Students are responsible for reading and adhering to all clinical protocols and policies listed in this document and/or published on the School of Dentistry web pages.
I. Dental Assisting Program Information

a. Program Director and Faculty

<table>
<thead>
<tr>
<th>Faculty</th>
<th>(919) 537-3470</th>
</tr>
</thead>
</table>
| Lynn Smith            | CDA, BS. Director  
                        | Clinical Assistant Professor  
                        | lynn_smith@unc.edu |
| Brittany Minichbauer  | CDA, RDH, MS  
                        | Clinical Assistant Professor  
                        | Brittany_Minichbauer@unc.edu |
| Tiffanie White        | CDA, RDH, MEd  
                        | Clinical Assistant Professor  
                        | tiffanie_white@.unc.edu |

**Staff**

| Stephanie Hyatt       | Dental Assisting Program Assistant  
                        | Stephanie_hyatt@.unc.edu |
UNC SCHOOL OF DENTISTRY
DENTAL ASSISTING PROGRAM

CODE OF CLINIC CONDUCT

The patient care setting in any teaching facility is the place where faculty, students, support staff and patients meet for the combined purpose of patient care and education. This CODE reflects the institution’s commitment to a respectful, caring, professional attitude by everyone involved in the provision of excellent patient care. While all personnel are responsible for the quality of care rendered to each patient, the faculty is ultimately responsible for the timely treatment and well-being of patients. Faculty must be aware of treatment being rendered and intervene as necessary to serve the needs of patients while preserving the dignity of others. Consistent with this philosophy, the following standards shall be observed by all involved in the delivery of care:

- All clinical personnel (faculty students and staff) shall observe and abide by the Patient's Bill of Rights as adopted by the School of Dentistry.

- Interactions among personnel shall be professional and respectful of everyone’s dignity. Conversations which may be judged offensive or may delay treatment, serious criticisms, or differences in opinion should be conducted in private and away from the clinical setting.

- All clinic personnel shall provide a clean, safe environment following the guidelines in the UNC School of Dentistry Clinic Protocol Manual (refer to sections on asepsis, infection control and hazard control).

- All clinic personnel involved in patient care shall identify themselves verbally and by means of nametags to ensure that patients are aware of the identity of those providing care.

- Clean and appropriate attire shall be worn in the clinical setting.

- All personnel shall be respectful of the patient’s time and comfort. The faculty has the responsibility to intervene when necessary to facilitate treatment.
CLINICAL OBJECTIVES

During your clinical rotations you are expected to:

- Develop an understanding of professionalism

- Demonstrate a professional attitude by:
  - Being punctual to all clinics
  - Maintaining the dress code developed by the Spurgeon Dental Society and the Dental Assisting Program
  - Showing care and concern for the patients with whom you work
  - Developing good rapport with students, faculty and staff through cooperation.
  - Understanding your responsibilities within the assigned clinic

- Develop further chairside skills by showing enthusiasm and willingness to learn.

- Display an understanding and acceptance of constructive criticism in order to grow and develop professionally.

- Recognize the importance of the dental assistant’s role in the dental health team.

- Demonstrate a knowledge and understanding of the importance of infection control techniques and protocols by maintaining the aseptic chain throughout all dental procedures.

- Demonstrate a working knowledge of all operative and specialty procedures by following the objectives established in pre-clinical lecture and lab.

- Demonstrate a knowledge and understanding of a patient’s medical history and be able to discuss it with the instructors at any time.

- Demonstrate the principles of patient confidentiality at all times in each clinical assignment and/or rotation.
UNC DENTAL ASSISTING PROGRAM
CLINICAL PROTOCOL

- Nametags must be worn at all times in clinic.

- Gloves, masks, protective eyewear and over-gowns must be worn at all times when providing patient care.

- Do not bring backpacks and other personal belongings to clinic.

- Never leave a clinical assignment without checking out with the supervising faculty or staff member.

- Personal hygiene should be of the highest standard.

- Refrain from wearing perfume or other obvious scents.

- No body piercings (other than in the ear) shall be visible while treating patients.

- Jewelry should be kept to a minimum: Watch, small earrings, wedding rings

- Necklaces must be kept out of sight, under scrubs and gowns.

- Long hair must be neatly secured up and away from face and neck.

- Fingernails should be manicured and short enough that they cannot be seen beyond the fingertips.

- Neither artificial acrylic nor nails polish may be worn while treating patients.

- Chewing gum is not allowed in clinical areas.

- Cellular phone is not allowed in clinical areas.

- Clinical attire should include:
  - Clean Teal scrub top and pants (white t-shirt may be worn underneath in winter)
  - Close-toed clinical shoes or clean athletic footwear
  - White trouser or cotton socks
Program Preceptor Program

In order to facilitate communication concerning academic issues and student progress, each student is assigned to a program faculty member as a “preceptor” or advisor. Students will meet with their preceptor at the middle of the summer session and each semester. Every student will receive a form(s) documenting your didactic and clinical academic progress.

Each faculty will post appointment times on a sign-up sheet on their office door for the student to sign up. When you come to your appointment, you are required to bring your form(s) with you.

At any time during the summer session, fall or spring semesters, you may arrange a meeting with your preceptor regarding any urgent concerns or problems you may wish to discuss in private. Never hesitate to contact a course instructor or preceptor for help.

When a student receives any program disciplinary form the student must make an appointment within a week to discuss with their preceptor.

Refer to preceptor forms below
CHAIRSIDE CLINICAL PERFORMANCE REPORT FORM

FALL SEMESTER
Midterm Report

NAME:_______________________________________SOD #:___________________________________

Preceptor’s Name_______________________________________________________________

**INSTRUCTION:** This form must be completed by student prior to meeting with preceptor. Each box must be checked and well-documented.

**CLINICAL REQUIREMENTS**

**CLINICAL AND DENTAL MATERIALS EVALUATION**-(8)

- □ EVALUATION COMPLETED-List:________________________________

**COMMUNITY OUTREACH VOLUNTEER**

- □ MISSION OF MERCY CLINIC (1)
- □ SHAC CLINIC (1)

**CONTINUING EDUCATION**

- □ Continuing Education (1)
- □ LUNCH AND LEARN (1)

**CLINICAL ABS**

- □ __________________________ Approval Date:____________________

**ADDITIONAL COMMENTS:**
All clinical policies, protocol and procedures may be accessed from the UNC School of Dentistry Web Page at www.dent.unc.edu.

Selected policies have been “excerpted” from the Web document for your convenience. Please note that dental assisting students are responsible for reviewing all administrative and clinical policies related to:

- Management of Medical Emergencies
- Blood Pressure Monitoring Guidelines for Hypertensive Patients
- Dental Unit Waterline Cleaning Policies
- Infection Control Policies and Procedures
- Latex Allergy Policy
- Silver and Lead Recovery Policy
- Swallowing Foreign Objects Policy
- Exposure Control Plan
- Hazard Communication Policies
- HIPAA
BLOOD / BODY FLUID EXPOSURES

UNC School of Dentistry

To report a blood exposure, notify your departmental clinical supervisor and call:

537-3588 to report to the Office of Clinical Affairs

537-3588 to obtain a Medical Record Number for the Source Patient

ALL SOURCE PATIENTS MUST BE TAKEN TO THE UNC HOSPITALS BLOOD DRAWING LAB, 1ST FLOOR, MAIN HOSPITAL AFTER A MEDICAL RECORD NUMBER IS OBTAINED

Call the appropriate number below immediately after exposure:

University Employees

966-9119

24 hours a day
7 days a week
This includes . . .

- Needle sticks
- Blood splashed to eyes or mouth
- Blood and/or bloody body fluids to an open wound

IN CASE OF MEDICAL EMERGENCY

Evaluate patient and have someone phone

Dental School Emergency Team

7-3911

Obtain Oxygen & Begin Appropriate Action
<table>
<thead>
<tr>
<th><strong>Conscious Patient</strong></th>
<th><strong>Unconscious Patient</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Chair</td>
<td>Open Airway</td>
</tr>
<tr>
<td>Oxygen when indicated</td>
<td>Check for Breathing</td>
</tr>
<tr>
<td>Vital Signs (BP, Pulse &amp;</td>
<td>Continue Steps of CPR</td>
</tr>
<tr>
<td>Respirations)</td>
<td></td>
</tr>
</tbody>
</table>
Attendance Policy

ATTENDANCE IN CLASSES AND CLINICS

A. Class Attendance

Regular class attendance is MANDATORY. A student is responsible for all work, including examinations and written material for all courses. Excessive absenteeism, as determined by the course director, could have an adverse effect on a student's grade. Pursuant to this policy, a faculty member wishing to require class attendance must demonstrate a systematic method of monitoring attendance and a stated process of factoring excessive absences into the student's grade or any remedial activity. Each course director requiring attendance must have the above process approved by the appropriate academic performance committee. The attendance requirement and any mechanism affecting the course grade must be presented to students at the beginning of the course.

Students anticipating absences should notify their instructor in advance. If prior notification is not possible, the student should contact the instructor immediately upon returning to the school to determine the next course of action. The Dental Assisting Program’s faculty requires for the student to contact the faculty via e-mail concerning absence(s) from a class/lab/or lecture. The e-mail MUST be carbon copied (CC) to Ms. Lynn Smith, program director at lynn_smith@dentistry.unc.edu.

In addition, other events throughout the curriculum may require student attendance. Failure to attend required events may result in disciplinary action, to include dismissal.

Students are expected to be in attendance at least 90 percent of all scheduled class hours. In the event that a student's absences in a class exceed 10 percent and the absences are not justified to the satisfaction of the faculty, the faculty will submit Student Academic Performance Form 5.

Students are also expected to arrive to class on time and stay for the entire class period; arriving late or leaving early disrupts the learning environment. Because even the most conscientious students occasionally experience extenuating circumstances, classroom doors will not be locked to enforce this policy, although doors may be locked for security or pedagogical reasons. Doors will be opened for tardy students. A pattern of tardiness and/or early departure will have consequences of faculty submitting an Academic Performance Form 5.

Students are responsible for all learning experiences. Absences from class are a serious deterrent to good scholarship. In the event of an unavoidable absence, it may be necessary for the missed work to be made up at a time scheduled by the faculty.

B. Clinical Attendance

ABSENTEEISM

Students are expected to be present at all assigned clinic blocks, and should arrive at least 15 minutes prior to the beginning of clinic. There are NO EXCUSED ABSENCES from any clinic.
rotation. Each clinical absence after will result a written up using form 3 in the program manual section. In addition, students will receive a grade of “zero” for the particular clinical absence and will be made up by attending 2 clinic times.

In the event that a student must miss a clinic, he/she must call and report the anticipated absence to the appropriate clinic supervisor. If a student arrives more than fifteen minutes after clinic begins, it will be considered an absence.

If there are unexpected illnesses (hospitalized) or a death in the family that causes students to miss clinic, each individual case may be handled by the course director and the academic performance committee. Proof of family death or illness (Doctor’s excuse) will be required by the committee reviewing the case. If the absenteeism is approved, the student will be required to attend two clinics per missed clinic. If the case is not approved by the Academic Performance Committee, the student will be dismissed from the program.

If, for any reason, you cannot attend your assigned clinic you must email that clinic’s supervisor prior to the time you were to arrive at that clinic. You should inform the clinic’s supervisor of your absence as much in advance as possible. **NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY THE CLINIC SUPERVISOR IF YOU ARE GOING TO BE ABSENT!** In addition to emailing the supervisor, email/call the dental assisting program assistant at Stephanie_hyatt@dentistry.unc.edu /919-537-3470 and she will relay the message to the appropriate faculty member and the clinic supervisor.

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>SUPERVISOR</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Practice</td>
<td>Patti Harris</td>
<td><a href="mailto:Patti_Harris@unc.edu">Patti_Harris@unc.edu</a></td>
</tr>
<tr>
<td>Sterilization</td>
<td>Lisa Torkewitz</td>
<td><a href="mailto:lisa_torkewitz@unc.edu">lisa_torkewitz@unc.edu</a></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Tasha Curtis</td>
<td><a href="mailto:tasha_curtis@unc.edu">tasha_curtis@unc.edu</a></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Azi Perry</td>
<td><a href="mailto:Azadeh_rohanian@unc.edu">Azadeh_rohanian@unc.edu</a></td>
</tr>
<tr>
<td>Periodontics</td>
<td>Truphenia Kelley</td>
<td><a href="mailto:truphenia_kelley@unc.edu">truphenia_kelley@unc.edu</a></td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Lori Self</td>
<td><a href="mailto:lori_self@unc.edu">lori_self@unc.edu</a></td>
</tr>
<tr>
<td>AEGD</td>
<td>Christie Whitaker</td>
<td><a href="mailto:Christie_whitaker@unc.edu">Christie_whitaker@unc.edu</a></td>
</tr>
<tr>
<td>Radiology</td>
<td>Sharon Green</td>
<td><a href="mailto:Sharon_green@unc.edu">Sharon_green@unc.edu</a></td>
</tr>
<tr>
<td>Endodontics</td>
<td>Amber Dodson</td>
<td><a href="mailto:amber_dodson@unc.edu">amber_dodson@unc.edu</a></td>
</tr>
</tbody>
</table>
C. Descriptions of Absences

1. “Excused Absences”

A student may be excused from attendance for reasons including, but not limited to, physical accidents, physical illnesses, death of an immediate family member, maternity or paternity leave. Each absence request will be evaluated on an individual basis. In the case of illness, any absence that extends for one or more consecutive days requires a physician’s note to be submitted to the Academic Performance Committee. Any absence during which a student misses an exam also requires a physician’s note to be submitted to the Academic Performance Committee.

The student with an excused absence:

a. must assume the responsibility of all curriculum material missed; the student should not expect the instructors involved to provide extra time for the missed class or lab work;

b. should not expect to receive extra clinical periods for missed sessions;

c. Make-up time for missed didactic and clinical activities must be made available to students with Excused Absences. However, the “method” by which the make-up occurs is at the discretion of the Course Directors/Clinical Coordinator/Program Director and must follow the Dental Assisting Academic Policies and Procedures Manual, May 2016-2017.

2. Student Religious Observance Policy

Students are authorized up to two excused absences each academic year for religious observances required by their faith. Students are responsible for providing a written notice for an excused absence for a religious observance two weeks in advance of the date requested or as soon as possible if the date occurs within the first two weeks of the semester. This policy also applies to students who have an excused absence for a religious observance during the summer.

Students must be given the opportunity to make up tests and other work missed due to an excused absence for a religious observance. Make up tests may entail an alternative examination, or other accommodation which allows the student not to be penalized for an excused absence for a religious observance.

3. “Unexcused Absences”

When a student is issued an “unexcused absence”, it is the prerogative of the course director or clinic director to permit or deny the option of the student to make up any missed work. “Missed work” could include, but may not be limited to, exams, course exercises, clinic sessions, and/or papers.
D. Requesting an Absence

In order to be excused from a class or from clinic, a request for absence” under the “Current with the course director. Approval will be granted by the Academic Performance Committee. Whenever possible, this request should be made BEFORE the absence occurs. When it is not possible to request the excused absence prior to or on the day of the absence, the student is expected to request the absence within two business days by contacting the Office of the Program Director and the course director. Delay in submitting the request may result in the absence being denied (student would receive an “unexcused absence”) or grounds for dismissal from the program. Timely notification of the absence is imperative so that the ACADEMIC PERFORMANCE COMMITTEE can notify course directors and schedule coordinators, where appropriate. The student is responsible for making arrangements with the course directors or clinical course director to make up work/clinics missed. DA Academic Policies and Procedures Manual, May 2016-2017.

E. Specific Instructions

1. Clinic Attendance

Attendance in the clinic is MANDATORY unless a student is excused (or given an approved absence by the ACADEMIC PERFORMANCE COMMITTEE).

2. Instruction of Disciplinary Action Forms

   a. Laboratory and Preclinical Appearance/Professionalism Check Off-Form 1
   Form 1 will be used in the laboratory, preclinical and pre-laboratory to evaluate student’s clinical appearance and professionalism. This form will worth twenty percent (20%) of pre-clinical/laboratory course grade and will be graded in each lab/preclinical sessions.

   b. Professional Evaluation-Form 2
   Form 2 may be presented to you at any time: 8-5pm Monday through Friday. The student will present this form to preceptor/advisor. A student/advisor discussion will be performed. You will receive a copy of the completed form with comments, and the original form with discussion and comments will be filed in your academic/professionalism file.

   c. Clinical Attendance-Form 3
   Form 3 may be presented to you at any clinic that you are arrived late, departure early, or absent. The student will present this form to preceptor/advisor. A student/advisor discussion will be performed. You will receive a copy of the completed form with comments, and the original form with discussion and comments will be filed in your academic/professionalism file. A student who receives three clinical attendance evaluation forms equal dismissal from Dental Assisting Program.

   d. Instruction of Clinical Performance-Form 4
   Form 4 will be used in the group practice clinic and radiology clinic to evaluate student on five clinical performance categories. Each checkbox will worth one point
with a total of five points per clinic. All points will be averaged in the clinical chairside courses.

e. Academic Performance-Form 5 (Located in Policy Manual)
f. Academic Comments Memorandum-Form 6
   A student who receives any three (3) of the disciplinary action forms – Forms 2, 3, and 5; will receive an ACADEMIC COMMENT MEMORANDUM form 6. A student who receives the ACADEMIC COMMENT MEMORANDUM form 6 will be automatically dismissed from the program.
University of North Carolina
School of Dentistry
Dental Assisting Program

DAILY LAB/PRECLINICAL APPEARANCE AND PROFESSIONALISM – Form 1

Instructions: The student must obtain their form packet from the designated area AT THE BEGINNING of the lab/preclinical session. The form packet will be turned in at the end of each session to the group faculty or course director. An “X” will be placed beside the violation of criteria subcategory with comments. If the form packet is not turned in at the end of the lab session, a zero will be recorded for the grade.

GRADING CRITERIA:
First violation indicated on a form – warning documented by faculty and student contacted via email
Each violation indicated on a form – minus 25 points for each out of 100

ATTIRE CRITERIA:
- Failure to wear designated UNC SOD Dental Assisting Uniform
- Failure to wear Safety Glasses
- Failure to wear clean and pressed Lab Coat or Clinical Gown
- Failure to wear UNCSOD Student ID - must be visible
- Failure to wear Clean Approval clinic shoes (closed toe, leather or clog)

PRESENTATION:
- Failure to wear Secured hair (up and away from face)
- Failure to have short fingernails with clear polish only
- Excessive jewelry worn (more than one earrings on lobe, bulky bracelets/rings/watches, etc.)
- Chewing gum
- Eating/Drinking during pre-clinic/lab

PROFESSIONALISM:
Described are examples of infractions although not limited to this list.
- Lack of respect for classmates, facility, clinic supervisor or faculty
- Tardy to lab/pre-clinic
- Leaving lab/pre-clinic early or without notification for lengthy period of time
- Excessive talking in lab/clinic
- Sleeping during lab/clinic
- Negative attitude
- Fails to be attentive to feedback
- Fails to work well with partner/others
- Use of cell phones, texting, Facebook: cell phones must be turned off and out of sight during lab/pre-clinic. The course director has the authority to allow use when appropriate.
- OTHER
UNC SCHOOL OF DENTISTRY
DENTAL ASSISTING PROGRAM
PROFESSIONAL DISCIPLINARY ACTION FORM – Form 2

INSTRUCTIONS: If this form is presented to you, a violation of the professional guidelines within the dental assisting program has been committed. This form may be presented to you at any time: 8-5pm Monday through Friday.

DA= Dental Assisting
DAF= Dental Assisting Faculty
SDA= Supervising Dental Assisting

Described are examples of infractions (not limited to this list). Any violation of the below is an infractions automatic deduction of the maximum points. **check all that apply**

<table>
<thead>
<tr>
<th>PERSONAL PRESENTATION</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Professional Appearance</strong></td>
<td></td>
</tr>
<tr>
<td>• Hair clean/neatly secured/bangs not touching glasses or swinging forward especially during patient care (HAIR MUST BE UP and SECURED AT ALL TIMES.)</td>
<td></td>
</tr>
<tr>
<td>• Cosmetics, NO strong perfume/or body odor/minimum/jewelry – NO dangling items, one small earring per lobe</td>
<td></td>
</tr>
<tr>
<td>• <strong>Correct</strong> clinic shoes/polished/clean laces</td>
<td></td>
</tr>
<tr>
<td>• Wears designated UNC SOD uniform (ironed/pants hemmed) pants must not be dragging the floor, and skin must not be showing around the waist or buttocks area) (<strong>DISMISSED</strong>)</td>
<td></td>
</tr>
<tr>
<td>• Wears name tag/ID in clinic at all times (<strong>DISMISSED</strong>)</td>
<td></td>
</tr>
<tr>
<td>• Brings safety glasses to clinic and wears correctly on face (not on top of head)</td>
<td></td>
</tr>
<tr>
<td>• Wears mask, gloves, barrier gown and safety glasses according to OSHA’s BBP Guidelines</td>
<td></td>
</tr>
<tr>
<td>• No long or artificial nails/ no polish on nails/no visible tattoos/no intraoral jewelry/no facial piercings/no chewing gum</td>
<td></td>
</tr>
</tbody>
</table>

2. Punctuality
- Failure to arrive to clinics, classes, laboratories, rotation sites on time and ready to work
- Failure to stay for designated assignment

3. **Establishes rapport with patients**
- Communicates with *patients* inappropriately and with lack of respect
- Inconsiderate to patient comfortable (rough with treatment)

<table>
<thead>
<tr>
<th>PERSONAL PRESENTATION</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. <strong>Exhibits respect for dentist and dental team members</strong></td>
<td></td>
</tr>
<tr>
<td>- Refers to dentist/faculty by first name.</td>
<td></td>
</tr>
<tr>
<td>- Congregate in patient care areas</td>
<td></td>
</tr>
<tr>
<td>- Refrains from inappropriate language with team members (slang terms vulgar)</td>
<td></td>
</tr>
<tr>
<td>- Employs dental terminology</td>
<td></td>
</tr>
</tbody>
</table>

5. **Self-confidence**
- Does not exhibit appropriate degree of self-confidence (example: arrogant)
- Does not work well with limited supervision
- Does not seek added responsibility (seeks DAII opportunities, requests to help stock, strives for team-player)

6. **Exhibits enthusiasm towards learning and clinical opportunities**
- Whine or complains about clinic patients, students, rotations, changes in rotations, returned paperwork
- Does not accepts constructive criticism or directions
- *Refuses or avoids a request*

7. **Preparedness**
- Paperwork: forms to be signed, evaluations/requirements to be completed
- Overall organizational skills for course success
- Brings white clinical notebook to every clinical experience

<table>
<thead>
<tr>
<th>8. Avoids exhibiting negative body language</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Rolling of eyes, curling of lip, cutting of eyes, etc)</td>
</tr>
</tbody>
</table>

**Utilizes acceptable and appropriate language skills**

- Employs dental terminology
- Avoids slang terms
- Does not use “potty mouth” terms, etc.

Faculty Signature_____________________________Student Signature____________________

Department Supervisor_________________________Date__________________________
Clinical Practice DA 22 and DA 32
Dental Assisting Clinical
ABSENCE/TARDINESS/EARLY DEPARTURE – Form 3

Instruction: Upon receiving this form, student **must** meet with preceptor with completed form. Meeting **must** be completed within one week to discuss and document. Failure to comply student will receive an Academic Performance Form.

__________________________________________________________  __________________________
(Print Students Name)                                          (Date)

1. Form completed due to Absence/Tardy/Early Departure

____ mins or _____ hrs. of **clinical time** missed on: ____________ from the clinical site
_________________________________ Date_____________________

2. Student notified of disciplinary action

_____Student arrived 15/20/30 minutes late to clinic

_____Student left clinic without faculty/supervisor permission

Circumstance:________________________ Received email documentation: Yes/No

Comments________________________________________________________

__________________________________________________________  __________________________
(Faculty Signature)                                          (Date)

3. Student/Preceptor meeting

Preceptor Signature_________________________________________ Date_____________________

Student Signature_________________________________________ Date_____________________

21
UNC SCHOOL OF DENTISTRY CLINICAL PERFORMANCE-Form 4

All clinical rotations in dental specialties, 4th year pre-doc and intraoral radiology clinics will follow the grading criteria below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Clinical Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Arrives and leaves clinic on time.</td>
</tr>
<tr>
<td>☐</td>
<td>Arrives prepared for clinic.</td>
</tr>
<tr>
<td>☐</td>
<td>Follows the UNC clinical infection control policy throughout the appointment.</td>
</tr>
<tr>
<td>☐</td>
<td>Applies clinical professionalism throughout the appointment.</td>
</tr>
<tr>
<td>☐</td>
<td>Provides patient care and promotes teamwork.</td>
</tr>
<tr>
<td>☐</td>
<td>Knowledgeable and confident in clinical.</td>
</tr>
</tbody>
</table>

Additional comments:

Faculty Signature: ___________________________  Clinical Grade: _____/6

---

<table>
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<tr>
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<tr>
<td>☐</td>
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</tr>
<tr>
<td>☐</td>
<td>Applies clinical professionalism throughout the appointment.</td>
</tr>
<tr>
<td>☐</td>
<td>Provides patient care and promotes teamwork.</td>
</tr>
<tr>
<td>☐</td>
<td>Knowledgeable and confident in clinical.</td>
</tr>
</tbody>
</table>

Additional comments:

Faculty Signature: ___________________________  Clinical Grade: _____/6

---

<table>
<thead>
<tr>
<th>Date</th>
<th>Clinical Criteria</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Applies clinical professionalism throughout the appointment.</td>
</tr>
<tr>
<td>☐</td>
<td>Provides patient care and promotes teamwork.</td>
</tr>
<tr>
<td>☐</td>
<td>Knowledgeable and confident in clinical.</td>
</tr>
</tbody>
</table>

Additional comments:

Faculty Signature: ___________________________  Clinical Grade: _____/6
Clinical Criteria

1. Arrives and leaves clinic on time.
   a. Students required to reporting to clinic at least 15 minutes prior to 10:00am or 2:00pm clinic.
   b. Students required to be in clinic at least two hours of clinical duration in order to received clinical credit.
   c. Students must NEVER leave a clinical assignment without checking out with the supervising faculty or staff member.

2. Arrives prepared for clinic
   a. Brings white clinical notebook each clinical experience
   b. Alerts faculty/DDS student if planning to complete evaluation

3. Follows the UNC clinical infection control policy throughout the appointment.
   See details policies above.

4. Applies clinical professionalism throughout the appointment.
   a. Students must:
      1. communicate with patients and faculty in a professional manner.
      2. be respectful to patients, staff, and other surroundings.
      3. call patients by their last name unless permission granted.
      4. never confront or argue with faculty or peers in the clinical setting.

5. Provides patient care and promotes teamwork.
   a. Assists peers to clean operatory

This memorandum is sent to you with respect to your performance, which is well below the expected level. Please give careful attention to the comments, recommendations and plan.

COMMENT:

RECOMMENDATION AND PLAN

FACULTY SIGNATURE: _____________________________

☐ Copies to Academic Performance Committee
☐ Ms. Lynn Smith, Interim Director, Dental Assisting
☐ Ms. Tiffanie White, Faculty Dental Assisting, (clinical courses)
☐ Ms. Brittany Minichbauer, Faculty Dental Assisting
F. Reporting a Communicable Disease

Any illness, communicable disease and/or other condition, which might affect the health of the student, faculty, other students or patients, must:

1. Be reported to the course instructor or the program director.
2. Seek prompt medical advice for diagnosis and/or treatment.

Any student who reports to a class, lab or clinical site with signs and/or symptoms of infectious disease such as, but not limited to, fever, rash, gastrointestinal upset, eye infections, excessive coughing or sneezing, runny nose or swollen lymph glands will be dismissed.

The clinical sites can also request that a student to leave if these symptoms are exhibited and there is a concern for the safety of others (patients or staff members).

If a student is placed on an antibiotic for an infection such as strep throat or pink eye, it is mandatory for the student to have a note from the doctor stating when the student may return to class, lab, or clinic and that the student will not be contagious.

Standard policies relating to absence and/or late arrivals/ early departures shall apply.

G. Medical/Dental History

Sometimes Dental Assisting students will simulate patient care by working with each other as partners in pre-clinic. On each occasion, the student will be asked to update his/her Medical/Dental History. In addition, because students have such close contact with each other, it is required that any health or medication change be reported in a timely manner to the program director or clinical director. It is recommended that each student receive a dental check-up.

UNC DENTAL ASSISTING PROGRAM
Policies on Infectious Disease Status and Infection Control
Infection control is a priority consideration in dental practice. With the increased publicity surrounding hepatitis, herpes, and AIDS, dentists, allied dental personnel, and consumers are becoming more aware that the dental environment is a potential source for one or more of these diseases. Accordingly, infection control in dentistry is undergoing dramatic change and will continue to be a fast-evolving and dynamic issue as new technology, research information, and legal precedents emerge.

The prevention of cross contamination and transmission of infection to all persons, whether patients, dentists, allied dental personnel, or non-clinical staff, is the professional responsibility of all dental personnel. A fundamental principle of an effective infection control program is to exercise care, precautions, and effective control techniques that can keep infectious microbes within manageable
limits of the body’s normal resistance to disease. To achieve this goal, and pursuant to its commitment to provide a safe therapeutic environment, the School of Dentistry has adopted policies and procedures which represent a comprehensive and practical infection control program.

Compliance with these policies and procedures is an ethical obligation and responsibility of all participants in the delivery of care to patients in the School of Dentistry. Institutional and program policies pertaining to Infectious Disease Status and Infection Control can be accessed from the UNC School of Dentistry Web site: www.dent.unc.edu, “Administration”, “Policies”, “Dental Hygiene/Assisting”, “Infection Control and Infectious Disease Status”.

H. Pregnancy Policy

A number of studies suggest that during the first three months of gestation, the embryo/fetus may be more sensitive to ionizing radiation than an adult is. The National Council on Radiation Protection and Measurements (NCRP) recommends that the maximum permissible dose to the fetus from occupational exposure of the expectant mother should not exceed 100 millirems. This is approximately one-tenth of the maximum permissible occupational dose limit. Based on past experience, no pre-clinical or clinical assignments have been identified which would be considered likely to result in a dose to the fetus exceeding 100 millirems, provided that established radiation safety procedures are followed. Pregnant students are, therefore, allowed to work in and frequent radiation areas. Pregnant students may also operate radiography equipment.

Procedures

In the event that a Dental Assisting student becomes pregnant or is pregnant upon enrollment, the following procedures shall apply:

1. The student shall submit to the program director written notification of the pregnancy. Failure to inform the program director in writing as soon as the pregnancy is confirmed may result in dismissal from the program.

2. The student may choose to:
   a. withdraw from the program due to the pregnancy.
   b. remain in the program regardless of the pregnancy.

3. Withdrawal during a semester results in:
   a. no credit being awarded for work completed during the semester
   b. consideration for re-admission being given only on a space available basis
   c. the student being required to follow standard re-admission practices and policies
   d. the student being allowed to remain in current classroom courses
   e. the student not being allowed to register for further professional courses which are not normally open to part-time non-curriculum students

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f. a requirement that the student must submit written notification of a decision to withdraw due to pregnancy to the program director prior to the student’s exit from the program.

4. Remaining in the program results in:
   a. a requirement that the student submits a signed Informed Consent to the program director no later than ten academic days following notification of the pregnancy.
   b. a requirement that the student must demonstrate all competencies necessary for graduation the same as is expected of every student
   c. a requirement that the student must meet regular attendance requirements for all courses, including clinical courses. Exceeding the absence policy or excessive tardiness cannot be excused due to a pregnancy
   d. a requirement (see d. above) that liability is waivered (Release and Waiver of Liability-Fetal Harm – see below) thereby releasing UNC SOD, faculty, staff, administration clinical affiliates and all other individuals involved with the Dental Assisting program from the risk of usage of ionizing radiation while the student is enrolled in the Dental Assisting Program.
   e. a requirement that liability is waivered thereby releases UNC SOD, faculty, staff, administration clinical affiliates and all other individuals involved with the Dental Assisting program from the use of ionizing radiation while the student is enrolled in the Dental Assisting Program.
   f. acknowledgment that Dental Assistants are classified as occupationally exposed dental health care workers to ionizing radiation
   g. an agreement that the student will not physically hold a patient for radiographic procedures which in any case is not allowed by a Dental Assisting student
   h. a requirement that the student will not be able to operate mobile radiographic equipment at any affiliation site and at any time not being allowed to remain in the treatment room during the exposure of a patient to ionizing radiation which in any case is not allowed by a Dental Assisting student the student being required to:
      • setup the room and patient for radiographic procedures
      • set the controls and position the equipment
      • process and mount the radiographs
      • critique and submit radiographs for a grade
Summary of Required Written Informed Consent

1. Submit to the radiology course director and program director written notification of the pregnancy as soon as it is confirmed.

2. If a decision to withdraw has been made, then written notification of the decision and the reason why must be submitted before exiting.

3. Submit a signed Informed Consent to the program director no later than ten academic days following notification of the pregnancy to the program director.

4. Submit a physician’s statement which includes:
   - permission for continuance in the program
   - verification of counseling concerning potential risks of ionizing radiation
   - verification of physical fitness to participate in all aspects of the program
   - due date for when the pregnancy will come to term

I. Inclement Weather*

The UNC School of Dentistry is open from 8 AM until 5 PM; therefore, any delays will be from 8 AM until 5 PM. In other words, if the School opens with a two-hour delay, the opening time will be 10 AM.

UNC uses three main adverse weather operating conditions: Condition 1 (open), Condition 2 (classes canceled; offices open) or Condition 3 (classes canceled; offices closed). Reports of state government closings do not apply to the University. The University generally announces adverse weather news on www.unc.edu, the campus information sources listed below, and through the news media. Unless a change is announced, the University always operates under Condition 1 – regular schedule.
Watch for updates, if warranted, on [www.unc.edu](http://www.unc.edu) about campus operations on Monday-Friday.

Other information sources:

- (919) 843-1234. **Adverse Weather and Emergency Phone Line** for recorded information and announcements about campus operations.
- **Traveler's Information System Radio**, 1610 AM, near campus.
- **Department of Public Safety** ([http://www.dps.unc.edu/](http://www.dps.unc.edu/)) for details including parking lot conditions.
Principles of Ethics
American Dental Assistants Association

The following are the Principles of Ethics as adopted by the American Dental Assistants Association (ADAA). This code of ethics functions as a standard of ethics for all practicing Dental Assistants. Please note that the format, but not the wording, of these principles has been altered slightly to highlight the content.

☐ Each person involved in the practice of dentistry assumes the obligation to maintain and enrich the profession.

☐ Each member of the ADAA may choose to meet this obligation according to the dictate of personal conscience based on the needs of the patients the profession of dentistry is committed to serve. The spirit of the Golden Rule is the basic guiding principle of this concept.

☐ The member must strive to maintain confidentiality and to exhibit respect for the dentist/employer.

☐ The member shall refrain from performing any professional service that is prohibited by state law and has the obligation to prove competence prior to providing services to any patient.

☐ The member shall constantly strive to upgrade and expand technical skills for the benefit of the employer and the consumer public.

☐ The member should additionally seek to sustain and improve the local organization, state association, and the American Dental Assistants Association by active participation and personal commitment.
PROFESSIONALISM

School of Dentistry Guidelines: applies to dental assisting students.

(Specific Dental Assisting professionalism guidelines reported in all lectures, clinics, laboratories, and rotations will be addressed in each course outline and syllabus. Dental Assisting Students must abide by overall UNC SOD Professionalism policies and DA professionalism policies. See Form 2)

The UNC School of Dentistry calls upon faculty, staff and students to follow high ethical standards which keep the best interest of the patient as their primary goal. To fulfill this goal we expect these high ethical standards to be practiced both during the dental educational programs here at the University of North Carolina and during the dental professional’s career.

The UNC School of Dentistry believes dental professionals should possess not only knowledge, skill, and technical competence but also traits of character that foster adherence to ethical principles. The ethical principles listed below constitute the Code of Professional Conduct and are part of the ethical education of a dental professional and practice of dentistry that define the true professional.

These ethical principles establish concise standards of behavior to guide the public’s expectations of our profession. Each dental professional should strive to provide care based on these ethical principles regardless of gender, race, creed, religion, national origin, disability or sexual orientation. Furthermore, each dental professional shall conduct himself/herself in like manner with staff, colleagues and the public at large.

The UNC School of Dentistry believes a dental professional should strive to do that which is right and good. The UNC School of Dentistry Code of Professional Conduct is an instrument to help the dental professional in this pursuit of excellence.

School Motto: Veritas, Beneficus, Officium (truth, good, service)

Code of Professional Conduct:

1. **Autonomy** – The dental professional shall recognize that patients have a right to determine what should be done with their own bodies.

2. **Beneficence** – The dental professional is obligated to benefit others and to do good.

3. **Non-Maleficence** – The dental professional is to refrain from doing harm to patients.

4. **Compassion** – The dental professional is to care for and to identify with the patient’s overall well-being.

5. **Competence** – The dental professional is to diagnose, promote oral health, treat the patient’s oral health needs and refer to another competent dental professional when it is in the patient’s best interest. The dental professional is to remain current in his/her knowledge with the goal of providing the best care for patients.

6. **Integrity** – The dental professional is to behave with honor, decency and consistency.
7. **Justice** – The dental professional shall give to each patient his or her due while balancing the benefits and burdens of doing so.

8. **Professionalism** – The dental professional shall provide all patients with the best services possible of which he/she is capable and act as a public servant to the community in health matters.

9. **Respect** – The dental professional is to value the worth of others.

10. **Tolerance** – The dental professional shall recognize and respect cultural differences, understanding how these affect patient choices and treatment.

Comments retrieved from Updated UNC School of Dentistry Dress Code (January 2013)

**DRESS CODE**

As a part of the Code of Professional Conduct, the Dress Code represents an important outward expression of one’s inward commitment to professionalism. The Dress Code also helps to fulfill the school’s commitment to the maintenance of a professional image as well as infection control and safety standards.

The dress code applies to the School of Dentistry during class, clinic and patient care hours, Monday through Friday 8 a.m. until 5 p.m., unless otherwise notified. Infection control as it pertains to labs is required at all times, including after hours. The guidelines will be enforced within the school during class and patient care hours.

This dress code also serves as a guide of how to dress when engaged in dental school activities outside the school proper. Note that specific requirements are placed on community service attire.

*All faculty, staff and students are responsible for maintaining clean, neat and well-fitting clothing. Faculty, staff, or students not engaged in direct patient care but presenting in clinic, for whatever reason, must maintain infection control and safety standards and present themselves in a professional manner.*

**Student Dress Code While Engaged in Patient Care, Class or Laboratory Activities**

**A. Personal Hygiene and Hair**

- Hair should be clean and well groomed.
- Beards and mustaches must be clean, neatly trimmed, and well groomed.
- Hair must be kept out of the field of operation so that it does not require handling during treatment procedures.
- Personal cleanliness and good oral hygiene must be maintained.
- Body hygiene is required so that offensive body odor is avoided.
- Strong perfumes, colognes or after-shave lotions must be avoided.
• Hands and fingernails must be kept clean.
• Fingernails must be kept trimmed and well-manicured.

B. Jewelry
1. All jewelry should be kept to a minimum and out of the field of operation.
2. Jewelry should not impact one’s ability to wear gloves, masks or gowns.
3. Tattoos must not be visible in clinical areas.

C. Attire
1. Professional attire* or scrubs** shall be worn at all times.
2. In lab, students must also wear lab coats or disposable smocks.
3. In clinic and in lab, students must ensure that their attire meets clinic infection control regulations.
* Professional Attire (examples)
  • Khakis
  • Button up shirts (e.g., oxford cloth)
  • Dress pants/slacks
  • Blouses
  • Knit or polo shirts with collars
  • Shirts with straps >2in
  • Skirts and dresses must be at knee level when standing.
  • Closed-toed shoes (required for clinic and lab only)

** Scrubs specifications
• Scrub colors are designated by professional program:
  ▪ Dental Assisting: Teal
  ▪ Dental Hygiene: Navy
  ▪ D.D.S.: Carolina Blue
• All scrubs must be a UNC-sanctioned brand/style
• Scrubs should be neat and clean with a scrub top and bottom.
• Scrubs must be worn with socks and closed-toe shoes.
• If worn, tennis shoes must be clean.
• A clean, plain t-shirt may be worn under scrubs

D. Community Service Attire
When representing the UNC School of Dentistry at community service events, students must wear their UNC School of Dentistry scrubs or professional attire along with their nametag. Students must abide by all infection control and safety standards with regards to dress.
E. Unacceptable Attire in class, clinic or laboratory settings (examples)
   1. Shorts
   2. Sweats and gym attire
   3. Bare feet
   4. Halter tops, tube tops/strapless shirts, tank tops with straps <2 in.
   5. Viewable undergarments when sitting or standing
   6. Non-religious or non-surgical head wear
   7. Head gear (excluding headbands and ties to hold back hair)
   8. Clothing displaying abdominal region or “stomach”
   9. See-through clothing
  10. Jeans
  11. Low-cut tops

F. General Considerations
   1. Each student is expected to be on their best ecological behavior in keeping locker areas, clinical facilities, and preclinical labs in order and depositing all used gowns and trash in their respective receptacles.
   2. Students will be notified to any updates or changes to the School of Dentistry Code of Professional Dress.

G. Violations of Dress Code
   Violations of the dress code by students will result in disciplinary actions as designated by the respective Academic Performance Committee. – (SPECIFICALLY – DA PROGRAM)

CODE OF CLINIC CONDUCT -
The patient care setting in any teaching facility is the place where faculty, students, support staff and patients meet for the combined purpose of patient care and education.

This CODE reflects the institution’s commitment to a respectful, caring, professional attitude by everyone involved in the provision of excellent patient care. While all personnel are responsible for the quality of care rendered to each patient, the faculty is ultimately responsible for the timely treatment and well-being of patients.

Faculty must be aware of treatment being rendered and intervene as necessary to serve the needs of patients while preserving the dignity of others. Consistent with this philosophy, the following standards shall be observed by all involved in the delivery of care:
All clinical personnel (faculty students and staff) shall observe and abide by the Patient’s Bill of Rights as adopted by the School of Dentistry.

Interactions among personnel shall be professional and respectful of everyone’s dignity. Conversations which may be judged offensive or may delay treatment, serious criticisms, or differences in opinion should be conducted in private and away from the clinical setting.
• All clinic personnel shall provide a clean, safe environment following the guidelines in the UNC School of Dentistry Clinic Protocol Manual (refer to sections on asepsis, infection control and hazard control).

• All clinic personnel involved in patient care shall identify themselves verbally and by means of nametags to ensure that patients are aware of the identity of those providing care.

• Clean and appropriate attire shall be worn in the clinical setting.

• All personnel shall be respectful of the patient’s time and comfort. The faculty has the responsibility to intervene when necessary to facilitate treatment.

### IMMUNIZATION REQUIREMENTS – UNC DENTAL ASSISTING PROGRAM

Documentation of required immunizations is a very important matter for all health care professionals and something you will be required to do throughout your career. Students at the UNC School of Dentistry are required to meet immunization requirements set by the State of North Carolina AND additional requirements established by all Health Affairs Schools, including the School of Dentistry. Your acceptance to the UNC Dental Assisting Program is contingent upon your completion of the immunization requirements and submission of the documentation by July 25, 2016. We understand that some immunizations cannot be completed by this deadline, in which case you will have until August 1, 2016. Failure to have immunizations completed by the August 1st deadline will result in suspension from the program, and you will not be re-admitted until they are complete.

### IMMUNIZATION REQUIREMENTS

The State of North Carolina immunization requirements and the School of Dentistry immunization requirements for dental assisting, dental hygiene and doctor of dental surgery students currently include:

**STATE REQUIREMENTS**

- Three DTP (diphtheria, tetanus, pertussis), Td (tetanus, diphtheria), or Tdap (tetanus, diphtheria, pertussis) doses (this fulfills the primary series requirement).
  - One Tdap booster after completion of the primary series that did not include a Tdap and then a Td vaccine every 10 years thereafter.

- Three Polio (unless greater than 18 years of age).

- Two Measles (rubeola), two Mumps, one Rubella (two MMR doses meet this requirement) or positive titers.

- Varicella vaccine series and/or a positive **quantitative** titer.
SCHOOL OF DENTISTRY REQUIREMENTS AND RECOMMENDATIONS

- Hepatitis B series (three shots) and a positive Hepatitis B antibody (HBsAb) quantitative titer. (Please make sure your physician does not order a qualitative titer.) Ideally, a titer is recommended one-to-two months after completion of the series for proof of immunity to Hepatitis B but can be checked at a later date.

- Two-step Tuberculosis Skin Test (TST) or a QuantiFERON blood test (single blood draw). A two-step TST requires the student to have two skin tests within the last year completed prior to matriculation. If the TST is positive, the student must provide documentation of a subsequent chest X-ray, additional treatments, if any, and clearance from their physician. It is recommended that the TSTs be done one-to-three weeks apart; however, if one TST was done within the past 12 months, only one more TST is needed.

Important Note:

- **Quantitative** test: a quantitative test report is a numerical value. All titers must be reported as quantitative.
- A qualitative test simply states that one is “positive or negative” for antibodies.
- If your test results are qualitative, you will be required to repeat the test(s) and report them as quantitative.

Entering students must present a certificate of immunization from a physician or local health department prior to matriculation.

The matriculating student is required to submit a certificate of immunizations to UNC Campus Health Services (CHS) by a published and specified date. Through Connect Carolina, CHS will notify students who are not in compliance with the state immunization requirements noted above. Individuals who have not met the state immunization requirements after 30 calendar days from the first date of attendance will be administratively withdrawn from the University by the University Registrar.

Documentation of the required vaccinations and requirements for all Health Affairs and Allied Health Students must be sent to Campus Health Services:

Campus Health Services  
Attn: Health Information Management  
James A. Taylor Building  
CB# 7470  
Chapel Hill, NC 27599-7470

In addition, you must send a copy to:

UNC School of Dentistry  
Attn: Foretta Davis, Clinical Affairs  
454 Brauer Hall, CB# 7450  
Chapel Hill, NC 27599-7470
Students with deficiencies in the additional immunization requirements of the School of Dentistry will be notified of the deficiencies by the UNC School of Dentistry compliance coordinator. The School of Dentistry will work with students to meet these additional requirements. The failure to comply with the School of Dentistry’s requirements after consultation with the compliance coordinator and the agreed upon resolution schedule will result in administrative withdrawal from the School of Dentistry.

**ADDITIONAL REQUIREMENTS**

Additional annual requirements include tuberculosis screening and verification of health insurance. CPR training is required on a biennial basis.

**SCHOOL OF DENTISTRY RECOMMENDATIONS**

- It is strongly recommended that each student obtain a yearly influenza vaccine.

- One of the consequences of the delivery of health care is the possibility of contracting an infectious disease such as tuberculosis, hepatitis, HIV or herpes. To minimize this risk, the School of Dentistry has adopted an Infection Control Policy that requires the wearing of a clinical overgarment, disposable gloves, a mask and protective eye covering when oral examinations and dental procedures are being performed.

For more information about the State of North Carolina requirements, please visit the following website: [http://campushealth.unc.edu/services/immunizations/required-immunizations.html](http://campushealth.unc.edu/services/immunizations/required-immunizations.html) or call 919-966-2281.

**INFECTION DISEASE STATUS**

Students engaged in patient care activities are encouraged to learn their tuberculosis, hepatitis B (HBV) and hepatitis C (HCV) status. State regulations require health care workers, including students, who perform surgical or dental procedures, or who assist in such procedures in a way that may result in an exposure of patients to their blood, and who know themselves to be infected with HIV or HBV, to report their status to the state health director. According to UNC’s Policy on HIV-Infected and HBV-Infected Employees and Students Who Are Engaged in University Patient-Care Activities ([www.unc.edu/campus/policies/hiv_hbv.html](http://www.unc.edu/campus/policies/hiv_hbv.html)): “HIV-infected or HBV-infected applicants for enrollment in the schools of medicine, dentistry, nursing and certain other fields involved in patient care may wish to evaluate their career goals. First, they may wish to consider the implications of electing a prolonged period of medical, dental, nursing, or other education, with the significant possibility that they will become disabled during training or early in their career. Second, they may wish to consider various career choices because of the hazards of their exposure to infection in certain portions of medical, dental, nursing or other patient-care fields of education and practice. Third, they may wish to evaluate career choices after recognizing that barriers to certain exposure-prone procedures and fields of specialization within medicine, dentistry, nursing, or other patient-care fields may be imposed because of possible risks of infection to patients. Fourth, they may wish to consider the financial costs of such education in light of the personal health and career uncertainties that confront them. Students may seek additional advice through the Office of Student Services of the school in question.”
Comprehensive Health Insurance

Dental assisting students need the protection of a comprehensive health insurance policy in order to manage their own healthcare needs during their education. It is particularly important to have this protection because the University cannot be responsible for any expenses or losses associated with care and treatment after exposure to infections or environmental hazards encountered during the course of dental assisting education.

Payment of the required Student Health Service fee entitles students to a variety of free and reduced fee services at the University Student Health Service. However, students should be aware that the student health fee does not cover University of North Carolina Hospital services. The University has made arrangements with Macori, Inc. to offer group health insurance coverage, including major medical benefits to enrolled single and married students, their spouses and children. This plan has been specially tailored to the needs of the student population and coordinated with the Student Health Service in ways that are generally not true of other insurance plans.

You are required, as a condition of matriculation, to purchase this or comparable coverage, and to report insurance information on the enclosed Health Insurance Verification form. We highly recommend that you purchase catastrophic coverage. A brochure describing the University of North Carolina Student Preferred Care Medical Insurance Plan will be available at orientation or you may contact Macori, Inc. (888) 622-6001 or go online at:

http://www.studentinsurance.com/Schools/NC/UNC/?CollegeID=201

If you choose not to purchase this particular plan, you must provide proof of comparable coverage at orientation. This proof must be in writing, submitted on either the Health Insurance Verification form or a letter containing the information required by the form and carrying an original signature from your agent. This written proof of insurance must name you, personally (i.e. show your name, not just that of a parent or spouse), as a current insured under the appropriate policy number.
Clinical Rotations
Fall Semester

Below is a brief description of each clinical area. INFORMATION AND MATERIALS RECEIVED IN YOUR LECTURE AND CHAPTER ASSIGNMENT MUST BE REVIEWED PRIOR TO ENTERING EACH CLINIC.

GROUP PRACTICE (3rd floor, Tarrson)

Each student will have approximately five block assignments in this area. This clinic will provide the student various operative procedures. Each student should receive numerous experiences assisting with amalgams, composites, only/inlays preparations and cementations, sealants, preventive recall appointments, fabrications of temporaries, crown and bridge preparations and cementations, fabricating and repair of removable prosthetics such as dentures and partials, as well as assisting in the mixing of several types of impression materials in this clinic, taking preliminary impressions, and charting oral conditions.

You will complete most of your clinical evaluations and dental materials evaluations in this clinical area. Please make sure to review the criteria for these evaluations.

ADVANCED EDUCATION IN GENERAL DENTISTRY - AEGD (4th Floor, Brauer)

Each student will rotate through this clinic and will receive experience working with graduate students studying advanced techniques in general dentistry. Procedures may include restorative and prosthodontic procedures.

GRADUATE OPERATIVE DENTISTRY-GRAD OPERATIVE (4th Floor, Brauer)

Each student will rotate through this clinic and will receive experience working with graduate students studying advanced techniques in general dentistry. Procedures may include restorative and prosthodontic procedures.

STERILIZATION (Basement, Tarrson)

Each student will have a required number of experiences in this setting. You will help with the preparation and distribution of contaminated instruments into the proper sterilizer and gain experience in packaging and storing instrument.

HEAD START (grad pedo clinic, 2nd floor, Brauer)

Each student will rotate through this clinic several times and receive experience in providing coronal polishing, fluoride varnish treatments and assisting with restorations on Head Start students.
Chairside Clinical Performance Checklist
Fall Semester

Student Name:______________________________________SOD#:____________

☐ Clinical Evaluations (8)
  o Avg Grade:________/  ***Any incomplete? Yes_______No________

☐ Group practice log (please total clinical completed)________________________

☐ MOM CLINIC FORM

☐ SHAC CLINIC FORM

☐ VENDOR DAY FORM

☐ DEAH DAY Form

Student: Please keep all items requested in order and check off all completed forms listed above.
Note: Your average course grade will be provided after the final exam.

Daily Clinical Performance Avg
Grade:____________________________________________________

Total Course Grade:______________/100          Letter Grade:
________________________________________

***Comments for course director________________________________________________
______________________________________________________________________________

Course Director Comments:
UNC SCHOOL OF DENTISTRY
DENTAL ASSISTING PROGRAM

DOCUMENTATION OF MOM PROJECT/SHAC CLINIC

(Name)____________________________________  (Date)______________
Participated in “____________________________________________________

Project/Clinic Hours__________________________
Location________________________________________________________

SIGNATURE_______________________________________________
(Supervisor Dentist, Faculty, Event Manager)
UNC SCHOOL OF DENTISTRY
DENTAL ASSISTING PROGRAM

DOCUMENTATION OF CONTINUING EDUCATION

(Name)_______________________________________ (Date)__________________
Participated in “______________________________________________________”, a
continuing education program.

Course Hours_____________________
Location____________________________________

SIGNATURE_________________________________________________________________
(Course Director, Faculty, Representative of Course)

UNC SCHOOL OF DENTISTRY
DENTAL ASSISTING PROGRAM

DOCUMENTATION OF CONTINUING EDUCATION

(Name)_______________________________________ (Date)__________________
Participated in “______________________________________________________”, a
continuing education program.

Course Hours_____________________
Location____________________________________

SIGNATURE_________________________________________________________________
(Course Director, Faculty, Representative of Course)
UNC Vendor Day
1 Extra Credit

Student Name: _______________________________ SOD #: __________

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<td>12. ___________________________</td>
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<td>13. ___________________________</td>
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<td>14. ___________________________</td>
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<td>15. ___________________________</td>
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<tr>
<td>16. ___________________________</td>
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</tr>
</tbody>
</table>
UNC SCHOOL OF DENTISTRY
DENTAL ASSISTING PROGRAM

DOCUMENTATION OF DEAH DAY

Name_______________________________________  Date    September 22, 2016
Volunteer Location____________________________________________________
Volunteer Hours_____________
Signature_____________________________________________________

(Site Coordinator)
EVALUATIONS TO BE COMPLETED FALL SEMESTER

Below are the procedural and materials evaluation forms that must be completed during the fall semester. A dental assisting faculty member will conduct an evaluation, at your request, in any clinic that offers the opportunity to perform the procedures listed below. Make sure that you have the correct sheet to be used by the instructor before you begin your evaluation.

IT IS YOUR RESPONSIBILITY TO KEEP UP WITH YOUR PROGRESS IN PERFORMING THE REQUIRED EVALUATIONS DURING THE FALL SEMESTER. DO NOT PROCRASTINATE! AFTER TAKING TIME TO BECOME ACQUAINTED WITH EACH CLINICAL AREA, GO AHEAD AND SCHEDULE YOUR REQUIRED EVALUATIONS.

Clinical Evaluations:

- Amalgam Procedure/
- Composite procedure
- Blood Pressure
- Coronal Polishing
- Fixed Prosthodontics Procedure

Dental Materials Evaluations:

- Alginate Impression Material
- Final Impression Material
- Permanent Cement
- Temporary Cement
FALL SEMESTER EVALUATION FORMS

CHAIRSIDE FUNCTIONS
DENTAL MATERIALS
# UNC DENTAL ASSISTING PROGRAM
## AMALGAM/COMPOSITE PROCEDURE

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punctuality</td>
<td>Reports on time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prepared for clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatory Preparation</td>
<td>Prepares operatory in accordance with infection control policies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient records available</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Armamentarium prepared and in proper place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Team Positioning</td>
<td>Patient placed in correct position</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assistant positioned correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Armamentarium accessible</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral cavity adequately illuminated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Anesthetic</td>
<td>Topical ready to apply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>Syringe correctly prepared</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Guards against sudden patient movements</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Attentive to patient during/after injection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubber Dam Application</td>
<td>Armamentarium prepared for selected tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assists in placing dam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moisture Control</td>
<td>Utilizes appropriate moisture control for procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positions HVE tip for maximum evacuation, operator visibility and function</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrumentation</td>
<td>Identifies instruments correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transfers smoothly &amp; efficiently</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exhibits knowledge of instrument usage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Materials</td>
<td>Selects appropriate material for procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manipulates material according to manufacturer</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Recognizes unacceptable mixes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedural Knowledge</td>
<td>Understands procedure sequence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Works efficiently and quickly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anticipates operator’s needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Control</td>
<td>Utilizes PPE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintains asepsis throughout the procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude &amp; Professional</td>
<td>Accepts directions, criticism well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td>Exhibits enthusiasm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accepts responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discreet in conversation, behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exhibits interest for patient’s welfare</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
**UNC DENTAL ASSISTING PROGRAM**
**TAKING AND RECORDING BLOOD PRESSURE**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies blood pressure cuff to patient’s arm:</td>
<td></td>
</tr>
<tr>
<td>Above the elbow</td>
<td></td>
</tr>
<tr>
<td>Over the brachial artery</td>
<td></td>
</tr>
<tr>
<td>Securely fastened</td>
<td></td>
</tr>
<tr>
<td>Keeps patient’s arm at heart level</td>
<td></td>
</tr>
<tr>
<td>Inflates cuff to 220mmHg</td>
<td></td>
</tr>
<tr>
<td>Slowly releases valve</td>
<td></td>
</tr>
<tr>
<td>Records correct systolic pressure</td>
<td></td>
</tr>
<tr>
<td>Records correct diastolic pressure</td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation Code:**

- (3) Excellent: Meets criteria with no supervision or assistance
- (2) Competent: Meets stated criteria, but requires moderate supervision or assistance
- (1) Acceptable: Meets stated criteria but requires considerable supervision or assistance
- (0) Unacceptable: Did not meet criteria

**Additional Comments:**
Student Name________________________ Procedure_____________________
Date_________________________ Evaluator_____________________
Points Earned_____ Total Points 15
Grade___________

**Attention:** Please evaluate the dental assisting student using the evaluation criteria below. Assign one number per boxed criteria and provide comments for the student.

**Evaluation Code:**
1. (3) Excellent: Meets criteria with no supervision or assistance
2. (2) Competent: meets stated criteria, but requires moderate supervision or assistance
3. (1) Acceptable: meets stated criteria but requires considerable supervision or assistance
4. (0) Unacceptable: did not meet criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive Attitude:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits enthusiasm, accepts responsibility, shows initiative</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professionalism:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is punctual for clinic, shows respect for the dental team, shows concern for the patient’s welfare and accepts directions/criticism well</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Instrumentation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows a basic knowledge of instruments and armamentarium, transfers smoothly and efficiently and exhibits knowledge of instrument usage</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Materials:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows basic familiarity with materials and is able to manipulate materials according to the manufacturer’s directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infection Control:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizes PPE and maintains asepsis throughout the procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Comments:**
UNC DENTAL ASSISTING PROGRAM
DENTAL MATERIALS: FINAL IMPRESSION MATERIAL

Student Name________________________ Procedure_____________________
Date_________________________ Evaluator_____________________
Points Earned______ Total Points_45
Grade____________

Evaluation Code:
(3) Excellent: Meets criteria with no supervision or assistance
(2) Competent: meets stated criteria, but requires moderate supervision or assistance
(1) Acceptable: meets stated criteria but requires considerable supervision or assistance
(0) Unacceptable: did not meet criteria

<table>
<thead>
<tr>
<th>Category</th>
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<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembles Necessary Armamentarium</td>
<td>Selects Light and heavy body cartridge Two extruders Two cartridge tips Injecting tip/COE syringe Tray with adhesive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extruder Assembly</td>
<td>Extrudes small amount of material prior to tip replacement Slides mixing tips into place on cartridges Places injecting tip onto light body cartridge tip / assembles COE syringe Assembles extruder without hesitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Material Dispensing</td>
<td>Depresses light body extruder handle until material dispenses from tip or into COE syringe and places plunger Transfers light body with tip pointing toward arch Immediately begins depressing heavy body extruder handle until almost dispensing material Positions tip into try and fills to flange while progressing around tray Transfers tray so handle can be easily grasped by operator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean-Up</td>
<td>Spray/wipe/spray extruders and does NOT remove tips</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
Student Name________________________ Procedure_____________________
Date_________________________ Evaluator_____________________
Points Earned______Total Points _39
Grade____________

Evaluation Code:
(3) Excellent: Meets criteria with no supervision or assistance
(2) Competent: meets stated criteria, but requires moderate supervision or assistance
(1) Acceptable: meets stated criteria but requires considerable supervision or assistance
(0) Unacceptable: did not meet criteria

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembles Necessary Armamentarium</td>
<td>Selects Commercial materials Mixing pad #324 cement spatula Vaseline Proportioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispensing</td>
<td>Wipes thin coat of Vaseline on outside of temporary Correctly dispenses catalyst and base/powder and liquid Prepares powder to receive liquid if mixing on untreated pad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manipulation</td>
<td>Incorporates all the catalyst into base/powder into liquid Spatulates in a steady back and forth motion using firm pressure Produces a smooth homogenous mixture in 30-45 seconds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Load and Transfer</td>
<td>Gathers cement and lines resin temporary with cement Transfers temporary in palm of hand</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
**UNC DENTAL ASSISTING PROGRAM**  
**DENTAL MATERIALS: PERMANENT CEMENT**

Student Name________________________  Procedure_____________________
Date_________________________  Evaluator_____________________
Points Earned______Total Points 42  Grade____________

Evaluation Code:
(3) Excellent: Meets criteria with no supervision or assistance  
(2) Competent: meets stated criteria, but requires moderate supervision or assistance  
(1) Acceptable: meets stated criteria but requires considerable supervision or assistance  
(0) Unacceptable: did not meet criteria

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Assembles Necessary Armamentarium | Selects  
|                            | Appropriate cement  
|                            | Correct proportioner  
|                            | Glass slab/paper mixing pad                                              |        |          |
| Dispensing                 | Appropriate amount of powder dispensed  
|                            | Powder divided into increments (if needed)  
|                            | Appropriate amount of liquid dispensed                                     |        |          |
| Manipulation               | Mixes in increments (when appropriate)  
|                            | Uses large area of mixing surface  
|                            | Utilizes spatula correctly during mixing  
|                            | Follows correct sequence of adding powder  
|                            | Test material for proper consistency  
|                            | Produces an acceptable luting agent                                         |        |          |
| Load and Transfer          | Gathers cement and completely fills casting  
|                            | Transfers casting in palm of hand                                           |        |          |

Additional Comments:
UNC DENTAL ASSISTING PROGRAM
DENTAL MATERIALS: ALGINATE IMPRESSION MATERIAL

Student Name________________________ Procedure_____________________
Date______________________________ Evaluator_____________________
Points Earned______ Total Points 63

Grade____________

Evaluation Code:
(3) Excellent: Meets criteria with no supervision or assistance
(2) Competent: meets stated criteria, but requires moderate supervision or assistance
(1) Acceptable: meets stated criteria but requires considerable supervision or assistance
(0) Unacceptable: did not meet criteria

<table>
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<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembles Necessory Armamentarium</td>
<td>Selects Flexible rubber bowl Stainless steel plaster spatula Perforated trays Alginate Water proportioner Biohazard bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispensing</td>
<td>Fluffs alginate powder in envelope Measures correct amount of water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manipulation</td>
<td>Pours water into bowl followed by powder Initially spatulates slowly to wet all powder Spatulates by holding spatula flat against side of bowl, moving back and forth, rotating bowl All powder incorporated Produces a creamy homogeneous mixture in 45 seconds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Load and Transfer</td>
<td>Loads tray quickly in one or two increments Tray filled even with flange Transfers small amount of alginate to wipe on occlusal surfaces/palate Transfers to tray handle is accessible to operator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfection and Storage</td>
<td>Rinses impression under running water Disinfects impression (spray/rinse/spray) Wraps impression in damp paper towel Stores impression in biohazard bag</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FUNCTIONS: CORONAL POLISHING

<table>
<thead>
<tr>
<th>Category / Criteria</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior to Polishing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Selects appropriate armamentarium and polishing agents for patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positioning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Operator/patient position correct for visibility and accessibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Changes position when necessary to adapt to area of mouth being treated</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Use of Mouth Mirror</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Utilizes mirror appropriately for illumination, reflection, retraction and indirect vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Handpiece Grasp</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Utilizes modified pen grasp to support handpiece</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fulcrum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Utilizes good fulcrum technique to maximize handpiece support, stability and mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Utilizes fulcrum to stabilize mouth mirror</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Technique</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Applies steady pressure on rheostat for even, slow speed, creating minimal frictional heat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adequate amount of polishing agent used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Properly replenishes rubber cup as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Uses short, overlapping strokes with intermittent pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Flexes cup to reach interproximal areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Utilizes systemic order while polishing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Removes all stain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Absence of trauma to tissues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Rinses thoroughly as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Properly evaluates stain removal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Flosses interproximal areas after polishing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments: