, a dental hygienist may supervise a dental assistant. Under the conditions of DPP 300, all Dental Therapy Trainee must

be a licensed registered dental hygienist in good standing with the Oregon Board of Dentistry and are therefore able to supervise a dental assistant at a practice setting.

10. A plan for the provision of clinical resources and referrals in situations which are beyond the capabilities or scope of practice of the Dental Therapy Trainee. A Dental Therapy Trainee may decline to provide dental services to any patient with a condition or situation that the Dental Therapy Trainee feels is beyond their capability or scope of practice. An appropriate referral will be provided to the patient for the completion of needed dental care. At any time during the provision of care by a Dental Therapy Trainee, a Dental Therapy Trainee may consult the Supervising Dentist before proceeding to provide care they feel would compromise the patient's health. If the Supervising Dentist is not on site, the Dental Therapy Trainee may elect to temporize the tooth and schedule the patient with the Supervising Dentist. In this situation, the condition or situation must be documented in the patient's chart and discussed with the Supervising Dentist within 24 hours.

A Dental Therapy Trainee may perform services under General Supervision, Indirect Supervision or Direct Supervision as defined by OAR 818-001-0002 unless restricted or prohibited in the Collaborative Management Agreement. See definitions below:

- **Direct supervision** means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
- **Indirect supervision** means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- **General supervision** means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

Collaborative Management Agreement Dental Therapy Trainee Data Collection

Supervising Dentist's Name: Dr. [redacted]

Primary Dental Practice Setting Address: [redacted]

Work Phone: [redacted] Work Fax [redacted]

E-Mail Address: [redacted]

Oregon Dental License Number: [redacted]

Supervising Dentist Signature: [redacted] Date: [redacted]

Dental Therapy Trainee Name: [redacted]

Primary Dental Practice Setting Address: [redacted]

Work Phone: [redacted] Work Fax: [redacted]

E-Mail Address: [redacted]

Oregon Dental Therapy Trainee License Number:

[redacted]

(RDH license at this time)

Dental Therapy Trainee Signature: [redacted] Date: [redacted]

Month Annual Renewal Will Occur: [redacted]

Table of Procedures allowable by the Dental Therapy Trainee and level of Supervision

I. Codes to be added for the Dental Therapy Trainee corresponding to the 13 additional procedures

Code	Procedure	Level of Supervision (TBD by Supervising Dentist)
D0140	Limited oral evaluation – problem focused An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.	**Indirect supervision**
D0120	Periodic oral evaluation – established patient. An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.	**Indirect supervision**
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver Diagnostic services performed for a child under the age of 3, preferably within the first 6 months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.	**Indirect supervision**
D0171	Re-evaluation – post operative office visit	**Indirect supervision**
D1999	Unspecified preventive procedure, by report Used for a procedure that is not adequately described by a code. Describe the procedure	**Indirect supervision**
D0210	Intraoral – complete series of radiographic images	**General supervision**
D0220	Intraoral – periapical first radiographic image	**General supervision**
D0230	Intraoral – periapical each additional radiographic image	**General supervision**
D0240	Intraoral – occlusal radiographic image	**General supervision**
D0270	Bitewing – single radiographic image	**General supervision**
D0272	Bitewings – two radiographic images	**General supervision**
D0273	Bitewings – three radiographic images	**General supervision**

Code	Procedure	Level of Supervision (TBD by Supervising Dentist)
D0274	Bitewings – four radiographic images	**General supervision**
D0277	Vertical bitewings – 7-8 radiographic images	**General supervision**
D0330	Panoramic radiographic image	**General supervision**
D0460	Pulp vitality tests Includes multiple teeth and contra lateral comparison(s), as indicated.	**Indirect supervision**
D0601	Caries risk assessment and documentation, with a finding of low risk Using recognized assessment tools.	**General supervision**
D0602	Caries risk assessment and documentation, with a finding of moderate risk Using recognized assessment tools	**General supervision**
D0603	Caries risk assessment and documentation, with a finding of high risk Using recognized assessment tools	**General supervision**
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.	**Indirect supervision**
D1555	Removal of fixed space maintainer Procedure performed by dentist or practice that did not originally place the appliance.	**Direct supervision**
Amalgam Restorations (Including Polishing). Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951)		
D2140	Amalgam – one surface, primary or permanent	**General supervision**
D2150	Amalgam – two surfaces, primary or permanent	**Indirect supervision**
D2160	Amalgam – three surfaces, primary or permanent	**Indirect supervision**
D2161	Amalgam – four or more surfaces, primary or permanent	**Indirect supervision**
Resin-Based Composite Restorations – Direct. Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).		
D2330	Resin - based composite – one surface, anterior	**Indirect supervision**
D2331	Resin – based composite – two surfaces, anterior	**Indirect supervision**
D2332	Resin – based composite – three surfaces, anterior	**Indirect supervision**
D2335	Resin – based composite – four or more surfaces, or involving incisal angle, anterior	**Indirect supervision**

Code	Procedure	Level of Supervision (TBD by Supervising Dentist)
D2391	Resin – based composite – one surface, posterior	**Indirect supervision**
D2392	Resin – based composite – two surfaces, posterior	**Indirect supervision**
D2393	Resin – based composite – three surfaces, posterior	**Indirect supervision**
D2394	Resin – based composite – four or more surfaces, posterior	**Indirect supervision**
D2930	Prefabricated stainless steel crown – primary tooth	**Direct supervision**
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	**Direct supervision**
D2940	Protective restoration Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration.	**Indirect supervision**
D2941	Interim therapeutic restoration – primary dentition	**Indirect supervision**
D2951	Pin retention – per tooth, in addition to restoration	**Direct supervision**
D2999	Unspecified restorative procedure, by report Use for a procedure that is not adequately described by a code. Describe the procedure.	**Direct supervision**
D2990	Resin infiltration of incipient smooth surface lesions Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion	**Indirect supervision**
D3110	Pulp cap – direct (excluding final restoration) Procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.	**Direct supervision**
D3120	Pulp cap – indirect (excluding final restoration) Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.	**Indirect supervision**
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of a medicament Pulpotomy is the surgical removal of a portion of the pulp with the aim of maintain the vitality of the remaining portion by means of an adequate dressing. • To be performed on primary or permanent teeth. • This is not to be construed as the first stage of root canal therapy • Not to be used for apexogenesis	**Direct supervision**
D5410-11	Denture adjustments or partial denture adjustments	**Indirect supervision**

Code	Procedure	Level of Supervision (TBD by Supervising Dentist)
D5421-22		
D7111	Extraction, coronal remnants – primary tooth Removal of soft tissue-retained coronal remnants.	**Indirect supervision**
D7140	Extraction, erupted tooth or exposed root ***NOTE: DT will be limited to the removal of a class III mobility periodontally involved tooth***	**Indirect supervision**
D9110	Palliative (emergency) treatment of dental pain – minor procedure This is typically reported on a "per visit" basis for emergency treatment of dental pain	**Indirect supervision**
D9311	Consultation with a medical health care professional Treating dentist consults with a medical health care professional concerning medical issues that may affect patient's planned dental treatment.	**Indirect supervision**
D9995	Teledentistry – synchronous. Real time encounter. Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.	**Indirect supervision**
D9996	Teledentistry – asynchronous. Information stored and forwarded to dentist for subsequent review. Reported in addition to other procedures. (e.g., diagnostic) delivered to the patient on the date of service.	**Indirect supervision**
D2931	Prefabricated stainless steel crown – permanent tooth	**Direct supervision**
D2932	Prefabricated resin crown	**Direct supervision**