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DDS Clinical Policy and Procedure Manual

Purpose

The goal of the UNC School of Dentistry Clinic Manual is to provide a set of guidelines that will provide for the safe and effective practice of dentistry in an environment that is conducive to learning and that will afford a high-quality education, excellent communication and high levels of patient satisfaction.
SECTION 1  Introduction
Foreword

The UNC School of Dentistry offers a four-year doctor of dental surgery program to produce dental practitioners who are qualified to enter general dental practice, dental research, teaching, public service or postdoctoral programs, including graduate programs in various dental specialties. The UNC School of Dentistry focuses on our professional responsibility in their communities; to participate in professional activities; and to pursue a lifetime of learning to enhance their delivery of effective patient care and service to the profession.

This manual has been prepared as an administrative management guide for the students, faculty, and staff of the UNC School of Dentistry. It contains policies, procedures and guidelines by which the previously stated groups, clinical facilities and resources will be referenced and utilized to achieve professional excellence.

Students, faculty, and staff involved in routine clinical procedures provided at the UNC School of Dentistry are expected to know and adhere to the policies and procedures described in this manual.

Professionally Yours,

Darryn Weinstein, DDS, MBA, MPH
Associate Dean for Clinical Affairs
Mission

Transforming dentistry for better health

Vision

To be the global model for oral health education, in care and discovery

Values

Passionately serving:
  o Our Patients
  o Our Community
  o Our Field

Through inclusiveness and beyond excellence
SECTION 2  Patient-Centered Care—
Purpose and Philosophy
Introduction

The UNC School of Dentistry operates its predoctoral clinics under the Patient-Centered Care approach to dental education.

Definition of Patient-Centered Care

The Patient-Centered Care approach infers a system where the patient is the central focus. With Patient-Centered Care, the providers at the UNC School of Dentistry take into account not just the oral health of the patient but also their culture and values.

The patient is an integral component of the oral health team and is intimately involved in planning his or her care. There is an emphasis on the rights, responsibility and choices of the patient.

Patient-Centered Care includes educating the patient so that they will have the knowledge necessary to make informed decisions. However, this does not imply that the patient dictates the type of care to be provided. Decisions are made as a team and the provider maintains the responsibility to follow the Dental Profession and the School’s standards of care and ethical behavior.

The Patient-Centered Care approach is a system of clinical instruction and practice that permits the student dentist to be responsible for and provide or manage all aspects of a patient’s treatment needs in a manner that closely resembles the way the dentist will provide health care in private practice after graduation.

UNC SOD Progression of Learning

The principal goal of the UNC School of Dentistry’s DDS educational program is to ensure that students master the knowledge and skills required for becoming a practiced and capable dentist.

Levels of knowledge and skills acquisition increase throughout the DDS program until the student achieves competence to manage oral health in a diverse population of all ages. The DDS course of study includes biomedical, behavioral, and clinical science courses as well as patient care experiences.

These activities require increasing patient care management skills and knowledge as students engage in progressively more complex patient care experiences.

The new approach to measuring advancement toward graduation as a dentist is called the Progression of Learning. The Progression includes four levels, as shown in the diagram below.

To ensure that students are acquiring the necessary education and training, the curriculum includes assessments throughout the program. These include written and oral examinations, case reviews, self-reflection, daily assessments (critical evaluation by both student and faculty), essential preclinical, clinical learning experiences, and completion of core competencies.
For academic year 2016-2017, the faculty of the UNC School of Dentistry changed the way it defines the sequence for each student’s progress toward the goal of graduating as a competent beginner dentist.

**Preclinical Learner**

Admission to the DDS program qualifies the dental student for the initial level of the Progression. Thus, all entering dental students begin the program as a Preclinical Learner. The DDS educational program continues prerequisite knowledge through a series of integrated biomedical, behavioral, and clinical science courses and experiences.

Assessments are in place to ensure that students master critical knowledge and skill sets to progress to live patient care activities. Assessments to ensure readiness for clinical training include written and oral examinations evaluating knowledge of basic, behavioral and clinical sciences, evidence-based dentistry, standardized patient interaction, critical thinking, as well as laboratory exercises to evaluate technical skills. Satisfactory completion is necessary for students to progress to patient care activities and the next level, that of the Novice Clinician.

**Novice Clinician**

Progressing from Preclinical Learner to Novice Clinician requires completing foundational clinical experiences that build on the student’s requisite knowledge, patient management, and technical skills. These experiences include patient evaluation, communication, development of treatment plans, and the application of various surgical and non-surgical patient care approaches.

During this phase, students are closely monitored and assessed by SOD faculty and staff to ensure that they are applying their knowledge, critical thinking, and decision-making skills appropriately. In addition, students are repeatedly involved in self-assessment to ensure they understand the various aspects of clinical care.

Through continual assessment of their clinical activities and successful acquisition of the necessary foundational knowledge and clinical skill, students move to the next level of clinical training, the Prepared Clinical Learner. Advancement to this level is required for some discipline specific domains for participation in off-site rotations that typically occur during the summer between the third and fourth years of the DDS program.

**Prepared Clinical Learner**

The Prepared Clinical Learner is ready to increase and broaden his/her clinic experiences that require more advanced knowledge, patient care management skills and involve increasingly complex patient care experiences.

Dental students are granted increased patient care responsibilities and have a higher level of independence performing patient care. The Prepared Clinical Learner will be challenged by additional and broader patient care experiences, while providing treatment at the SOD or during extramural rotations.

The Prepared Clinical Learner engages in providing patient-centered oral healthcare to diverse populations. Students gain additional clinical experiences that will lead to
clinical competence as a competent beginner dentist. Each student’s clinical experiences are monitored to ensure diverse and comprehensive exposure, as well as adequate repetition of procedures, that will allow the achievement of a meaningful evaluation of the student’s competency.

Clinical competence for specific procedures will be assessed after the student has become a Prepared Clinical Learner, gained sufficient clinical experience and knowledge, as determined by their own reflection and faculty summative assessments. Overall competency to graduate and become a Competent Beginner Dentist is evaluated by a variety of critical self-reflections, assessments and evaluations. These critical reflections and assessments are completed over the entire course of a student’s dental education.

Each department has defined the stages of learning related to the essential didactic and clinical knowledge and skills for the DDS curriculum. They also have defined how students are assessed to demonstrate that they have the required knowledge and requisite skills necessary to progress through each stage of learning.

Preclinical Learner – gaining foundational knowledge of basic and clinical sciences that is necessary to understand and be able to perform patient care.

Novice Clinician – stage of learning that begins clinical care of patients. Students are expected to have a high level of supervision and teaching as they gain their early clinical experiences.

Prepared Clinical Learner – has developed a level of clinical skill through repetition of clinical experiences and assessments to show they can perform patient care with greater autonomy and efficiency than the Novice Clinician. Students will continue to enhance clinical skills through further patient encounters and the provision of total patient care to a family of patients.
Competent Beginner Dentist – The UNC DDS graduate has demonstrated that they are a competent dentist that can safely provide oral health care.

Experiences

Each discipline has designated types and numbers of experiences the student is expected to perform as they progress from a Novice Clinician to a Competent Beginner Dentist. These clinical encounters are based on giving students a variety of experiences and the repetition necessary to develop an appropriate level of clinical skill.

STAR (Student Teaching And Reflection)

This is a system designed for student reflection, formative feedback, and assessment. The students evaluate their performance in each of the domains indicated below and write a brief reflection in which they critically evaluate their performance.

Students assess and document their progression by answering the following...

- What he/she accomplished well
- What he/she identified as most challenging
- The areas and skills sets he/she need to improve
- What he/she could have done differently
- What he/she need to learn
- State alternatives that should have been considered
- What he/she would do the next time
- How did he/she feel during the clinic session
- The faculty evaluates the student’s performance and comments on the STAR assessment.

There are four domains in the STAR assessment

- Professionalism and Preparedness
- Clinical Skills and Technical
- Critical Thinking and Judgment
- Patient Management and Communication

Pre-Independent Assessment

Following the basic experiences, the first assessment step for most clinical skills is the Pre-Independent Assessment. This experience and assessment is meant to allow the students to demonstrate they have the skills and knowledge in each of the domains for the procedure or activity. The assessment also allows the students to demonstrate they are ready to move forward and will be able to complete with success, the independent assessment.

Independent Assessment

The student flies solo on this experience, and able to demonstrate he/she is capable of completing the procedure or activity at an appropriate, safe, and competent level without the help of a faculty member.
SECTION 3  Professionalism and Ethical Behavior
Introduction

The dental profession is governed by high ethical values and principles, by state and federal laws. Therefore, a UNC School of Dentistry student must have the capacity to learn and understand these values and laws and to perform within their guidelines. The student should be able to relate to colleagues, faculty, staff and patients with honesty, integrity, non-discrimination, self-sacrifice and dedication.


Professional Standards

The documents found by clicking on the links below describe the professional standards and guidelines observed by members of individual departments, which include but not limited to policies used to govern the participants of the University and School of Dentistry’s educational programs.

ADA Principles of Ethics and Code of Professional Behavior

American Student Dental Association Ethics and Policies
http://www.asdanet.org/codeofethics.aspx

American College of Dentists – Ethics Handbook for Dentists

Carolina Undergraduate Bulletin 2014-2015 Record
https://www.unc.edu/ungradbulletin/

UNC School of Dentistry, General Academic Policies & Procedures Manual
https://www.dentistry.unc.edu/experience/policies/#general

https://www.dentistry.unc.edu/experience/policies/#dds

Graduate School Handbook
https://handbook.unc.edu

UNC Hospitals, Graduate Medical Education Policies
https://www.uncmedicalcenter.org/uncmc/professional-education-service/office-of-graduate-medical-education/gme-policies/

UNC School of Medicine, Policies and Guidelines
https://www.med.unc.edu/www/about/administration/policies

Dental Hygiene Clinical Manual

Dental Assistant Clinic Manual
Professionalism for Student Dentists

All students attending the UNC School of Dentistry, regardless of educational program, are expected to comport themselves in a professional fashion. The rules that define this behavior are listed in four documents:

- UNC Honor Code https://studentconduct.unc.edu/
- School of Dentistry Code of Professional Conduct - Appendix II
- School of Dentistry Technical Standards - Appendix I
- Program specific manuals located at the site below, on Sakai, or distributed as hard copies: https://www.dentistry.unc.edu/experience/policies/

Code of Conduct for Students

Purpose

To be active participants of the University and the School of Dentistry communities.

Student Responsibilities

Students are expected to fulfill the following responsibilities:

- Treat fellow students, staff, faculty and patients with respect and exhibit behavior appropriate for a dental professional
- Know and comply with all program (for ADE students, this includes General Medical Education policies), School, University and course policies, rules, regulations and requirements
- Seek clarification of policies, rules, regulations and requirements if they are unclear
- Be aware at all times of their academic standing and initiate timely action to clarify grades or student progress decisions
- Immediately inform the Office of Academic Affairs or the respective program administrators of personal circumstances likely to affect academic performance and patient care activities.
- Early reporting of such circumstances permits administrators and faculty members to offer assistance and resources that may aid in the improvement of academic performance. Attempting to use such circumstances after the fact to excuse poor academic performance usually allows no recourse
- Attend all scheduled classes, laboratories, and clinical appointments
- Be present for all examinations when scheduled
- Adhere to the UNC School of Dentistry Code of Professional Conduct located in Appendix II
- Adhere to the Code of Clinical Behavior referred to in the Patient Management Manual located on the DENT CLINICALS page of Sakai (Link to Sakai: https://sakai.unc.edu/portal)
- Understand and comply with the Honor Code of UNC-CH located at: http://studentconduct.unc.edu/
Every student at the University of North Carolina at Chapel Hill has the responsibility to obey and support enforcement of the Honor Code. Specific information about the Honor Code can be found by clicking on the link below:

https://studentconduct.unc.edu/students/honor-system-module

**Code of Conduct for Faculty and Staff**

To present as appropriate role models and create an environment conducive to learning and the delivery of proper patient care

**Faculty and Staff Responsibilities**

Faculty and Staff are expected to fulfill the following applicable responsibilities:

- Conduct themselves in a professional manner. Display behaviors exemplifying a dental professional as defined in the UNC Code of Professional Conduct.
- Treat students, colleagues and patients with appropriate respect.
- Understand and comply with all University policies ([http://policies.unc.edu](http://policies.unc.edu))
- Stimulate independent thinking and afford students a significant degree of independent judgment through didactic and clinical teaching.
- Ensure a varied clinical experience through diagnosis and treatment planning tailored to the individual patient. Faculty will assist students in gaining an appreciation for adaptability to individual circumstance, acceptance of cultural diversity, application of the behavioral sciences in patient management, and recognition of the unique needs of certain patient populations.
- Ensure continuity of care for patients and continuity of experience for students. Faculty should discuss patient evaluation, treatment planning, management, complications and outcomes of cases with the students.
- Reinforce principles of basic science and promote the consideration of evidence-based data to guide the resident in clinical problem-solving.
- Promote collaboration between all health care providers treating the patient.
- Manage clinical situations based on the best practices of general evidence-based clinical care.
- Provide students with the most contemporary dental education possible.
- Provide students with a current syllabus at the beginning of their courses. The syllabus will provide evaluation criteria and attendance policies.
- Assist students in developing the knowledge, skills and values necessary for the delivery of excellent oral health care beyond graduation.
- Adhere to the Code of Clinical Behavior referred to in the Patient Management Manual located on Sakai.
Violations of Professionalism

Violations of the standards of professional behavior in clinical settings, of which the members of the University should be acutely aware include, but are not limited to, the following:

Falsification of clinic records and documents

Definition: Inaccurately representing facts in relating to the oral condition, compliance, treatment, instructor evaluation, or financial transactions of patients in patient’s records, clinic documents, or departmental documents and evaluation records.

Failure to comply

Definition: Failure to maintain an acceptable level of infection control in assigned operatory or laboratory facilities; failure to implement recommended engineering and work practice controls during the performance of dental and laboratory procedures; failure to participate in required certification training programs, such as cardiopulmonary resuscitation (CPR) and Occupational Safety and Health Administration (OSHA) training; failure to provide a record of blood borne pathogens exposures; failure to comply with immunization requirements of the University, Centers for Disease Control (CDC), or relevant regulatory agency.

Verbally or physically threatening behavior

Definition: Use of profanity, threat of physical harm, verbal intimidation, statements or acts which create a hostile environment for others; unwanted physical contact or harm to others.

Damage or theft of property

Definition: Unauthorized use or retention of precious metals; irreversible damage or changes to dental operatories or lab units (i.e., use of nails, screws, permanent adhesives in dental units or casework); damage to dental equipment caused by inappropriate use of dental materials (i.e., placing plaster or acrylic in lock mechanism of doors or cabinets or dumping of gypsum materials in sinks); unauthorized removal of clinical equipment or materials; ‘borrowing’ of equipment or materials from other students without their permission or knowledge; removal of patient records, models, radiographs or related documents from the building; unauthorized use of University services, including telephones, computer hardware, software, and network facilities; violation of computer password policies; etc.

Abandonment, delay or neglect

Definition: Failure to provide timely and continuous treatment to patients; failure to keep a patient appointment; failure to notify appropriate individuals (instructors, supervisors, or administration) of planned or unexpected absences from the clinic; failure to follow an approved patient treatment plan to completion or to arrange for timely transfer.

Practicing dentistry without a license

Definition: Any performance of activities described or defined in the state dental practice act as constituting the practice of dentistry without either having a valid dental
license in the State of North Carolina or being under the direct supervision of a licensed
member of the faculty; failure to provide documentation of faculty supervision through
electronic signatures in patient record; providing a diagnosis or treatment to any
individual who is not an officially registered patient of record.

Providing false or misleading information

Definition: Unauthorized use of signatures, stamps, seals, or other official
certifications; misrepresenting patient interests or desires or availability for treatment;
unauthorized use of prescriptions or official requests for medications, laboratory
services, etc.

Discrimination or refusal to treat an assigned patient

Definition: Refusal to treat a patient because s/he may have an infectious disease (i.e.
HIV) or because of race, religion, etc.

Failure to observe guidelines for professional appearance

Definition: Appearing in any clinic or lab area in apparel which is listed in the DDS
Academic Policy and Procedure manual and/or in the Infection Control Manual as
unacceptable, including items such as shorts, sandals, caps/hats, sweats, leggings, and
mini-skirts.

Drugs and/or alcohol

Definition: Behavior, appearance, or condition is consistent with use of drugs or alcohol,
i.e., smell of alcohol on breath, slurring of speech, lack of self-control, inability to safely
handle instruments and equipment.

Violation of patient confidentiality

Definition: Discussion or publication of a patient’s personal information with any
individual not directly involved in the patient’s care. i.e. One may discuss the care of a
patient with the attending instructor. Personal information may not be released to
other individuals without the direct written approval of the patient.

Personal information includes, but is not limited to, facts regarding the patient’s:

- Name
- Photographs (Full face and any comparable images)
- Radiographs
- Personal information
- Health information
- Course of care or any other PHI on personal social media platforms
- All geographical subdivisions smaller than a state
- All elements of dates (except year) for dates directly related to an individual,
including birth date, admission/discharge dates, date of death; and for persons
over eighty-nine years of age all dates including year
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
• Medical record numbers
• Health plan beneficiary numbers
• Account numbers
• Certificate/license numbers
• Vehicle identifiers (Serial numbers and license plates)
• Device identifiers and serial numbers
• Web Universal Resource Locators (URLS)
• Internet Protocol (IP) address numbers
• Biometric identifiers, including finger and voice prints

Any other unique identifying number, characteristic, or code except for secure re-identification or data matching codes that are not derived from information about the individual.

**Patient Confidentiality and Social Media**

Use of social media by the School of Dentistry community must comply, without exception, with all School of Dentistry and UNC policies and guidelines, and with state and federal laws regarding the confidentiality of patient information, including the Health Insurance Portability and Accountability Act (HIPAA).

The School of Dentistry community should never release protected health information (PHI) on social media platforms without HIPAA-compliant written authorization from the patient or the patient’s legal guardian.

Any such PHI that is to be used for School of Dentistry social media platforms, TV, radio or other media must only be done pursuant to a HIPAA compliant authorization for the specific use or disclosure. These authorizations cannot be combined with or into any other form.

For additional information about HIPAA, visit the website below:

https://www.dentistry.unc.edu/experience/policies/hipaa/

**Personal Appearance**

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 School of Dentistry faculty, staff and students during class, clinic and patient care hours, Monday through Friday 8:00 a.m. until 5:00 p.m., unless otherwise notified. Infection control as it pertains to labs is required at all times, including after hours.

The dress code guidelines will be enforced within the school during class and patient care hours. The dress code also serves as a guide of how to dress when engaged in dental school activities outside of 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. Click the link below to go to the dress code online:


Student Professionalism Committee

Purpose

Act as an advisory body to the Dean of the School of Dentistry in the following domains:

- Review of policies and procedures related to conduct and professionalism of all students at the SOD
- Review and respond to investigative findings brought forward by the University HIPAA Privacy/Security Officers, School of Dentistry HIPAA Security and Privacy officers, Office of Academic Affairs, Office of Clinical Affairs, or other University offices regarding violations of existing School of Dentistry professionalism and conduct policies
- Propose sanctions for conduct and professionalism violations for matters that fall outside of relevant University, School of Dentistry, or departmental policies and procedures related to student conduct and professionalism

Membership

The Professionalism Committee shall consist of:

Five voting members including the Chair. The Chair of the Professionalism Committee shall be selected by and from the voting members; he/she shall have completed at least two years of service on the committee and when selected shall serve as Chair for one year.

Four ex officio non-voting members: Chair of the Faculty, President of the UNC SOD SPEA (Student Professionalism and Ethics Association) chapter, Associate Dean for Education, and Associate Dean for Clinical Affairs

Relevant temporary guests: The Committee may request the presence of individuals during portions of meetings who may contribute to specific cases being considered. (These guests will attend only the relevant parts of the meetings where their factual information is requested and will agree to the same level of respect and confidentiality that the Committee maintains.)

Appointments

Appointments of the voting members to the Professionalism Committee shall be made by the Dean and shall be representative of the curriculum and education programs housed within the School of Dentistry. The Chair of the Faculty and President of SPEA will serve one-year terms.
Duties and Responsibilities

The Professionalism Committee does not perform investigatory functions beyond those required to apply the appropriate University, School of Dentistry and/or departmental policies and procedures to a student’s conduct and matters of professionalism. The Professionalism Committee shall demonstrate consistency in recommendations regarding matters of student conduct and professionalism.

The Professionalism Committee serves as a consulting body to the Dean for disciplinary issues regarding a student’s professional behavior. The committee will advise the Dean regarding its assessment of the student’s conduct and professionalism with regards to specific matters and offer recommendations for disciplinary action that are defined in relevant University, School of Dentistry and/or departmental policies and procedures.

If matters fall outside of relevant University, School of Dentistry or Departmental policies, the Professionalism Committee will consult with appropriate University or School of Dentistry officials. The Committee may consider appeals of committee decisions, but appeals must be based on the three established School of Dentistry criteria:

- Arbitrariness
- Bias
- Clerical error

Student conduct and professionalism matters are confidential and disclosure is limited to those with a need to know, in order to carry out a thorough, competent, and objective proceeding.

Meetings

The Professionalism Committee shall hold meetings during the academic year as needed to address matters of student conduct. Meetings shall be called by the Chair of the Professionalism Committee or by the Dean. Notice of the meetings shall be given to the members of the Professionalism Committee at least 24 hours prior to the meeting. A minimum of than three voting members of the Professionalism Committee must be present to conduct business. The Office of Academic Affairs will provide staff support for note-taking and preparation of minutes.

Terms of Office

The Term of Office for the voting members of the Professionalism Committee shall be three years. With the exception of the Associate Dean for Education, and Associate Dean for Clinical Affairs, Chair of the Faculty, and President of the Spurgeon Dental Society, one of the voting members shall be replaced annually. Members shall not succeed themselves immediately. terms shall begin July 1 and expire June 30 of each year.
Student Judicial Governance

If a student’s alleged conduct constitutes an offense according to the UNC Instrument of Student Judicial Governance, the matter must be referred to the Graduate Student Attorney General. If the performance review committee had cause for concern, or it was determined by the Dean’s professional judgement that the alleged conduct...

- is proven to be true
- would constitute a disruption of the academic process
- would pose a risk to patient care or safety
- would pose a threat to the welfare of the School in any form or fashion

The respective performance review committee or the Dean may suspend the student from class or patient contact while the case is being addressed by the Honor Court.

If upon review of the matter, the Attorney General determines that the alleged conduct was not an offense under the Instrument of Student Judicial Governance, but the alleged conduct calls into question the student’s professional fitness for any program in the UNC School of Dentistry, the respective performance review committee may address the conduct under this policy.

If the Honor Court finds the student responsible for the offense charged, and the conduct or cause of concern, calls into question the student’s professional fitness for any program in the UNC School of Dentistry, the respective performance review committee may review the conduct under this policy.

If the Honor Court finds the student not responsible for the offense charged, or if a ruling against the student is reversed on appeal, normally the respective performance review committee may not consider the matter further. However, in certain circumstances, where the student has admitted conduct in connection with the case that calls into question the student’s professional fitness for any program in the UNC School of Dentistry, the respective performance review committee may address the conduct under this policy.


Procedures for Reporting Code Violations

The procedures for handling Honor Code violations are detailed in the Instrument of Student Judicial Governance, available in the Office of the Dean of Students or at the website below:


Violations of the Honor Code are reported directly by the administrator, faculty member or student with information regarding the alleged violation to the Graduate Student Attorney General, the Assistant Dean for Student Affairs in the School of Dentistry, or the Office of Student Conduct in the Division of Student Affairs on campus.
If a member of the University community suspects a violation of the Honor Code has occurred, he or she is encouraged to speak with the student to provide the opportunity for the student to explain the behavior. If the student does not provide a satisfactory explanation for his or her conduct, the witness to the conduct should report the matter to the Honor System Office or the Office of Student Conduct.

Any student involved should promptly notify the Director of Academic Affairs for DDS Students. The notification should be made in writing for the following:

- any criminal charge
- disposition of a criminal charge
- any school, college, or university disciplinary action
- any type of military discharge other than an honorable discharge

If any of the above situations occur any time after submission of the responses to the campus safety questions, prior to matriculation or during enrollment as a student in one of the School of Dentistry’s programs, the Director must be notified. Failure to provide written notification will be grounds to deny or withdraw admission, or will be grounds for dismissal after enrollment.
SECTION 4  Standards of Care and Continuous Quality Improvement
Standards and Measures

The UNC School of Dentistry has reviewed and approved eight standards of care that describe the desired environment and level of care (performance) that all faculty, staff, and students within the School of Dentistry’s educational clinics should strive to achieve. Our goal is to promote access to care for the population of North Carolina, within the scope of our educational programs and resources. These standards are guidelines for patients accepted for care and not intended to be all inclusive or inflexible.

The standards are intended to provide overall direction for the core values that individuals should possess in a dental care environment, but do not replace clinical evaluations established by individual educational programs, e.g. Graduate, Predoctoral, Dental Hygiene, and Dental Assisting located within the School of Dentistry.

These standards are part of the regular Continuing Quality Improvement process with indicated modifications and revisions operationalized as appropriate. These standards exist within the parameters of applicable law and ethical principles. These standards do not constitute a guarantee of any particular patient outcome.

Standards for Patient Care

Section: 1 Patient Rights

Patients will be informed of their rights and responsibilities. In addition, patients will be treated in a humane and professional manner.

Section: 2 Patient Dental Records

A dental record that documents all diagnostic and therapeutic actions as well as significant communication related to patient care will be established and maintained.

Section: 3 Examination and Diagnosis

Patients accepted for care at the School of Dentistry will receive the appropriate examination designed to arrive at a diagnosis.

Section: 4 Radiology

The School of Dentistry will use diagnostic radiation in a safe and judicious manner as recommended by the ADA and American Academy of Oral and Maxillofacial Radiology (AAOMR), as applicable, and within state and federal regulations.

Section: 5 Treatment Plans

Based upon the results of examination and diagnosis, a treatment plan will be formulated so that patients may receive treatment appropriate to meet their needs.
Section: 6 Medical and Dental Emergencies
The School of Dentistry will respond to medical and dental emergencies in an appropriate manner.

Section: 7 Quality of Care
Based upon the results of the diagnoses, patients will receive quality care to promote comfort, function, health, and esthetics, with such care rendered in a timely manner.

Section: 8 Environment
Patient care will be provided in a patient-centered environment. The patient care environment will be maintained in a safe manner.

Continuous Quality Improvement
The Dean of the UNC School of Dentistry has the ultimate responsibility for the quality of patient care rendered in the School. The day to day authority and accountability for quality patient care is delegated to the Associate Dean of Clinical Affairs and the clinical faculty.

Quality Assurance Committee
The Quality Assurance Committee (QAC) is responsible for regularly assessing the quality of care delivered in the UNC patient clinics (i.e. Graduate, Predoctoral, and Undergraduate). The Associate Dean for Clinical Affairs will produce and collect quality assurance data and report regularly to the QAC. The Quality Assurance Committee may also request data from other committees or groups.

The quality assurance plan is administered under the authority of the Quality Assurance Committee, which is a standing committee within the School. The Quality Assurance Committee is charged to continually assess, evaluate, and apply corrective measures regarding the quality of patient care rendered within the School of Dentistry. The membership of the committee is representative of faculty and students throughout the school.

The Quality Assurance Committee meets monthly to review patient care data, update quality assurance assessment tools, make recommendations for quality improvement and corrective actions. The Office of Clinical Affairs collects quality assurance data and reports regularly to the Quality Assurance Committee.

Through the measurement of selected indicators, the committee compares the results to established benchmarks, identifies areas needing improvement and makes recommendations to correct any deficiencies. These findings and recommendations of corrective action are presented to the Associate Dean of Clinical Affairs.

The action plan is implemented, data reassessed, and comparisons made to the identified benchmark. This cycle continues until the desired benchmark level is achieved. Indicators are continually monitored to insure the desired outcomes continue.
to meet or exceed the defined benchmarks. The Continuous Quality Improvement (CQI) flow chart depicts this cyclical process.

*Continuous Quality Improvement Cyclical Process*

Standards for Patient Care and Outcome Indicators

**PATIENT RIGHTS**

Patients will be informed of their rights and responsibilities. In addition, patients will be treated in a humane and professional manner.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcomes Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Receipt of Patient’s Bill of Rights document by patients (caregivers) noted by patient (caregiver) signature.</td>
</tr>
<tr>
<td>1.2</td>
<td>Students, faculty, and staff treat patients in a caring (humanistic) manner</td>
</tr>
<tr>
<td>1.3</td>
<td>Patients receive a Notice of Privacy Practices.</td>
</tr>
</tbody>
</table>
PATIENT DENTAL RECORDS

A dental record that documents all diagnostic and therapeutic actions as well as significant communication related to patient care will be established and maintained.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcomes Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Patient has signed a treatment consent forms.</td>
</tr>
<tr>
<td>2.2</td>
<td>Provider signature on all progress notes, and forms</td>
</tr>
<tr>
<td>2.3</td>
<td>Supervising faculty (when required) signature on all progress notes, and forms</td>
</tr>
<tr>
<td>2.4</td>
<td>Patient’s in active treatment have had their medical history updated in last six months.</td>
</tr>
</tbody>
</table>

EXAMINATION AND DIAGNOSIS

Patients accepted for care at the School of Dentistry will receive the appropriate examination designed to arrive at a diagnosis.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcomes Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>New patients accepted for comprehensive care receive a clinical examination within their first 3 visits</td>
</tr>
<tr>
<td>3.2</td>
<td>New patients accepted for comprehensive care received a radiographic exam.</td>
</tr>
</tbody>
</table>

RADIOLOGY

The School of Dentistry will use diagnostic radiation in a safe and judicious manner as recommended by the ADA and AAOMR, as applicable, and within the State and Federal Regulations.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcomes Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>The radiology facilities within the SOD meet the state and university regulations for the safe use of ionizing radiation</td>
</tr>
<tr>
<td>4.2</td>
<td>In the radiology clinic, patient protective equipment is utilized in the acquisition of dental radiographs</td>
</tr>
<tr>
<td>4.3</td>
<td>All students have read the policy on the use of ionizing radiation prior to providing radiographic exposures to patients.</td>
</tr>
</tbody>
</table>
TREATMENT PLANS

Based upon the results of examination and diagnosis, a treatment plan will be formulated so that patients may receive treatment which is appropriate to meet their needs.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcomes Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Oral health providers explained the treatment options.</td>
</tr>
<tr>
<td>5.2</td>
<td>The chief complaint was addressed</td>
</tr>
<tr>
<td>5.3</td>
<td>Comprehensive care patients, under active care, had a treatment plan in EPR that was signed by the patient and the provider.</td>
</tr>
</tbody>
</table>

MEDICAL AND DENTAL EMERGENCY

The School of Dentistry will respond to medical and dental emergencies in an appropriate manner.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcomes Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>All active providers (Faculty, staff, and students) maintain Basic Life Support certification.</td>
</tr>
<tr>
<td>6.2</td>
<td>AED units are maintained</td>
</tr>
<tr>
<td>6.3</td>
<td>Emergency crash carts maintained with all required supplies and non-expired medications</td>
</tr>
<tr>
<td>6.4</td>
<td>Patients with dental emergencies were able to promptly reach a member of the school of dentistry regarding their concern.</td>
</tr>
</tbody>
</table>

QUALITY OF CARE

Based upon the results of the diagnoses, patients will receive quality care to promote satisfaction, function, health, and esthetics, with such care rendered in a timely manner.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcomes Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Care was provided in a timely manner</td>
</tr>
<tr>
<td>7.2</td>
<td>The annual procedure re-do rate is maintained below a reasonable percentage.</td>
</tr>
<tr>
<td>7.3</td>
<td>Active patients are satisfied with their care</td>
</tr>
</tbody>
</table>
ENVIRONMENT

Patient care will be provided in a patient centered environment. The patient care environment will be maintained in a safe manner.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcomes Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Infection control policies and procedures are followed.</td>
</tr>
<tr>
<td>8.2</td>
<td>Active providers compliant with annual HIPAA training.</td>
</tr>
<tr>
<td>8.3</td>
<td>Dental Unit Waterlines are maintained at under 500 CFU</td>
</tr>
</tbody>
</table>
SECTION 5  Risk Management
Introduction
The UNC School of Dentistry has a strong and abiding commitment to ensure that its affairs are conducted in accordance with standards of professionalism and all applicable laws, rules, and regulations.

Risk Management-Compliance Policies and Procedures

Purpose
The purpose of the Risk Management-Compliance policies and procedures is to promote good School of Dentistry citizenship through the education of administrators, coordinators, employees, and students concerning legal and ethical standards as well as the risks of non-compliant business practices. The compliance policies and procedures are designed to prevent misconduct, but also for early detection and redress of violations.

To provide guidance to dentists and other health care professionals, the School of Dentistry Risk Manager reviews existing policies and procedures, revises those policies and procedures as necessary, and develops any additional policies and procedures that are deemed advisable to maintain compliance with all applicable laws and regulations.

The UNC School of Dentistry’s risk management policies and procedures are designed to:

- Identify, classify, and evaluate risks to patients, employees, students, faculty, visitors and to UNC as an institution.
- Measure the potential frequency and severity of risks.
- Initiate actions to eliminate or minimize risks.

A critical focus of any compliance policies and procedures for academic health care providers relates to professional fee reimbursement. Compliance in this area is challenging due to complex and changing regulatory requirements governing such reimbursement.

The School of Dentistry is committed to conducting business in a manner that facilitates quality, efficiency, honesty, integrity, respect, and full compliance with all applicable laws and regulations. In order to meet this commitment, only those eligible professional services shall be billed to third party payers and patients. All billing to patients and third party payers shall accurately reflect the services provided, and all professional services provided for patients shall be properly documented.

The design of risk management policy and procedure described herein covers the risks associated with the delivery of professional dental care as well as the business aspects that support the dental care activities.
Definitions

Risk is defined as any situation, procedure or person which has the potential of directly or indirectly causes personal injury to patients, employees, students or visitors.

Risk Management is the avoidance and control of exposure to predicted risks and the minimization of malpractice claims loss.

Conduct

The School of Dentistry has a strong and abiding commitment to ensure that its affairs are conducted in accordance with applicable law. The basic principles of conduct, as described in the Clinic Manual section on Professionalism and Ethical Behavior, provides the guidance for our decisions and actions as members of the University of North Carolina community and shall be integral to the operation of the School of Dentistry and the activities in the community.

Potential Risk Areas

While it is important to recognize the overall positive effects of a compliance program and the need to orient all personnel, there are several areas that are susceptible to potential compliance risk. These areas include false claims and statements, patient care, and Stark Law infringements regarding potential kickback issues with providers. Leadership at both the administrative and provider level must understand and remain compliant in these areas.

A. Topics under False Claims, False Statements include but are not limited to:
   - Billing for items or services not actually rendered (services must be documented)
   - Billing for medically unnecessary services
   - Up-coding/Down-coding
   - Duplicate billing
   - False Cost Reports
   - Lack of integrity in computer systems
   - Failure to maintain records' confidentiality

B. Patient Care
   - Patient's freedom of choice
   - Improper patient dismissal
   - Failure to provide care in a timely manner

C. Other
   - Incentives violating anti-kickback statute
   - Stark Law
   - Tax-exemption laws, as applicable
   - FTC Red Flag Rule violations (Identity theft)
Preventing Individuals Involved in Illegal or Unethical Activities from Exercising Discretionary Authority

The School of Dentistry will not permit individuals previously involved in certain illegal or unethical activities to exercise discretionary authority. The School of Dentistry requires background checks for all potential students and employees. No individual who has engaged in illegal or unethical behavior and/or who has been convicted of crimes related to the provision of health care services or products (including billing services) will occupy a position within the School of Dentistry that involves the exercise of discretionary authority.

All prospective UNC School of Dentistry students and employees (and all non-employed UNC personnel) must disclose whether they have changed their names and whether they have ever been convicted of a crime, including, without limitation, a crime related to the provision of health care services or products.

The UNC School of Dentistry will remove any person in a position of authority where there is clear evidence that the person is not willing to comply with the compliance policies and procedures.

Effective Training and Education Programs

Education and training of administrators, coordinators, supervisors, employees, student dentists and other health care professionals and the continual retraining of current personnel at all levels, are significant elements of an effective compliance program. The School of Dentistry’s Director of Risk Management shall ensure that there is an awareness of new and/or changes in policies, rules, and regulations among existing employees and students and that introduces new personnel and students to the same.

Education and training programs will be provided for all students, employees and supervisory staff. Attendance is mandatory and will be documented. Anyone who does not attend the original sessions and/or the make-up sessions will be subject to disciplinary action.

Developing Effective Lines of Communication

Access to the School of Dentistry Director of Risk Management

An open line of communication between the Director of Risk Management and School of Dentistry personnel is important to the successful implementation of a compliance program and to the reduction of any potential for fraud, abuse and waste. Communication will include training programs, as well as other forms of information exchange to maintain an open line of communication.

Enforcing Standards Through Disciplinary Guidelines

Disciplinary Action

The goal of the risk management policies and procedures is to detect and promptly correct inappropriate activity. Attempts should always be made to discuss and resolve
issues in cooperation with the persons involved. Disciplinary action shall be designed to ensure that the specific issue is addressed and that similar problems do not occur in other areas. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance or competence concerns, the corrective action plan should identify actions that will be taken to prevent such individuals from exercising substantial discretion in regard to that compliance area.

Employee sanctions/discipline should follow guidelines set out by the UNC Office of Human Resources. Students should be disciplined following the process outlined in the Academic Policies and Procedures Manual.

New Employee Policy

As part of the pre-employment process, the School of Dentistry conducts reasonable and prudent background investigation, including reference checks on all employees.

New Student Policy

As part of the pre-matriculation process, the School of Dentistry conducts reasonable and prudent background investigation on all UNC SOD candidates.

New Regulatory and Legal developments

One of the critical predicates upon which the risk management policies and procedures are built is that they will continue to adjust to new regulatory and legal developments, as well as to implement corrective action in response to demonstrated misconduct. It is the responsibility of the SOD Risk Manager to be continually aware of these regulatory and legal developments and to disseminate this information to appropriate personnel for their action.

Responding to Detected Offenses and Developing Corrective Action Initiatives

Violations and Investigation

When there is reasonable cause to believe that there has been a violation of School of Dentistry’s risk management policies and procedures, failure to comply with applicable federal or state law, or any other type of misconduct, a prompt and confidential investigation will be initiated.

A record of investigations will be initiated and will contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and the documents reviewed, the results of the investigation, any disciplinary action taken, and the corrective action that was implemented. Investigation reports will be maintained by the School of Dentistry Risk Manager.

Employee Training, Licensing and Certification

Policies are in place to ensure that patient care is conducted in a manner that will promote adherence to professional guidelines, prevent misconduct, minimize risks and prevent harm. Prior to obtaining clinical privileges, employees must pass prerequisite
training and present specific certifications and licensure documents per employment requirements.

The table below lists required subject matter areas, related certifications, documentation and frequency of updates, as well as the location and authority for verification of compliance with these requirements.

<table>
<thead>
<tr>
<th>Documentation Required</th>
<th>Frequency for Provision of Documentation After Initial Hire</th>
<th>Individual Responsible for Providing Documentation</th>
<th>Location of Verification Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Certification</td>
<td>Varies Per Specialty</td>
<td>Certified Provider</td>
<td>Compliance – Office of Clinical Affairs</td>
</tr>
<tr>
<td>State Licensure</td>
<td>Annually</td>
<td>Licensed Provider</td>
<td>Compliance – Office of Clinical Affairs/HR</td>
</tr>
<tr>
<td>DEA Licensure</td>
<td>Varies</td>
<td>Licensed Provider</td>
<td>Compliance – Office of Clinical Affairs/HR</td>
</tr>
<tr>
<td>Blood Borne Pathogens Training/SOD Medical Emergency</td>
<td>Annually</td>
<td>Healthcare Providers, Faculty and Staff in all Clinics</td>
<td>Compliance – Office of Clinical Affairs, Employee Health</td>
</tr>
<tr>
<td>TB Skin Test, or Chest X-ray</td>
<td>2-Step–Once Annually review</td>
<td>All Personnel</td>
<td>Compliance – Office of Clinical Affairs, Employee Health</td>
</tr>
<tr>
<td>Medical liability insurance</td>
<td>Annually</td>
<td>Licensed Healthcare Providers</td>
<td>Compliance–Office of Clinical Affairs</td>
</tr>
<tr>
<td>Hospital Privileges</td>
<td>Annually</td>
<td>Licensed Healthcare Providers</td>
<td>Compliance–Office of Clinical Affairs</td>
</tr>
<tr>
<td>CAQH Certification</td>
<td>Varies</td>
<td>Healthcare Providers Contracted with Health Insurances</td>
<td>Per Department</td>
</tr>
<tr>
<td>FERPA</td>
<td>Once</td>
<td>Faculty and Staff that access student records</td>
<td>Compliance–Office of Registrar and Office of Clinical Affairs</td>
</tr>
<tr>
<td>Security Awareness</td>
<td>Annually</td>
<td>All Personnel</td>
<td>Compliance–OCIS/Office of Clinical Affairs</td>
</tr>
<tr>
<td>Workplace Health and Safety</td>
<td>Once</td>
<td>All Personnel</td>
<td>Compliance–Office of Clinical Affairs, Employee Health</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Annually</td>
<td>All Personnel</td>
<td>Compliance–OCIS/Office of Clinical Affairs</td>
</tr>
<tr>
<td>TB/Infection Control</td>
<td>Annually</td>
<td>All Personnel</td>
<td>Compliance–Office of Clinical Affairs, Employee Health</td>
</tr>
<tr>
<td>Human Resources Training</td>
<td>Once</td>
<td>All Personnel</td>
<td>Office of Human Resources</td>
</tr>
<tr>
<td>BLS (CPR) Certification</td>
<td>Biennially</td>
<td>Healthcare Providers</td>
<td>Compliance–Office of Clinical Affairs</td>
</tr>
</tbody>
</table>
Sensitive Information Protection Policy

The University of North Carolina at Chapel Hill School of Dentistry, during the course of carrying out its academic, research and clinical missions, collects a wide and deep variety of information. Such information includes, but is not limited to, financial, academic, medical/dental, human resources and other forms of personally sensitive data. Federal and State laws have been enacted to protect the confidentiality, integrity and availability of such information relating to faculty, staff, students, patients and research subjects. Further, certain contractual agreements between the School and vendors mandate appropriate levels of safeguarding such information.

Please see the Sensitive Information Protection Policy on the UNC School of Dentistry web site at:


Clinic Privileges

Dental Faculty Licensing

The laws and rules of the State of North Carolina dictate the necessity for UNC School of Dentistry faculty who are practicing dentistry/dental hygiene and/or supervising students in the practice of dentistry/dental hygiene to possess active North Carolina Dental Licenses, North Carolina Instructor’s License, or a Carolina Dental Hygiene Licenses.

Copies of licenses, as individually appropriate, must be on file in the UNC School of Dentistry Human Resources department and/or the Department Office:

1. Before or on the start date of any new dental faculty.
2. Any new license/permit for current dental faculty that expands that faculty’s duties, ex. conscious sedation permit, specialty, etc.
3. Renewals: in order to retain clinical privileges at the UNC School of Dentistry, every faculty member must provide a copy of their appropriate renewed license(s) before the current license expiration date.

Student-specific criteria

1. Students must be currently enrolled and in good academic standing in the UNC School of Dentistry
2. A students must possess the proper preclinical skills and a satisfactory level of professionalism as evaluated by dental school faculty and administrators before progressing into the patient care program.
3. Once in the clinic, students must strive towards competence in clinical skills and professional conduct to retain clinical privileges. If a student does not meet these standards the Associate Dean for Clinical Affairs has the authority to suspend the Student’s clinical privileges.
Visiting Faculty and Program Participant-Specific Criteria

To see the UNC policy on visiting faculty please go to UNC’s web site at:
http://academicpersonnel.unc.edu/faculty-policies-procedures-guidelines/faculty-
appointments/fixed-term-appointments/visiting-faculty-appointments/#P20_335

UNC School of Dentistry may grant temporary privileges to visiting faculty and/or
program participants as follows:

1. Visiting faculty who will be providing patient care or supervising students in the
   clinic must maintain professional liability insurance.
2. Visiting Faculty may not instruct in the clinic without an active North Carolina
dental license or North Carolina instructor’s license.

Basic Life Support (CPR) Certification

All health care providers with direct patient contact must have current Basic Life
Support (CPR) certification to work in the clinics. All faculty, student dentists, and
staff involved in direct patient care must complete BLS certification prior to their entry
into the clinic and maintain their certification throughout their tenure at the UNC
School of Dentistry.

The School of Dentistry Basic Life Support (CPR) Policy may be found on the School’s
web site at:
https://www.dentistry.unc.edu/wp-content/uploads/2014/08/cpr-policy-
final.pdf?b087d9

Health Related Work Restrictions

The goal of the College's infection control policies is to protect College personnel and
patients from cross infections related to the dental clinic environment. Dental health
care providers are responsible for monitoring their own health status. When a dental
health care provider is known to have an infectious disease, it is their his or her
professional responsibility to take steps to prevent its spread.

Dental health care providers who have acute or chronic medical conditions that render
them susceptible to opportunistic infection should discuss with their personal
physicians or other qualified authority whether the condition might affect their ability
to safely perform their duties.

Guidelines for dental health care providers with Hepatitis B, C, D or HIV

It is the responsibility of the dental health care provider who has been infected with
hepatitis B, C, D or HIV to:

- Promptly inform their supervisor of their status, who will in turn inform the
  Office of Clinical Affairs.
- Refrain from providing dental care until the University of North Carolina has
  made a determination based on the University of North Carolina Policy on HIV-
Infected and HBV-Infected Employees and Students Who are Engaged in University Patient-Care Activities, which may be found at: http://www.unc.edu/campus/policies/hiv_hbv.html

In addition, North Carolina law requires all health care workers who perform dental procedures and who know themselves to be infected with Hepatitis B or HIV to notify the State Health Director (10A NCAC 41A.0207).

The management of the School of Dentistry reserves the right to restrict individuals from providing patient care or impose restrictions on dental health care workers in the event that an infectious disease is deemed to be at a level that presents unsatisfactory risk of transmission.

Student Interaction with Health Care Supply Companies

Students are encouraged to only meet with health care equipment and supply representatives under the supervision of UNC School of Dentistry clinical faculty (including adjunct clinical faculty) and only for educational purposes. Students shall avoid receipt of gifts from health care equipment and supply representatives, including but not limited to after-hours meals, gifts, books, and free samples.

Conflict Resolution

Conflicts arise in any professional setting. They may involve patients, colleagues, faculty, or staff. Most often conflicts arise regarding financial concerns; however, they may involve other issues such as parking. Integral to being a professional is calmly dealing with conflicts.

Guidelines for the Student-Dentist/Patient Relationship

Occasionally conflicts may arise between patients and student dentists. Some discord may arise from the patient’s perception of professionalism, student clinical attire and demeanor, patient preference for a student based on gender, and/or personality differences. The following guidelines are presented to minimize interpersonal conflicts:

- DO be professional and courteous at all times.
- DO wear student ID badge and name tag at all times when in-patient treatment areas
- DO identify yourself (spell your name) and the SOD when in conversation with your patients. Identify yourself as a student dentist and the SOD as a teaching institution.
- DO inform your patient of the proposed treatment alternatives and get their informed consent.
- DO document in the electronic health record all patient visits, missed or broken appointments, correspondence and issues. Have an instructor approve your notes.
• DO make sure that the operatory is clean and disinfected before you seat your patient and after your patient is dismissed.
• DO have the appropriate instructor check the treatment procedures and approve the entry.
• DO avoid arguments with the patient; solicit faculty assistance immediately.
• DO return patient phone calls promptly.
• DO NOT promise anything you can’t deliver.
• DO NOT cancel appointments, if possible.
• DO NOT do any unauthorized treatment (e.g.: temporize crowns) without a signed consent.
• DO NOT provide patient care without an attending faculty in the clinic.
• DO NOT criticize any treatment rendered by a patient’s previous dentist or student dentist.
• DO NOT forget that you are a student and have limited experience! Seek your instructor's guidance.

Patient Complaints

Following are procedures and policies regarding patient complaints. General tracking, management, and follow-up for patient complaints will be handled by (in order) the Group Practice Director or Patient Care Coordinator, the Predoctoral Program Director (or designee), the Director of Patient Relations and if not resolved, the Associate Dean for Clinical Affairs.

The following protocol will be used:

1. Students should immediately inform the attending faculty member of any problems related to patient treatment or management that may generate a reaction or complaint from the patient. Complaints that cannot be readily resolved by the attending faculty member should be presented, on the same day the complaint occurred, to the Group Practice Director, Patient Care Coordinator, Predoctoral Program Director, or Director of Clinics.

2. Patients may present their compliments, concerns or complaints to the Patient Care Coordinator, Group Practice Faculty, Group Practice Director, Predoctoral Program Director, Director of Patient Relations, Director of Clinics or to the Office of the Associate Dean of Clinical Affairs.

3. Complaints presented to the Dean’s office-reception area, Academic Affairs office, or any non-clinical area should be directed to the Patient Care Coordinator of the patient’s assigned group practice. If the patient is receiving treatment in one of the specialty clinics, the patient should be referred to the Predoctoral Program Director for that area. The Patient Care Coordinator or the Predoctoral Program Director (or designee) will track the complaint, evaluate the patient record, manage the complaint, or refer to the Associate Dean for Clinical Affairs for action or follow-up.

4. Complaints from individuals who are not active patients should be directed to the Director of Patient Relations, who will track the complaint, evaluate and manage the complaint, or refer to the Associate Dean for Clinical Affairs for action or follow-up.
5. For complaints brought to the attention of the Associate Dean for Clinical Affairs, the patient will be instructed to present their concerns/issues in writing. The Associate Dean for Clinical Affairs will respond to the patient in writing.

6. At the Associate Dean’s discretion, University Counsel and/or the School’s professional liability carrier may be contacted.

7. The Associate Dean for Clinical Affairs (or designee) will review and investigate the concerns/issues and make reasonable efforts to resolve the matter informally, including, when appropriate, inviting the patient to meet in person to discuss the matter. The patient is permitted to have a representative of their choice present provided that representative is not a legal professional.

8. The Associate Dean (or designee) is the only individual authorized to make fee adjustments or approve financial compensation, remaking / redoing treatment or waiving of fees. Cases involving an injury or dissatisfaction with treatment may require formal claim procedures and signing of a release by the patient. The Patient Business Services Office Manager will be notified of any financial decision.

9. Every effort will be made to resolve the complaint quickly and efficiently.

Patients Possibly Seeking Professional Opinion of Previous Dental Treatment

It is the position of the UNC School of Dentistry that we have the obligation to, with our best professional judgment, present a true and accurate assessment of the dental needs to every assigned dental patient. This assessment of dental needs should be based on a thorough diagnosis and approved treatment plan. The dental treatment should restore optimal oral health and function, considering the current status of the patient. The development and presentation of the treatment plan is to obtain the goal of optimal oral health and function for the patient and not intended as criticism of previous dental treatment.

The student and faculty shall not make judgmental remarks concerning past or proposed future treatment. This is particularly important during the early phases of diagnosis. If the patient inquires about past or proposed future treatment, the patient should be told their condition and proposed treatment will be carefully reviewed at the time the treatment plan is presented.

Procedure Treatment Plan

Regardless of the quality of previous treatment, the patient should be presented with alternative treatment plans that have been reviewed by attending faculty. It is unnecessary to dwell on previous treatment except as it relates to the patient’s ability to maintain future treatment. After alternative treatment plans are presented, if the patient expresses concern for the quality of previous treatment, the following procedures should be followed:

1. The faculty member responsible for the treatment plan should be asked to explain the situation to the patient and carefully document the patient’s concern in the EPR progress notes.
2. If in the opinion of the faculty member a problem may still exist, the Group Practice Director or a dental specialty faculty member should be consulted and noted in the patient’s record.
3. The Group Practice Director or dental specialty faculty member will make a final evaluation of the patient and make appropriate documentation in the progress notes in the consultation section of the patient’s record.
4. If the patient requests advice concerning steps to be taken to recover for previous dental treatment, they should be directed to contact the dentist who provided the treatment in question.
5. If, after contacting the dentist who provided the treatment in question, the patient still seeks advice concerning steps to be taken to recover for previous dental treatment, they should be directed to contact the local dental society office.

HIPAA Regulations

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations dramatically raise the stakes with regard to medical record compliance issues. The purpose of this section is to help student dentists comply with HIPAA as efficiently and cost-effectively as possible and to give the student confidence in handling patient confidentiality.

For UNC School of Dentistry HIPAA policies and procedures, see the School’s web site at https://www.dentistry.unc.edu/experience/policies/hipaa/.

UNC School of Dentistry Privacy Officer

The UNC School of Dentistry designates the below named individual to be its Privacy Officer:

- Darryn Weinstein (Privacy Officer)
- Marty Folliard (Assistant Privacy Officer)

The Privacy Officer is responsible for ensuring that the School of Dentistry complies with the HIPAA Privacy Rule and related state laws. The Privacy Officer is designated pursuant to the Privacy Rule, Section 164.530(a) and has the following authority and responsibilities:

- Coordinate and assist with development of and compliance with the School of Dentistry’s HIPAA privacy policies and procedures
- Respond to patients’ requests to amend their Protected Health Information (PHI)
- Respond to patients’ complaints regarding violations of their privacy rights
- Investigate alleged breaches or incidents involving PHI
- Respond to patients’ requests to inspect and obtain a copy of their medical records
- Respond to patients’ requests to be given an accounting of all non-standard disclosures of their PHI
- Uphold School of Dentistry’s obligations to protect PHI it discloses to its consultants and other business associates
- Ensure that members of the School of Dentistry faculty and staff understand and acknowledge the School’s Privacy Policy
- Ensure compliance with record retention and protection requirements
- Instruct and assist staff in complying with the "minimum necessary" rules
- Ensure compliance with the terms of patients’ authorizations
- Review and coordinate responses to all government orders, requests for information and legal process served or sent to the School demanding a patient’s PHI
- Impose sanctions on School of Dentistry employees and students for breaches of Privacy Policies and Privacy Rules
- Ensure compliance with other State and Federal laws regarding the use and disclosure of PHI

The faculty, staff and students of the UNC School of Dentistry are expected to adhere to high ethical standards. These standards should be adhered to during the educational program experience and during the dental professional’s career.

Faculty, staff and students should conduct themselves in a professional manner and should strive to provide care to patients based on high ethical standards and policies that comply with applicable laws and regulations. Dental care should be provided in an efficient and proficient manner, regardless of the patient’s gender, race, creed, religion, national origin, disability or sexual orientation.

What HIPAA Requires

HIPAA requires dental students, as medical professionals, to maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of healthcare information, to protect against reasonably foreseeable threats or hazards to the security or integrity of the information, and to protect against unauthorized uses or disclosure of the information. In addition, HIPAA provides civil and in some cases criminal penalties for failure to comply with these requirements. HIPAA also requires the School of Dentistry to notify individuals when there has been a breach of unsecured protected health information. HIPAA also requires that health information be maintained securely such that there are:

1. Administrative procedures to guard data integrity, confidentiality, and availability.
2. Physical safeguards to guard data integrity, confidentiality, and availability.
3. Technical security services to guard data integrity, confidentiality, and availability.
4. Technical security mechanisms to prevent unauthorized access to data transmitted over a communications network.

From those four simple categories come many specific requirements for those who maintain and transmit electronic health data.

Confidential Information

Employees and students at the UNC School of Dentistry have access to confidential information. Confidential information includes, but is not limited to:
Dental records information (includes all patient data, conversations, and patient financial information),

Employee information (e.g. salary, social security number, employment records, and disciplinary actions)

Student educational records (e.g., academic work, transcripts, and immunization records)

Protected Health Information (PHI) as defined by HIPAA includes, but is not limited to, names, all geographic subdivisions; all elements of dates (except year) for dates directly related to an individual, telephone numbers, fax numbers, electronic mail addresses, social security numbers, dental record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers, including finger and voice prints, full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code

University information (e.g. financial and statistical records, strategic plans, internal reports, memos, contracts, quality and peer review information, and communications)

Computer programs, client and vendor proprietary information, source code, and proprietary technology

**Accessing Confidential Information**

Confidential information is valuable and sensitive and is protected by Federal and State laws, including HIPAA and FERPA, and School policies. The intent of these laws and policies is to assure that confidential information will remain confidential, and that it will be used only as necessary to accomplish the UNC School of Dentistry’s mission.

Members of UNC School of Dentistry will use confidential information only as necessary to perform legitimate duties as an employee or student affiliated with the School. Members of the UNC School of Dentistry will:

- only access confidential information for which they have a need to know.
- not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of professional activities affiliated with the School.
- will not misuse confidential information or haphazardly care for confidential information.
- will safeguard and will not disclose any access code or any other authorization that allows access confidential information. The School reserves the right to monitor access to the network, including individual accounts, if deemed appropriate.
- not share, lend or give out their assigned access code and or any other access authorization.
- will report activities by any individual or entity that they suspect may compromise the confidentiality of confidential information. Reports made in good
faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

- have no right or ownership interest in any confidential information.
- be responsible for misuse or wrongful disclosure of confidential information and for failure to safeguard access code or other access to confidential information.

**Patient Confidentiality Statement**

Information obtained in the patient’s dental record shall be treated as confidential and will be released in appropriate circumstances only with the written consent of the patient or legal guardian. All persons providing services at the School of Dentistry who have access to information concerning patients, including faculty, student dentists, and staff, must hold such information in strict confidence.

**Release of Patient Information and Records**

Patients retain the right to all information contained within their dental record. Records (except for draft copies of treatment plans) should not be given to patients. All requests for copies of records by patients or attorneys should be referred to the Office of Clinical Affairs.

Only the Office of Clinical Affairs may release records. The Office of Clinical Affairs may only release records to the patient or patient’s representative with proper approval. When the patient, or a third party, requests a copy of the record, a written request and release, signed by the patient, are required. The fee for copying records is listed in the Procedure Fee Schedule. Under no circumstances should records be copied for patients or third parties by students, faculty, or staff.

All dental records are the property of the UNC School of Dentistry. Patients, or their legal guardian, have the right of access to information contained within the dental record. The policy on obtaining a copy of Protected Health Information may be found on the UNC School of Dentistry web site at:


**Minimum Necessary Use of Protected Health Information**

While PHI must be available to health care professionals in the process of ensuring proper care and performing related job duties, University workforce members shall avoid accessing, using or disclosing more PHI than needed to perform his/her relevant job duties or to meet the purpose for which the disclosure is made. See the School’s web site to access the UNC Policy on Minimum Necessary Standards For Accessing, Disclosing and Requesting Protected Health Information at:

https://www.unc.edu/hipaa/policiesandforms/Minimum_Necessary.pdf
Computers

If a practitioner leaves the workstation they must log out of the electronic patient record. As a security measure, computers running the electronic patient record system are programmed to lock the screen after a maximum of 30 minutes of inactivity.

Dialogue Protocol

Dialogue involving patient care and treatment are essential components to communication between faculty, student dentists, and staff; however, discretion in public areas is essential to maintaining patient confidentiality. It is the responsibility of all faculty, student dentists, and staff to refrain from discussing patients away from clinical treatment areas. Confidential information should never be discussed with anyone outside of UNC School of Dentistry. It is considered a breach of patient confidentiality to discuss patient care and treatment outside of the clinical setting. Conversations involving patient information should be kept at a low volume.

Posted Materials

Printed materials containing patient information of any kind (e.g. daily schedules) should not be posted on bulletin boards, taped to countertops or placed in any other public location. Information of this nature may be maintained as long as it is concealed from the public’s view.

Abuse, Violence and Sexual Harassment

It is the policy of UNC School of Dentistry that workplace violence in any form is unacceptable. Any form of violence by an employee or student against another employee, student, vendor, or visitor to the School, including but not limited to physical attack, intimidation, threats or property damage, will be cause for disciplinary action up to and including termination and may also result in criminal prosecution, if federal, state, or local laws are violated.

Any form of violence or abusive behavior by a patient towards a student dentist or employee should be reported to the supervising faculty and the UNC School of Dentistry. Violence or harassment will be cause for termination of care and dismissal of the patient and may also result in criminal prosecution, if federal, state, or local laws are violated.

Examples of violence and abusive behavior violating this policy include but are not limited to the examples below. These examples may be cause for immediate termination or dismissal. This list is not intended to be all inclusive and is subject to revision by UNC School of Dentistry as necessary.

- Unwanted or hostile physical contact such as hitting, pushing, kicking, shoving, throwing of objects or fighting.
- A direct or implied threat of harm or hostile behavior that creates a reasonable fear of injury to another person or unreasonably subjects another individual to emotional distress.
• Intimidation includes but is not limited to stalking or engaging in actions, either verbal or physical, which are intended to frighten or coerce.
• Intentional damage to or destruction of property owned by the University or its students, employees, vendors or visitors.
• Possession, display, or use of explosives, firearms, or other dangerous weapons on University Property.
• Unwelcome sexual advances.
• Unwelcome requests for sexual favors, and
• Other unwelcome verbal or physical behavior of a sexual nature

Please see the Policy on Prohibited Discrimination, Harassment and Related Misconduct on the school’s web site at:

http://policies.unc.edu/files/2013/04/PPDHRM.pdf

Drug Free Workplace and Substance Abuse

The University of North Carolina does not condone any form of drug, substance, or alcohol abuse by its students or employees. Students, Faculty and staff whose expected performance may be impaired by alcohol or illegal drugs pose an unacceptable risk to safe operations.

Please see the UNC policy on Illegal Drugs at:

http://policies.unc.edu/policies/illegal-drugs/

Please see the Alcohol Policy of The University of North Carolina at Chapel Hill at:

http://policies.unc.edu/files/2016/08/Alcohol.pdf

Reporting Child Abuse

In compliance with applicable statutes and regulations, the UNC School of Dentistry shall report to Child Protective Services any case where there is reasonable cause to believe that a non-emancipated child (under the age of 18) may be abused or neglected. When such child is presented for treatment at the UNC School of Dentistry, the child’s welfare will be of primary concern, including the child’s need for treatment, hospitalization, or protection. All victims of abuse or neglect shall be provided care that respects the patient’s right to privacy, confidentiality, and self-determination.

Definition

Child abuse is the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. The mistreatment must cause injury or must put the child at risk of physical injury. Child abuse can be physical (such as burns or broken bones), sexual (such as fondling or incest) or emotional. Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.
Indicators of Possible Abuse or Neglect

- Discrepancy between injury and history.
- Conflicting accounts of an injury by patient or between patient and caretaker.
- Insistence that the injury is severe when no injury exists.
- History of repeated visits for injuries.
- Untreated old injuries.
- Psychosomatic pain.
- History of gestures or attempts at suicide.
- Patient presents with poor hygiene, malnutrition/dehydration.
- Patient verbalizes fear of caretaker.
- Patient changes subject when caretaker comes into the room.
- Patient verbalizes vague fear of returning home.
- Caretaker is reluctant to leave patient with staff.
- A traumatic injury in a child (especially under the age of 5 years).
- An injury not mentioned in the history for which there is no explanation.
- An injury or poisoning occurring as the result of gross lack of supervision.
- Any child with advanced unattended disease.
- Any child given harmful food, drink or drugs.

Who Must Report Abuse or Neglect?

All members of the UNC School of Dentistry including faculty, staff, and students, are required by University policy and North Carolina State law to report abuse or neglect.

Reporting Procedure

Reports of abuse and neglect can be made to the Child Protective Services Division in the Orange County DSS as follows:

- Monday-Friday, 8-5, excluding holidays, call (919) 245-2818 or (919) 968-2000
- After hours and on weekends and holidays, call 911 and ask for the on-call social worker.

If a report involves a University employee in any capacity, in addition to notifying the Orange County DSS, the reporting party also must notify one of the following offices:

- For instances involving alleged sexual misconduct, harassment or assault, the University’s Equal Opportunity and Compliance (EOC) Office at (919) 966-3576.
- For instances involving any other forms of alleged inappropriate behavior or misconduct, the University’s Employee and Management Relations Unit of the Office of Human Resources at (919) 843-3444.

If you encounter a situation in which a minor is at immediate risk of harm or the victim of a criminal act, please contact the UNC Department of Public Safety or the appropriate Police Department immediately by Dialing 9-1-1. The UNC Department of Public Safety or the appropriate Police Department will make a final determination as to whether a matter merits further investigation, and University community members must not attempt to make such judgments independently of law enforcement. Reporting an incident to University officials does not relieve the obligation of a
University community member to also make a report directly to law enforcement in the event a minor is at immediate risk.

Protection of Reporting Parties

North Carolina law provides that anyone who makes a report in good faith or who participates in an investigation by DSS will be protected from any criminal or civil liability that might arise from the individual’s report or participation. Furthermore, University policy prohibits retaliation against anyone who makes a good faith report of abuse or neglect with regard to the terms and conditions of University employment or educational activities.

Please see the UNC Policy on Protection of Minors at:

http://policies.unc.edu/policies/protection-of-minors/

Management of Unusual Adverse Events or Outcomes

The Office Clinical Affairs functions as the coordinating point for those activities related to incident reporting and management of unusual adverse events or outcomes.

Adverse Reportable Outcomes—Examples

- Abandonment Claims
- Allergic reaction (from drugs or materials)
- Anesthesia (wrong quadrant or tooth, overdose, allergic reaction)
- Aspiration or swallowed substances (instruments, restorations, etc.)
- Broken instrument (unable to locate broken part, in root canal, etc.)
- Burns
- Complaints (dissatisfied patient or parent)
- Damage to patient-owned appliance
- Damage from failed product (headrest failure, etc.)
- Drug (abuse, allergy, reaction)
- Excessive pain, bleeding or swelling during or following treatment
- Extraction (wrong tooth)
- Fracture as a result of treatment (bone or tooth)
- Lacerations as a result of treatment
- Lack of informed consent (even with a signed consent form)
- Medical complications resulting from or during treatment
- Misadventure in the execution of a procedure
- Oral-antral fistula
- Paresthesia (severed or damaged nerve)
- Perforation (bur, file or instrument)
- Prescription (incorrect drug, dose, instructions)
- Post-operative instructions (lack of, or wrong regimen given)
- Treatment (wrong tooth restored, endodontics, etc.)
Threats of Legal Actions

All serious complaints or threats of legal action against the University, the UNC School of Dentistry, the faculty, employees or students must be reported as soon as possible to the Office of Clinical Affairs. Complaints of this nature can relate to a number of areas, including but not limited to quality of care, lack of informed consent, billing, professionalism, and discrimination. Clinical Affairs must be notified if issues cannot be resolved to the patient’s satisfaction or there is reason to believe that the complaint may escalate. Indications that a complaint may escalate include threats of hiring an attorney, notifying the State Board or other regulatory body, approaching a State legislator, or informing the media.

Reporting Requirements

All adverse events and outcomes which may involve injury, possible injury or alleged injury to non-employees that occur in the UNC School of Dentistry must be reported to the Office of Clinical Affairs WITHIN 48 HOURS. If any question of need exists, the Office of Clinical Affairs should be notified. Appropriate forms may be obtained on the UNC School of Dentistry’s website or in the Office of Clinical Affairs.

Report Maintenance and Use

The School shall maintain a current complete file on all reported incidents which could involve either, court action, reimbursement, adjustment or charges rendered, arbitration, or conciliation. Reports shall be filed with the Office of Clinical Affairs and a copy of the report shall not be included in the patient’s record. Objective facts of the incident or unusual outcome shall be reported in the patient’s record as appropriate to patient treatment, diagnosis, and documentation requirements. Facts of occurrence shall be discussed with the patient, as appropriate, by attending treatment faculty. The reports are confidential and non-discoverable to the extent provided by the law for such Continuous Quality Improvement efforts.

Filing a report shall not, in and of itself, subject faculty, students or staff to punitive or disciplinary actions. The Office of Clinical Affairs shall analyze and categorize all reports and issue statistical data summarizing the types, numbers and locations of incidents and unusual outcomes for the College.

Urgent Care/Emergency Care

For details on Urgent and Emergency Care please see Section 6 Patient Management.

Medical Emergencies

Medical emergencies in the dental office setting are not uncommon. The School of Dentistry experiences over 115,000 outpatient visits per year. As such, it is quite possible that there will be medical emergencies among those patients and/or persons who accompany them.
Medical emergencies also occur among faculty, staff, students, and visitors. The School of Dentistry developed an emergencies policy to establish the responsibility for patient triage, treatment, disposition and documentation of the emergency incident in both treatment and non-treatment locations within the School of Dentistry complex.

It is the responsibility of School of Dentistry faculty, staff, and student health care providers to be familiar with the medical emergency protocol and basic annual training requirements established by the School of Dentistry.

See the UNC School of Dentistry web site for the complete policy on the Management of Medical Emergencies in the UNC School of Dentistry at:

Medical Emergencies: Blood and Body Fluid Exposure—Faculty, Staff and Residents

**Faculty, Staff and Residents**

Call **(919) 966-9119** (University Employee Occupational Health Services)
Calls made after **4:30 pm**, will be routed to Health Link RN **per UNCH protocol**.
Report source patient’s: **Name, DOB, MR#, and any HIV risk factors.**
If the patient does not have a UNCH medical record number, the supervisor will call UNCH Patient Accounts Services **(919) 966-1234**, 8:30 am – 5:00 pm, Mon-Fri to register and obtain a medical record number (**MR#**) for the source patient.
**After 5:00 pm**, the source patient can be taken to the Women’s and Children’s Hospital Registration desk to obtain a MR# (medical record number) Staff is available at this desk until (10:00 pm, Mon-Fri)

If exposure is at UNC School of Dentistry, take source patient and UNCH Lab requisition form to UNCH Phlebotomy Services **(919) 843-1760** to have the source patient’s blood drawn. Lab hours: 8:00 am-6:00 pm Mon-Fri, 9:00-12:00 on Saturday.
**Note:** there is also a lab at the Main Hospital open 7:00 am - 5:00 pm weekdays

Call the Office of Clinical Affairs **(919) 537-3588** to report exposure
Submit a completed “Blood and Body Fluids Exposure” report form to the Risk Manager in Clinical Affairs.
Notify your Department/Clinical Supervisor

The supervisor will call UNCH Patient Accounts Services (919) 966-1234 (8:30 am – 5:30 pm Mon – Fri) to register and obtain a UNCH medical record number (MR #) for the source patient and complete the UNCH Lab Requisition form. After 5:00 pm, the source patient can be taken to the Women’s and Children’s Hospital Registration desk to obtain a MR# (medical record number) Staff is available to assist customers until (10:00 pm, Mon-Fri and 8:00 am – 5:00 pm weekends)

Call (919) 966-6561 Campus Health Services, speak with provider on duty Report the source patient’s: Name, DOB, and any HIV risk factors. CHS provider will contact UNCH Micro Lab to initiate lab testing of the source patient’s blood and inform student of lab results when completed.

If exposure is at UNC School of Dentistry, take source patient and UNCH Lab requisition form to UNCH Phlebotomy Services (919) 843-1760 to have the source patient’s blood drawn. Lab hours: 8:00 am-6:00 pm Mon-Fri, 9:00-12:00 on Saturday.

Note: there is also a lab at the Main Hospital open 7:00 am - 5:00 pm weekdays

Call the Office of Clinical Affairs (919) 537-3588 to report exposure Submit a completed “Blood and Body Fluids Exposure” report form to the Risk Manager in Clinical Affairs.
The appropriate Occupational Health Service must be contacted to report the exposure, or Health Link (966-)

LABORATORY MUST BE CONTACTED BEFORE COMPLETING THIS REQUISITION. CALL 966-4056

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<th>Specimen Required: One Serum Separator tube (SST) (Gold Top Tube)</th>
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<td>Hospitals OHS (6-4480)</td>
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<td>UNC OHS (966-9119)</td>
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<td>Campus Health Services (6-6561)</td>
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<td>After Hours: 966-6573 (Health Link)</td>
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<td>8055 EHHIV - HIV Ag/Ab Combo Assay</td>
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<td>8056 EHHBA - Hepatitis B Surface Antigen</td>
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<td>8057 EHHCV - Hepatitis C Antibody</td>
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<th>DENTAL SCHOOL USE ONLY</th>
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<td>Source Patient Test Panel</td>
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<td>8099 DSHIV - HIV Ag/Ab Combo Assay</td>
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<td>8320 HBSAG - Hepatitis B Surface Antigen</td>
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<td>8325 HCV - Hepatitis C Antibody</td>
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*REQUIRED AFTER HOURS: Call Result to: |

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**Samples on exposures that are >24 hours will be performed the next business day by Immunology.**
BLOOD OR BODY FLUID EXPOSURE INCIDENT REPORT
(Confidential Information)

INCIDENT:
Date:__________ Time:__________ AM  PM Location ______________
Needle stick____ Instrument Puncture____ Bur Puncture____ Blood
Spatter/Mucus Membrane Exposure_________________
Other (Specify) __________________________________________

DESCRIBE: Route of exposure (nature/location of injury):_________________
Circumstances under which exposure occurred:_____________________________
____________________________________________________________________
Device involved in exposure:________________________Manufacturer:_______________________

EXPOSED PERSON:
Name:______________________ Hepatitis B vaccination series completed Yes___ No___
___DDS Student ___ DH Student ___ Graduate Student ___ Faculty ___ Staff DA
___Laboratory Technician ___ Sterilization Technician ___ Research Technician
___ Other (Specify): ________________________________________________

SOURCE INDIVIDUAL: If source is unknown, check here:_________________
Name of Source Person:_______________________ Age _____ Male _____ Female ______
Record Number:_______________________ Phone ____________ County of Residence _________
Name of Physician/Provider of Medical Care ______________________________________
City/Town _______________________ Phone _______________________________
UNC Medical Record Number_______ Signature of Source Individual _________________

Return To: Office of Clinical Affairs
Emergency Equipment

On every floor of the UNC School of Dentistry there are Automatic External Defibrillator and Oxygen placed in a visible, easily accessible location. It is the responsibility of every faculty member, staff member and student dentist to know where the emergency equipment is located and how it operates. The Crash Cart is located in the Oral Surgery department.

Automatic External Defibrillator (AED) Equipment

Defibrillation is a medically recognized method of reversing certain potentially fatal arrhythmias. Successful resuscitation of a patient is related to the length of time between the onset of an arrhythmia (ventricular fibrillation and/or pulse less ventricular tachycardia) and defibrillation. Administration of supplemental oxygen is also crucial to the resuscitation process.

These AED’s are only intended for use by properly trained individuals with knowledge gained through Basic Life Support (BLS) for Healthcare Providers (CPR & AED) training courses. All health care providers with direct patient contact must have current Basic Life Support (BLS) for Healthcare Providers (CPR & AED) certification to work in the clinics.

It is the policy of UNC School of Dentistry that the public AED’s and oxygen tanks be inspected regularly and maintained in good working condition.

Crash Cart

The Crash Cart is consists of supplies to support basic and advanced life support in the case of a medical emergency.

Emergency Equipment Inspections

Assistant Dean for Clinical Education or their designees will perform regular inspections. Completed inspection forms will remain on file in the Office of Clinical Affairs.

Swallowing Foreign Objects Policy

Protocol for incidents involving patients swallowing various foreign objects associated with dental treatment – rubber dam clamps, burs, crowns, implant parts and pieces of broken instruments:

- The provider will stay with the patient, monitor vital signs, observe for acute respiratory distress, and make a preliminary diagnosis from the clinical signs and symptoms and the patient’s response to careful questioning.

IN THE EVENT OF AN EMERGENCY CALL THE SCHOOL OF DENTISTRY EMERGENCY TEAM AT (919) 537-3911 AND FOLLOW DENTAL SCHOOL EMERGENCY PROCEDURES.
• The attending DDS should explain to the patient the purpose and procedure for getting radiographs. The provider will send another provider, staff assistant or student to the School of Dentistry’s Radiology Department located on the first floor of Tarrson Hall to obtain the Diagnostic Radiology and Imaging order (as long as an emergency condition does not exist, such as respiratory distress).

• Inquiry needs to be made by the provider as to whether the patient has a UNC Hospital Medical Record (MR) number and make note of it. If not, or if the patient is unsure of their MR number, the provider, staff assistant or student should call the UNC Hospitals registration office at (984) 974-2041, option 1. Explain the necessity to expedite the call quickly. Registration information from the patient’s electronic record will be required to register the patient. Make a note of the MR number to be given to the School of Dentistry Radiology Department. Instruct the patient that if they receive a bill from the hospital, they should forward it to the Office of Clinical Affairs.

• Transportation to Hospital Radiology (x-ray) is the responsibility of the attending DDS or the designated assignee. Transportation for sedated (but not emergent) patients may pose special risks. Obtain a wheelchair from the ground floor Tarrson Hall, Dental Faculty Practice, Graduate Periodontics or Oral Surgery and transport the patient to the hospital.

• When the radiology technician calls the patient back to take the film, ask to see the radiograph when it is ready in order to determine the location of the foreign object.

• If the imaging reveals the patient ingested the object and an emergent situation does not exist, the patient should be informed to contact their medical provider to determine if follow-up radiographs or treatment is needed. If the imaging reveals the patient aspirated the object or an emergent situation does exist, the patient should immediately report to the emergency department and follow the treatment guidelines of the hospital medical provider.

• Complete the UNC School of Dentistry’s Patient Incident Report and forward it within 48 hours to the Office of Clinical Affairs.

• The provider should document the incident in the patient’s record. The notation should include the provider’s recommendation for a medical evaluation, which includes radiographs. The provider should note whether the imaging results required the patient to report directly to the emergency department or whether the patient was informed of the necessity to follow-up with their medical provider to determine if follow-up imaging or treatment is needed. The provider should note all preventative measures taken to avoid the swallowing or aspiration of the object. **Do NOT refer to the Patient Incident Report in the patient’s record.**

• If a copy of the radiology report is needed, the provider should contact the ordering provider named on the Diagnostic Radiology and Imaging order.

• If the patient refuses the radiographs, proper notation should be documented in the patient’s record.

[https://www.dentistry.unc.edu/experience/policies/exposures/](https://www.dentistry.unc.edu/experience/policies/exposures/)
School of Dentistry’s Emergency Evacuation Plan

The UNC School of Dentistry provides training and conducts regularly scheduled drills for the purpose of safe and orderly evacuation of the buildings. In the event it becomes necessary to evacuate the facilities, an ALARM will be activated to ALERT employees, patients and visitors on the premises. Evacuation routes are posted throughout the facilities. Patients and visitors will be escorted out of the building by an employee.

An all clear Alarm will be sounded along with an announcement that it is safe to return inside the building. To review the emergency evacuation plan manual click the link below:

SECTION 6  Patient Management
Patient Service Philosophy—Patient-Centered Care

The management and delivery of high-quality preventive, diagnostic and therapeutic services for patients is a primary goal of the University of North Carolina at Chapel Hill School of Dentistry. Participation in patient care is a privilege.

The UNC School of Dentistry operates its predoctoral clinics under the Patient-Centered Care approach to dental education. The Patient-Centered Care approach infers a system where the patient is the central focus.

With Patient-Centered Care the providers at the UNC School of Dentistry take into account not just the oral health of the patient but also their culture and values. The patient is an integral component of the oral health team and is intimately involved in planning his or her care.

There is an emphasis on the rights, responsibility and choices of the patient. Patient-Centered Care includes educating the patient so that they will have the knowledge necessary to make informed decisions. However, this does not imply that the patient dictates the type of care to be provided. Decisions are made as a team and the provider maintains the responsibility to follow the Dental Profession and the School’s standards of care and ethical behavior.

The Patient-Centered Care approach is a system of clinical instruction and practice that permits the student dentist to be responsible for and provide or manage all aspects of a patient’s treatment needs in a manner that closely resembles the way the dentist will provide health care in private practice after graduation.

Patient Rights and Responsibilities

The faculty, staff and students of the UNC School of Dentistry are committed to providing the highest quality of dental care in a professional and compassionate manner.

We strive to develop a strong trusting relationship between the patient and/or the patient’s parents or guardians and their oral health care provider. It is important that patients understand the condition of their oral health and the treatment to be provided in order to address and/or alleviate the condition.

https://www.dentistry.unc.edu/patientcare/rights

Your Rights as a Patient

Treating the Person

The School of Dentistry recognizes and respects the dignity of each patient. Patients should expect to be treated with consideration and respect regardless of age, color, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, veteran status or source of payment.
Appropriate Services

The School of Dentistry will provide services consistent with the patient’s needs. Patients will be informed about what can and cannot be provided, and providers will make referrals for treatment elsewhere when necessary. When the patient’s relationship with the school ends, no matter the reason, the patient will be made aware of remaining treatment needs.

Understanding the Plan of Care

Patients are entitled to a clear explanation of their dental problems, recommended treatment, treatment alternatives, risks involved, estimated costs, who will provide care and approximately how long it may take. When complications come up during treatment that might change the plan of care or affect treatment results, patients will get a full explanation.

Consent and Refusal of Treatment

Patients have the right to participate in decisions about their dental treatment and have questions answered before making a decision. Patients may refuse treatment and should expect to be informed of the possible consequences of such decisions.

Confidentiality

Patient privacy rights are protected under the Health Insurance Portability and Accountability Act (HIPAA), applicable state laws, and School of Dentistry policies to which all students, faculty and staff are bound. Communications about treatment will be made in strict accordance with these laws and policies. Treatment records (including x-rays) will not be released without written permission, except as required by insurance or by law. Patients have the right to read and be informed about their dental record. Discussion of treatment with friends or family members requires the patient’s verbal or written permission, or a legal Power of Attorney document.

Your Responsibilities as a Patient

As a patient or the parent of a patient in our clinics, your responsibilities are:

- To be considerate and respectful of other patients, students, faculty and staff
- To share honest and complete information about medical and dental history, previous illnesses, hospitalizations, exposure to communicable diseases, allergies, medications and current medical care
- To let the provider know when there are changes in the patient’s general health condition, and when patients experience unusual discomfort or complications following a treatment
- To ask questions and understand the nature of dental conditions and treatments
- To follow the instructions given to follow up on treatment
- To be available to make appointments during the entire treatment phase, to keep scheduled appointments and to arrive for appointments on time
- To consider that the School strongly encourages patients to have all dental treatment done in the student clinic to which they are admitted, except in case of emergency or when referred for specific treatments by an authorized School of Dentistry provider
- To pay for all services when received unless other arrangements have been approved by the School of Dentistry
- To update all address and phone number changes directly with the main desk of the appropriate clinic as soon as possible

Not meeting these responsibilities can lead to the patient being dismissed from the UNC School of Dentistry clinics.

Patients Have a Representative

Once admitted as a patient in the Predoctoral Student Dental Clinics, patients will be assigned to a Patient Care Coordinator (PCC), who is available during regular business hours to assist with any questions, concerns or problems concerning treatment. Patients can reach their PCC at (919) 537-3588.

For Pediatric Dentistry student dentist patients, the call should be made directly to the program at (919) 537-3787. Patients in all other clinics should call the main desk of that clinic with any questions or concerns.

https://www.dentistry.unc.edu/patientcare/rights

Scope of Service

The UNC School of Dentistry student clinics allow patients to receive preventive and other dental care from students who are currently enrolled in the DDS, dental hygiene and dental assisting programs. These students provide dental treatment in all areas of dental care and are supervised by a faculty member at all times.

Treatment areas include but are not limited to:

- General dental care (e.g., cleanings, fillings, extractions)
- Orthodontics
- Endodontics (e.g., root canals)
- Implants
- Crowns and bridges
- Complete and partial dentures
- Pediatric dentistry
- Geriatric dentistry

The student clinics take two of the school’s primary missions – excellence in teaching and patient care—and accomplishes them both at once. The school’s students provide their patients with state-of-the-art care while being mentored to ensure the procedures are accomplished correctly and efficiently. Patients in the student clinics are a critical part of the school’s education process, but they are also patients who deserve—and receive—the highest level of care. At the UNC School of Dentistry student clinics, patients can rest assured that they’ll be treated ethically, correctly and fairly.
Student Clinics

It is the responsibility of the student dentist in the Group Practice Clinic to deliver quality dental care in a courteous, timely and professional manner as the primary care provider to the student’s family of patients. Students have the privilege of delivering care to their adult (generally 14 years or older) patients in the areas listed below. The departments listed are responsible for providing training materials and, if requested or necessary, calibration training for faculty. This is a crucial component for the student’s ability to develop into a provider competent to provide patient-centered care.

1. Diagnosis and treatment planning
2. Preventive procedures
3. Periodontal procedures to include limited surgical procedures to facilitate restorative dentistry procedures
4. Direct operative dentistry procedures (veneers and porcelain inlays/onlays done with residents in the Graduate Operative Dentistry clinic)
5. Endodontic procedures including direct and indirect pulp caps
6. Indirect restorative dental procedures including crowns, fixed partial dentures, and selected implant restorations not involving alteration of the existing vertical dimension of occlusion (VDO) with fixed prosthodontics
7. Removable prosthodontics including partial and complete dentures, whether or not the prosthesis is implant-supported. Student dentists will not become competent in treatment involving alteration of the VDO.
8. Emergency/urgent dental procedures to include but not limited to restorative procedures, endodontic procedures and tooth extractions
9. Limited oral surgery extractions (simple, uncomplicated extractions)
10. Soft tissue biopsies

These procedures are performed according to principles set by different departments where the procedures were introduced to students.

Discipline Based Clinics

Oral Surgery, Endodontics, Pediatric Dentistry and Orthodontics are specialty disciplines performed in clinics outside the Group Practice clinics. Students rotate through these other clinics and, when possible, they are present when their patient has scheduled care. There is also a Radiology department where students make extraoral and intraoral images.

Group Practice Clinic

The Group Practice is the core component of the UNC School of Dentistry predoctoral patient care enterprise and establishes the foundational structure through which the patient-centered, predoctoral comprehensive care program functions.

Structure of the Group Practices

The Group Practice Clinic promotes a patient-centered and preventive approach to care. This is a faculty-mentored group practice clinic in which the approximately 60
students in each group provide care to patients under supervision of a group of instructors calibrated by the respective practice director. The groups are designated as Groups A, B, C, and D, and have students from years 2, 3, and 4 assigned in alphabetical order. Each group has a practice director who is in attendance in multiple clinical sessions of the DDS-3 and DDS-4 clinics. The practice director’s contribution to year DDS-2 is basically administrative.

Additional clinic coverage is provided by other faculty, including adjuncts and advanced dental education students. Faculty members from the Department of Prosthodontics and Department of Periodontics are available for specialty consults and to oversee students preforming procedures in these specialty areas in the DDS-3 clinics and in some DDS-4 clinics. No prosthodontic procedures are performed in the DDS-2 clinic until the Summer of year 2. Students are in clinic an increasing number of sessions based on their progress through the program from the preclinical learner level, to clinical novice, prepared clinical learner and finally through to competent beginner dentist at graduation. In group practice, students act as the primary care provider for their family of dental patients.

Students expand their clinical experience in the Fall of their second year with two clinic sessions per week. During Fall and Spring of their second year, students are expected to treat patients in pairs with half of the class treating their own patients in any given week. The number of weekly opportunities to treat patients increases to three in the Summer of DDS-2 year. At this time they also start rotations in the specialty clinics throughout the school. The second-year students concentrate on preventive services and operative procedures they learned in the Conservative Operative Dentistry course throughout the Fall and Spring. Fixed prosthodontics procedures are started in the Summer after the Fixed Prosthodontics I (Single-unit Restorations) and Fixed Prosthodontics II (Multi-unit Fixed Partial Denture Restorations) courses.

In the Fall semester of the third year, students have the opportunity to see their assigned patients six times per week in Group Practice Clinic and Specialty Clinics. This increases from six to seven times per week in the Spring. In the Summer of the third year, these students are in Group Practice Clinic six times per week with an additional four clinic periods available to attend other (specialty) clinics; thus they see their patients up to 10 times per week (except when out on extramural rotations). At this point in their training, students are regularly incorporating fixed and removable prosthodontic, periodontal, and operative dentistry procedures in their patients’ care. General Practice leadership teams ensure that students engage in patient-centered care during the DDS-3 year.

Fourth-year students are in the Group Practice Clinic six times per week with an additional four clinic periods available to attend specialty clinics such as orthodontics, endodontics, and oral surgery. The 4th-year students are available for a total of 10 clinic sessions per week (two sessions per day, Monday through Friday). Morning sessions are held beginning at 10:00 AM and are completed by 1:00 PM. Afternoon sessions begin at 2:00 PM and are finished by 5:00 PM. At this point in the program, 4th-year students have completed all pre-clinical courses, with the exception of Advanced Fixed Prosthodontics, and are able to accomplish the full spectrum of general dentistry procedures. They are ready to treat patients under close supervision to gain proficiency
in general dentistry. Fourth-year Group Practice Clinic students also are responsible for screening and/or treating all of the patients in the school’s Urgent Care Service, which serves patients in the community who are in need of urgent or emergency dental services.

On Friday afternoons, DDS-3 students may sign up on a first-come, first-served basis for an additional session in the Group Practice Clinic. These sessions are available for less complicated procedures, such as recalls and direct restorations.

**Time Spent in Clinic**

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
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</thead>
<tbody>
<tr>
<td>DDS1 Year</td>
<td></td>
<td></td>
<td>2-3 patients in PRU</td>
</tr>
<tr>
<td>DDS2 Year</td>
<td>1 session in Group Practice Clinic (GPC)</td>
<td>1 session in GPC</td>
<td>3 sessions in GPC</td>
</tr>
<tr>
<td></td>
<td>1 session maximum in specialty clinics (PAC*)</td>
<td>1 session max in PAC</td>
<td>2 sessions max in PAC</td>
</tr>
<tr>
<td>DDS3 Year</td>
<td>3 sessions in GPC</td>
<td>4 sessions in GPC</td>
<td>6 sessions in GPC</td>
</tr>
<tr>
<td></td>
<td>3 sessions max in PAC</td>
<td>3 sessions max in PAC</td>
<td>4 sessions max in PAC</td>
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<td></td>
<td>+ “First-come, first-served” additional Friday afternoon clinic</td>
<td>+ “First-come, first-served” additional Friday afternoon clinic</td>
<td>(Two alternating blocks at extramural sites [4 weeks each] and dental school [3 weeks each])</td>
</tr>
<tr>
<td>DDS4 Year</td>
<td>6 sessions in GPC</td>
<td>6 sessions in GPC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 sessions max in PAC</td>
<td>4 sessions max in PAC</td>
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</tbody>
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*PAC” is an old abbreviation for “patient care” time outside the Group Practice Clinics.

**Professional Patient Interaction**

**Treatment Area**

The Group Practice is a dental treatment area. The dental treatment cubicles and the immediate surrounding clinical areas are restricted to dental treatment personnel and the patient being treated ONLY. No other person should be in the dental treatment area. If for some reason an exception is required (e.g. a legal guardian is required), permission must be granted by the Group Practice Director or another supervisor.

Adult patients who are accompanied by children under 14 years of age must bring a responsible adult to mind the children in the waiting area during the dental visit. Children are not permitted to accompany the patient to the dental operatory. Children are not to be used as the primary interpreter between the patient and the provider. More information on interpretation is provided in the Patient Management section of the Clinic Manual.
Patient Discussions

Discussions with patients should include descriptions of reasonable expected outcomes, risks, benefits and costs of all treatment options and should not include any promises or guarantees. Patients are strongly encouraged to participate in healthcare discussions and ask questions if they are uncertain about any aspect of the health care plan. During discussions with the patient providers must make every attempt to be discrete in order to maintain confidentiality of the patient’s information.

Patient Introduction

Student dentists must introduce the attending faculty member and patient during each clinical experience. Introductions should be formal, using the appropriate professional titles.

Medical and Dental History Presentation

At each appointment, patients must be questioned regarding any changes in their medical history. Changes must be documented in the patient’s electronic record and the updated medical history signed by all parties. Student dentists must provide a concise summary of the patient’s medical and dental history to the attending faculty member.

Patient Empathy

Providers must be responsive to the patient’s verbal and nonverbal expressions of discomfort, pain or anxiety and demonstrate respect for the patient.

Gifts from Patients

Patients often like to show appreciation for the high quality care they receive. Although this is extremely generous, providers are not allowed to accept gifts for providing services.
Patient Flow

Admissions/Reception/Registration

The below summarizes a visit for an active patient at the UNC School of Dentistry:

- The patient arrives at the registration desk and checks in, and the appointment is confirmed by the clerk.
- The patient is asked to provide a current photo ID and Medicaid card (if applicable). The clerk copies the front and back of the card(s) and scans them into the electronic patient record (EPR) system.
- New patients are presented with HIPAA forms to review and electronically sign the acknowledgement of receipt.
- New patients are presented with a Patient Information Brochure and electronically sign the acknowledgement of receipt.
- New patients are presented with a general consent for screening form and electronically sign consent.
- Established patients will review and update their demographics and sign a new general consent for treatment form annually.
- The clerks check in patients into EPR, which notifies the dental student electronically. Existing patients may check themselves in at the front desk kiosks.
- The patient is seated in the reception area. The student dentist is informed that the patient has arrived through the electronic dental record.
- The student dentist meets the patient in the reception area and escorts them to the operatory and seated in the operatory by the dental student.
- The medical history is entered for all new patients. It is updated on existing patients when there is a significant change in health or at least every six months. This includes an update of all medications, allergies, medical history, and dental problems. The dental student completes and enters the medical history into EPR.

Continuing Care/Treatment

- The student dentist reviews the procedure planned for that day.
- Vital signs, including blood pressure, pulse and respiratory rate are measured.
- The attending faculty dentist presents to the dental operatory, where they are introduced to the patient by the student dentist. In consultation with the patient and the student dentist the patient’s current health, vital signs and procedure planned for the dental visit are discussed and the faculty dentist provides the appropriate start check.
- Treatment is performed, diagnostic information is collected, consultations and prescriptions are completed by the student dentist under the guidance of the attending faculty dentist.
- The student dentist records all information in the electronic dental record system and the attending faculty dentist signs off on entry.
- Post visit instructions, the plan for the following visit, and associated costs are discussed with the patient.
- Follow-up appointments are made by the student dentist.
Payment and Discharge

- The patient is escorted by the dental student to the reception desk.
- The clerk at the reception desk collects the fees owed for the procedures performed and the patient is presented with a final walk-out statement.
- The patient is discharged from the Clinic.

Patient Registration and Suspected Identity Theft

All patients of the UNC School of Dentistry are required to provide proof of their identity during the registration process by presenting a government issued identification which contains a photograph. Before creating a new dental record a search must be performed, using all three of the below parameters, to confirm that the patient is not currently in the database:

- Patient’s birth date
- Patient’s phone number
- Patient’s name

If there is reason to suspect that a patient is not who they claim, contact should be made with the Office of the Associate Dean for Clinical Affairs immediately to explain the concern. The Office of Clinical Affairs will make the determination on the next course of action, including contacting the proper authorities.

For all patients with Medicaid, coverage is confirmed by the clerks before each visit and any applicable co-pays are collected at each visit. The patient’s name must be entered into the system exactly as it is printed on the card. Medicaid will not accept any claims that are submitted without the name as printed on the government issued card. If a patient asks to use something other than the name on the card, educate the patient on the above rules required by Medicaid. If the patient is insistent about not using the required name; the patient should be directed to have a seat in the lobby, and the Office of Clinical Affairs will be notified.

Collection of Fees

- Students should inform their patients in advance of the anticipated fee for each dental procedure and the total due for the visit.
- Treatment plans must be signed by the patient to acknowledge they understand and approve the proposed treatment and all costs.
- Multi-step procedures for fixed and removable prostheses require 100% of the procedure fee be paid on the first visit when the procedure is started. Patients should be informed in advance that the procedure will not be started unless they bring the required payment. The procedure fee must be paid before the appliance will be ordered or any materials are sent to the outside dental laboratory for fabrication.
- All payments must be made in person by the patient directly to the Clerk. Students, non-patient accounts staff, dental assistants, or faculty are strictly prohibited from accepting payment from patients. Only authorized Clerks or members of the Office of Patient Financial Services may receive payments from patients.
Types of Accepted Patient Payments

1. Personal checks will be accepted for payment. The check should be made payable to the UNC School of Dentistry on the date the check is accepted. Post-dated or third party checks are not accepted.
2. Payments can be made by cash, personal check, money order, or credit card (Visa, MasterCard).
3. The following information must be indicated on the front of the check prior to posting to the patient’s account:
   a. The patient's phone number (verified with the number on the record in the practice management software).
   b. A valid Driver's License or Personal Identification Card number
   c. The patient's chart number
4. Patients who submit checks with insufficient funds in their account will incur a service fee in addition to the outstanding balance. Patients will not receive further care or product until the fee and outstanding charges are paid in full.
5. With the exception of Medicaid, the UNC School of Dentistry predoctoral clinics do not accept dental insurance. For those patients requesting reimbursement for payment of their dental services with carriers other than Medicaid, the UNC School of Dentistry will provide a copy of the claim form for the patient to submit to their insurance company, but only after the procedure is paid in full.
6. The patient also receives a walkout statement with a signature of the Associate Dean for Clinical Affairs, which also must be submitted with the insurance claim.
7. It is the patient's responsibility to review their insurance policies regarding limitations, exclusions, alternative benefits, deductibles, co-payments, annual maximums, and pre-authorizations prior to treatment.

Screening for Admission of New or Readmitted Former Patients

The School of Dentistry has established a system for categorizing, assigning, and managing patient care in the predoctoral clinics. To become a patient at the School of Dentistry, prospective patients request an application in which they report their perceived dental needs. The application is returned to the School and scanned into a database using optical character recognition. Each month, the database is first queried for people who self-reported the need for services appropriate to School of Dentistry students. Complete denture patients and children under 12 are automatically selected to be screened.

After this initial query, applications are selected so that the total number of people invited for screening appointments matches the current need for new patients. People who are not selected remain active in the system for two additional monthly drawings; after that, those who still are not selected must submit a new application if they wish to be considered again. At the screening visit, patients are characterized according to their treatment needs. That information is entered in the Electronic Patient Record, facilitating direct assignment of patients to students by the Patient Care Coordinators.

Each student is assigned to screening rotations, such that two students are assigned to screening each time their group practice is scheduled in clinic. The number of appointments available for screening, and consequently the number of assigned
rotations that a student may cover, is adjusted according the need for new patients. Two patients are scheduled for each student; however, if a classmate has a cancellation or a scheduled patient does not present, they may be tasked to screen the second patient. The student reviews the School’s policies and procedures with the patient, including the concept of patient-centered care, the patient’s rights, and the School’s responsibilities to the patient.

Potential patients are informed of the distinctive circumstances related to being a patient at an academic dental center – e.g., the amount of time required for appointments, the possibility of multiple appointments for a given treatment, and supervision by licensed dental faculty. At this visit, all patients receive printed information that explains these concepts.

After prospective patients receive information about the School, they may decline services or opt to continue the patient screening process toward acceptance as active patients. When patients opt to continue, an overview of their systemic health is obtained and a screening examination is performed. The collected information is used to determine whether patients can be provided care within the scope of predental care students, as outlined on the screening form.

The faculty member and student will determine which, if any, radiographs are indicated and the faculty member will order them. The patient’s radiographs are made that day in the group practice clinic or in the Radiology clinic. The radiographs are interpreted in the group practice clinic by the student and faculty member and the patient is provided with a high-level overview of their dental concerns and the associated timeframe and financial costs of managing their oral health care in the School’s predental clinics.

If the treatment is deemed by faculty to be beyond the scope of care of the predental clinics, the patient is provided with referrals to other clinics where they may seek care. For those situations that are beyond the scope of an average general dentist (e.g., reconstructive dentistry involving changes in vertical dimension), appropriate referrals for care are made to dental professionals in the community (e.g., community health centers) and/or to the advanced education programs within the School. If the treatment is within the scope of care of the predental clinics and the patient is still interested in receiving care, the patient is informed that a dental student will contact them shortly to arrange a comprehensive examination appointment.

Adult patients who have completed active treatment are invited to return for maintenance services in the Preventive Recall Unit. When additional treatment needs are identified among these people, they serve as an additional source of patients for dental students. A staff dentist performs screening exams for all pediatric dentistry patients and some adult patients. Also, patients who present with an urgent dental need may, at the discretion of the Group Practice Director, be screened to become comprehensive care patients.

**Patient Assignment**

All patient assignments are made by the Patient Care Coordinators. Patients are assigned to students based upon the dental needs of the patient and the educational
experience of the student. Students may request additional patients or types of cases from the Patient Care Coordinators. Patients that will not be assigned to an undergraduate student will be notified and referred to a specialty clinic or to private practice.

Patient Assignment—Immediate Family

Screening appointments for immediate family members of students are arranged without the patient going through the lottery process. Immediate family must complete the admissions paperwork, which is available at the Admissions desk on ground floor Tarrson Hall. For DDS-1 summer PRU the screening will be for Limited Care Dental Hygiene using the purple screening form. The completed paperwork is to be submitted to the Admissions Desk. The clerk at the admissions desk must be informed of the family relationship. Qualifying family members will be contacted by the patient admissions staff and provided with the earliest possible screening appointment.

Immediate family members are defined as spouse, children, step-children, siblings, step-siblings, parents, step-parents, in-laws of spouse and grandparents. Immediate family members **do** have to go through screening, and should be able to provide any current digital or film x-rays by the day of the appointment (no paper copies). The family member, after the screening visit, will need to work with clerks at the reception desk to get an appointment in the system. Per standard protocols, if the patient is deemed to be beyond the scope of care for the predoctoral clinics, they will not be admitted, regardless of relationship.

All other family members, (i.e. aunts, cousins, fiancés, etc.) are welcome to go through the lottery. If they are selected and are admitted to the DDS clinics, they will be placed in the student’s practice, but the student will need to contact their PCC to see if it would be possible for them to be assigned to this patient. There is no guarantee the non-immediate family member will be assigned to the student making the request.

Patient Transfers

All patient transfers from a student to another student or co-assignment to two dental students will be with the approval of the Patient Care Coordinator and the Group Practice Director. Assigned patients are generally not transferred between students except when the student providing care completes their time at the UNC School of Dentistry. However, students are allowed to share or transfer patients to other providers to complete their clinical experiences (usually on a case-by-case basis, mostly in the Spring semester, and only on approval of the GPD/PCC.

Patient Care in Group Practices

Categories of Patient Care

Patients may be seen in the Group Practices for either comprehensive care or limited treatment. Comprehensive care patients are assigned to a student for a complete diagnostic assessment, comprehensive treatment planning, and treatment or management of all dental problems.
Limited care patients come from several sources:

- Those who present for urgent care
- Those who have been referred to the School by an external dentist or health care provider for attention to a specific dental problem only
- Those who are referred from Preventive Recall PRU

Although a treatment plan must be formulated for these patients, it will be limited to a specific problem, e.g. extraction for relief of pain or root canal therapy only per prescription of referring dentist. On patients who are referred for a specific dental problem, a notation must be made in the record to document the referral, treatment to be performed, and plans for follow-up.

**Timeliness of Care**

Students and faculty are expected to expedite patient treatment based on the private practice model of dental healthcare.

- Appointment intervals vary and depend upon the number of patients assigned to the student’s practice and type of patient care required. Student dentists are expected to schedule patients at intervals appropriate to their treatment needs, and according to School standards.
- Student dentists should appropriately sequence patient treatment plans and make every effort to provide service on a timely basis.
- Student dentists will schedule their patient’s next appointment while the patient is in the operatory. Patients should not leave the clinic until their next appointment is scheduled.
- Patients who do not make follow-up appointments, cancel, or fail appointments should have notations placed into their clinical record by the student dentist.
- Overdue patients without proper documentation of the reason for treatment delay will be discussed by the assigned student dentists with the Patient Care Coordinator.
- A patient may have appointments more frequently, but generally, gaps between appointments should not exceed 30 days. Exceptions to the 30-day maximum between appointments occasionally will occur. Reasons for this gap in care must be documented in the patient’s electronic record.

**Late Arrival**

Patient who have not arrived within 15 minutes of the scheduled start time of the appointment are to be called by the student dentist and the status of the appointment determined. The receptionist is to contact the Group Practice Clinic when patients arrive more than 30 minutes late. In such cases, depending on the circumstances and on factors in the clinic, the student dentist might not be able to see the patient. Late arrivals can lead to a patient being dismissed. Students who have patients who did not present for their appointments are to report to their Group Practice Director, who will assign further duties to the student dentist.
Daily Appointment

It is the student’s responsibility to thoroughly prepare for each day’s patient experience by being on-time for their patient appointments, reviewing the electronic dental record, having a daily plan, and having the appropriate materials and instrumentation prepared for the clinical experience. Student dentists are responsible to provide care consistent with the UNC School of Dentistry’s Standards of Care.

Start Check

At the start of each appointment the medical and dental history will be reviewed with the patient. The student dentist will discuss with the patient the procedures planned for the appointment, the fees and payment expectations for that day. Before starting treatment the student dentist will introduce the patient to the attending faculty and present a summary of the above discussion. The faculty member will review the electronic patient record to confirm a start check has been accomplished and to provide approval for the student dentist to proceed.

Medical Alerts and Medical Consultations

Medical alerts are documented in the alert module of the electronic dental record. The alert must be entered individually into the alert module. Medical consultation forms are available in the electronic dental record system. The consultation forms should be used to obtain the advice of the patient’s physician for patients with medical conditions which may affect or be affected by dental treatment. When a written medical consultation has been requested for a patient, a notation will be made in the progress notes, and the attending faculty member must electronically sign the form before it is printed and provided to the patient or sent directly to the individual being consulted. The returned consultation must be scanned into the patient’s record.

Each student should discuss the information with a faculty member and record the physician’s recommendations in the progress notes. No treatment should be initiated until the consultation form has been returned and discussed with a faculty member. If warranted, the medical alerts should be modified.

Treatment Plans

Patients seeking comprehensive or limited dental care at the School of Dentistry must have a treatment plan developed and approved in the Group Practice Clinic. Treatment plans must include the planned treatment procedures and associated fees, approximate appointment schedule, and rationale/recommendations for treatment. Treatment plans are effective for no more than 12 months, after which a new plan must be generated.

If the patient has been referred to the UNC School of Dentistry by a private dentist for limited treatment, the treatment plan should indicate that the patient will be sent back to the referring dentist for completion of treatment. Before presenting plans to their patient, student dentists must meet with the attending faculty member and review primary alternative treatment options. Prior to the treatment plan meeting, all patient information, radiographic images, and mounted study casts (when appropriate) must be available.
Before Daily Patient Dismissal

The patient must not be dismissed until a final check is done by faculty. Student dentists must make proper entries in the Progress and Treatment Notes before attending faculty will sign the electronic dental record. Information should include type and amount of anesthetic used, including vasoconstrictors, bases and/or liners used, and brand of restorative material, information relating to patient relations and reactions, follow-up instructions for the patient, plan for the next visit and any other information pertinent to treatment of the patient. Whenever possible, students must use the progress note templates found in the electronic dental record system.

Appointment Scheduling

Students should schedule the next appointment(s) for their patients in the patient scheduler module of the electronic dental record system before the patient is dismissed. It is the student dentist’s responsibility to schedule their patient’s appointments. The student’s schedule of appointments will be monitored by the Patient Care Coordinator and it is their responsibility to assure that the student dentist is exercising efficient scheduling and maintaining full schedule of appointments.

Patient Recall

Once active treatment has been completed, all patients become part of the preventive recall program (PRU). Patients will remain assigned to the same student dentist for maintenance until graduation, unless the patient has indicated they do not want to participate. Upon completion of the periodontal phase of therapy (perio re-evaluation), endodontic therapy, and/or the last appointment in the restorative phase, the student dentist, in consultation with the supervising faculty, will make recommendations for restorative and periodontal maintenance intervals. The maintenance type and date will be entered in the Recall module of the patient’s electronic record.

Student dentists are expected to check the Maintenance Report on a periodic basis and contact patients with upcoming maintenance needs to schedule an appointment. Overdue patients without proper documentation of the reason for maintenance delay will be discussed by the assigned Patient Care Coordinator with the student dentist.

Post Treatment Assessment

The Post Treatment Assessment (PTA) is both a self-reflection critical thinking educational tool for the student dentist, as well as a Continuous Quality Improvement indicator used to assure that high quality and timely care is being provided and that no treatment needs are being neglected. At the end of the Control and Definitive Phases of care the patient’s treatment is re-evaluated by the student dentist and faculty. The student dentist performs an assessment of the care completed including the quality of care, the sequencing and if any additional care is indicated. The student dentist also will reflect on whether the care provided was appropriate and whether anything might have been done differently. Faculty members then confirm the finding of student dentist.
Payment at Time of Service

Payment is expected at time of service. Although Student Dental Clinics offer patient care at reduced fees, often 40-60 percent less than area private dentists, the services are not free. Graduate Clinic fees also are offered at a reduced rate, often 20-40 percent less than area private dentists. Payment methods accepted include cash, check and credit card (MasterCard and Visa).

Payment Plans

There are no payment plans at this time in the predoctoral student clinics and most post-graduate clinics. The Predoctoral and Graduate Orthodontics Clinics are the exceptions and do offer payment plans, with an initial down payment required at the start of treatment. Most multiple appointment procedures must be pre-paid. Predoctoral student clinics providing implants, dentures, crowns and bridges require full payment before treatment starts.

https://www.dentistry.unc.edu/patientcare/studentclinics/

Treatment Interruptions—Non-conforming Patients

Patient Cancellation and No-show Policy

1. Clinic staff who receives a call from a patient who cancels their appointment on the date of service will make the appropriate entry into the computer while the patient is on the phone or as soon as the call is complete and offer to reschedule the patient’s next visit.
2. Each Clinic staff member will check at the end of the day to see that all scheduled patients have been accounted for and will document this with an arrival time, cancelled or no show connected to their appointment.
3. Patients must provide adequate (48 hour) notice to cancel or reschedule appointments. Patients who fail three appointments may be dismissed from the UNC School of Dentistry and may not be permitted to return in the future for dental care.
4. New patients who do not call and do not show up for two consecutive screening or initial examination scheduled appointments may be discharged from the UNC School of Dentistry and will be asked to contact another provider to establish care.
5. Any exceptions to this policy must be approved by the Associate Dean for Clinical Affairs.

Delay of Treatment

Occasionally, patients may choose to delay their treatment due to, but not limited to, illness, vacations, work schedules,(financial concern is one we often encounter in clinic) and health concerns. The Patient Care Coordinators should be notified of delays in
treatment and the student should note the reason for treatment delay in the patient’s progress notes.

**Progress Notes Protocol:**
- Document the patient’s request and reason for delay in the contact notes.
- Notify the Patient Care Coordinator to send a delay of treatment letter to the patient (generated through the electronic dental record system). The patient will stay in delay status for a maximum of four months, however, the patient must respond within four months with their intention to continue care.
- If the patient responds within the specified timeframe, treatment may be resumed; however, the patient may be subject to reexamination with associated applicable fees and the treatment plan may need to be modified.
- If the patient **does not respond** within the specified time frame, the patient will be dismissed and a letter will be sent by the Patient Care Coordinator.
- Patients who contact the school beyond the Delay of Treatment period may be reinstated for care at the discretion of the Associate Dean of Clinical Affairs. Those patients may be reassigned to another student dentist and may incur additional rescreening examination and radiograph charges.

**Missed Appointments**

At the initial screening the commitment required to be a patient at the UNC School of Dentistry is emphasized to prospective patients. If the patient cannot keep their scheduled appointment, they are required to notify the student dentist and/or Group Practice twenty four (24) hours prior to that appointment. If patients have two missed appointments (whether or not consecutive) without notifying the School at least 24 hours in advance, they are subject to dismissal. In the event of this occurrence, the following protocol must be followed:

1. If the patient calls to cancel an appointment, it is the student dentist’s responsibility to identify the reason the patient is calling to cancel. Student dentists must emphasize the importance of keeping scheduled appointments and make an effort to remove any barrier that may prevent the patient from keeping their appointment.
2. If the patient cannot keep the appointment, the student dentist must remind the patient of the clinic’s policy and make a notation of this in the electronic health record.
3. The student dentist **must** document the missed appointment in the progress notes. All conversations with the patient must be documented in the administrative notes.
4. After the second missed appointments, the patient is subject to dismissal from the patient care program. The student dentist must inform their Patient Care Coordinator that the patient has missed two appointments. The Patient Care Coordinator will send a Missed Appointments letter to the patient. A copy of the letter will scanned into the patient’s record.
5. Treatment may continue unless and until a third missed appointment occurs. At such time, the Patient Care Coordinator must be notified; a letter of dismissal will be sent to the patient. The patient status will be changed to “dismissed”, by the Patient Care Coordinator (or designee).
6. Periodically the Patient Care Coordinator (or designee) will review the list of patients that have been sent notices of missed appointments. Patients who have not responded may be dismissed.

Repeated Patient Cancellation

Occasionally, patients repeatedly cancel appointments with greater than 48 hours’ notice. While the patient followed the rules by cancelling with adequate notice, the continued cycle of making an appointment and then cancelling that appointment results in treatment delays for the patient and prevents the student dentist from scheduling other patients so they may progress with their education. When this situation occurs, the student dentist must contact their Patient Care Coordinator. The Patient Care Coordinator will send a “letter of commitment” to the patient. A copy of the letter must be scanned into the electronic health record. If the patient fails to sign and return the letter, or fails to comply with its stipulations, the patient will be dismissed.

Unable to contact the patient

Patients may be difficult to contact because of disconnected phones, change of address, or the patient leaving the dental program. Students should document each attempt to contact the patient in the Administrative Notes and send out a letter stating that the dental student has been unable to contact the patient. A copy of the letter must be scanned into the patient’s electronic health record. Patients are required to respond to the letter within three weeks. Patients who respond within that timeframe may continue with their dental treatment. Patients who do not respond to the letter may have their status changed by the Patient Care Coordinator. The status may be changed in the patient record and the patient dismissed following the protocol for discontinuation of treatment found below.

Discontinuation of Treatment

Treatment Discontinued by Patient Request

Patients may choose to leave the UNC School of Dentistry. Documentation of the patient’s request for discontinuance of treatment must be recorded in patient’s electronic dental record. Patients that have indicated that they will discontinue treatment will be sent a follow up letter for confirmation and a copy of the letter will be scanned into the patient’s record. If there is no communication from the patient within three weeks the patient status will be changed to dismissed. Within the confirmation letter the patients are informed that the UNC School of Dentistry will provide emergency service for 30 days to support them while they obtain the services of another dental healthcare provider. Patients will also be informed that copies of patient records are available, for a reasonable fee, upon written request. Patients may request reinstatement to the teaching program and such reassignment into the program is at the discretion of the Associate Dean for Clinical Affairs or their designee. Reinstated patients are subject to rescreening and any diagnostic fees.
Patient Dismissed by the UNC School of Dentistry

At times patients must be dismissed from our clinics. The various reasons include but are not limited to: disruptive behavior, verbal and/or physical abuse of any staff, student, or faculty member, failure to keep dental appointments, failure to pay for dental treatment, and/or not abiding by clinic policies. Patient dismissal must be in writing to the patient and a copy must be included in the record. The School has the legal obligation to continue treatment to a logical stopping point.

Documentation

1. The student dentist must document the rationale for discontinuance of treatment in the patient record after consultation with the Patient Care Coordinator and/or the Group Practice Director.
2. It is necessary to have sufficient *history of record documentation* supporting the reasons for dismissals progress notes or administrative notes of the electronic health record.
3. The Patient Care Coordinator will transcribe a letter, using the template found in the electronic health record or a custom letter when no template exists. The letter must state the patient’s dismissal from the UNC School of Dentistry clinics along with the reason. The letter will also notify the patient of their existing dental needs and suggest they seek an alternative provider for completion of treatment. A referral will be made to the North Carolina Dental Society so that the patient can access care through their listing of area dental healthcare professionals. Under most circumstances the patient will also be notified that the dental clinic will provide emergency care for 30 days from the date of notification of discontinuance of care. A copy of the letter will be scanned into the electronic health system.
4. This letter will be sent by certified mail.
5. The Patient Care Coordinator will inform the assigned student, by e-mail, the following about the patient’s dismissal from the UNC School of Dentistry:

Procedures

UNC School of Dentistry strives to provide a well-rounded clinical experience to its students, and the majority of individuals seeking care with us are accepted into the program. However, some individuals have needs which are beyond the scope of our students. Furthermore, some patients elect not to continue care with us, and on rare occasions patients may need to be dismissed from the program. The electronic health records of those patients must be handled appropriately to prevent errors in scheduling, billing, etc. The EPR has systems in place to dismiss or lock the record, when appropriate, for this reason.

Electronic Chart Lock

In some cases, a patient’s electronic health record is locked (AKA chart lock). The chart lock must be removed by authorized personnel before any treatment, including urgent care, can be provided.
Urgent Care

UNC School of Dentistry Policy on Urgent Care

An individual seeking urgent care is considered to be a person with discomfort, irritation or unpleasant conditions that may include, but are not necessarily limited to: swelling, mild fever, purulent drainage, broken dental restorations or prostheses, occlusion problems, etc.

Cost for Urgent Care

There is a standard fee plus the cost of any additional tests, imaging and treatment.

Management of Urgent Care Situations

Management and treatment of urgent care situations, as defined above, will occur during regular business hours of the UNC School of Dentistry clinic only. There is no Urgent Care clinic on Friday afternoons.

Patients of record both active and inactive will be seen, whenever possible, in the same Group Practice in which they were previously treated. Patients who have been dismissed from the UNC School of Dentistry clinics, and who are no longer eligible for care, will be provided with the appropriate referral. The clinic utilizes a rotating Faculty/Resident on-call response service to manage urgent care situations that occur after business hours, during weekends, and holidays.

Emergency Care

An individual seeking emergency care is considered to be someone who has pain and/or swelling, an active infection and/or fever of a nature that threatens the overall health and well-being of the patient and requires immediate attention. Emergency care may also be required in relation to traumatic dental injuries resulting in vital pulp exposure, partial or complete dental exfoliation or orofacial bony fractures. It should be stated that true dental-related emergency situations are a relatively rare occurrence.

Cost for Emergency Care

There is a fee plus the cost of any additional tests, imaging and treatment. Persons with true emergencies will not be refused care due to an inability to cover the cost of immediate treatment. Individuals who cannot afford treatment will, whenever possible, be provided the necessary treatment to stabilize the condition and will then be provided appropriate referrals for follow-up care. Persons returning at a later date with the same emergent condition may be denied care.

Management of Emergency Care Situations

During business hours all efforts will be made to manage and treat persons who present with emergency care situations. The clinic utilizes a rotating Faculty/Resident on-call response service to manage situations that occur after business hours and during weekends and holidays.
Urgent and Emergency Care Procedures During Business Hours:

1. Patients will call to make an appointment or present for an urgent/emergency care dental appointment.

2. The Clerk at the reception desk will search for the patient in the electronic patient record program.
   a. When searching for the patient the Clerk will utilize at least three search terms (e.g. Last Name, Date of Birth, Phone Number) to locate the patient’s information in the electronic patient record program before determining that the patient is not in the system.
   b. If the patient has not been to the clinic previously, the Clerk will register the patient.
   c. If the patient has previously attended, the Clerk will confirm that the patient was not dismissed from the clinical program.
   d. If the patient was dismissed within the 30-day urgency care window, the patient will be informed that urgent care treatment may be provided, but dismissal from the clinic has occurred. The patient will be referred to the North Carolina Dental Society for a list of providers in their area in order to seek follow-up treatment.
   e. If the patient was dismissed from the UNC School of Dentistry beyond the 30-day urgency care window, the Clerk will explain to the patient that we are unable to meet their oral health needs. They will be referred to the North Carolina Dental Society for a list of providers in their area in order to seek follow-up treatment.

3. Depending on the time of day the patient will be escorted to the Group Practice Clinic or they will be scheduled for the following day. Student dentists, in consultation with Faculty will prescribe appropriate analgesics and antibiotics.
   a. Patients are strongly encouraged to be seen during the hours of clinical operation.

4. The Clerk will schedule the patient in an open Urgent Care unit for the following business day.
   a. In the case of patients who have presented to the UNC School of Dentistry at the start of a session and without an appointment, the receptionist will check if there is an appointment slot open and schedule the patient into that slot.
   b. In the case of a patient who has presented at the start of the session when there are no appointments available or if the individual experiencing the dental urgency presents after the session has begun, the receptionist will check to find out if they have the resources available to see an additional urgent care patient.
      i. Provider Availability:
         • At the start of each session the Group Practice Director, or their designee, will determine the availability of student dentists for the session. They will have the Dental Assistant relay this information to the reception desk.
         • If there are no resources available the patient will be scheduled for the next available appointment.
      ii. Triage
         • The DDS student consults with the Patient Care Coordinator, GPD, and the Operations Manager to find an appointment in a timely manner based on the need. (broken tooth vs. pain, swelling, or fever.)
• If an appointment is not available for immediate care the patient will be informed that they will be triaged and then scheduled for the next business day.
• The next Group Practice Clinic in a rotating cycles will be contacted and a student dentist or staff member will present to escort the patient to the Group Practice.
• If a student dentist is available they will provide an urgent care assessment under the guidance of a faculty member. If a Student Dentist is not available then a Group Practice faculty member will perform the urgent care assessment.
• If it is determined that the patient has a dental urgency, but not an emergency, then if necessary appropriate medication may be prescribed and the patient will be provided an appointment for urgent care on the next business day.
• If the faculty member determines that the patient is undergoing a dental emergency a Student Dentist will be located to work with the patient to manage their emergency.
• If the patient’s situation demands immediate emergency treatment that is beyond the scope of care of the UNC School of Dentistry then the patient will be directed to present to UNC Hospital Center Emergency Department, where GPR and Oral Surgery residents are available to provide patient care.
• The patient will be informed that there is a substantial charge for services in the hospital emergency department and patients should be informed that they will be billed by the hospital and by the ED physicians.
5. The Clerk will inform the patient of the school’s fee for service policy.
6. The Clerk will determine the age of the individual seeking urgent care. If the individual is under the age of 14 years old they will be scheduled in the Pediatric Dentistry Specialty Clinic. If the patient is 14 years of age or older they will be scheduled in the Group Practice Clinic.
7. When the patient presents for their appointment the patient will check in at the reception desk and the Clerk will indicate that the patient has arrived in the electronic patient record program.
8. The Student Dentist assigned to Urgent Care will escort the patient to the treatment area and will work with the faculty to assess the patient and provide problem focused oral health care.

Procedures for Urgent and Emergency Care After Business Hours:

Students should advise patients to make every effort to contact them during regular business hours when problems develop. Patients should be told that assigned faculty and residents receive after-hours calls. A phone number is available in Group Practices to distribute to patients and after-hours information will be available by recording on each Group Practice’s telephone.

Registered patients have access to after-hours urgent care via a School of Dentistry emergency phone line. Student dentists advise their patients of the after-hours urgent
care phone number, and the number is available on the School of Dentistry website and in the Patient Information Brochure. The School has a contract with HealthLink, an after-hours call program within the UNC Health Care System. HealthLink is responsible for taking first call from Dental School patients who call the School’s emergency phone line overnight, on weekends and on holidays.

Calls that come to the emergency line during HealthLink coverage are routed by an auto attendant to the HealthLink phone line. The nurses at HealthLink triage the case and choose one of several options based on their triage protocol to determine if:

1. The patient can wait to contact their provider the next business day;
2. The patient should go to the School’s Urgent Care clinic the next business day;
3. They need to speak with a dentist now; or
4. They need immediate emergency care.

In a situation where HealthLink determines that the patient needs to speak to a dentist, the School of Dentistry provider on-call is contacted by HealthLink and the patient phone call is transferred. Residents on-call are the second responder with the Faculty on-call being contacted, if needed.

School of Dentistry providers on call have secure remote access to the electronic patient record. They confirm that the caller is an active patient. If a patient is not recognized as active, no advice or care is provided, and the patient is referred to their nearest urgent-care center. The procedures for patients of record is as follows:

On-call providers determine whether care may be provided on the following workday during clinic hours, and they provide instructions or other appropriate distance interventions.

If on-call providers determine that the severity of dental emergency warrants after-hours attention, they refer patients to the UNC Health Care System Emergency Services Department, where residents from School of Dentistry General Practice Residency (GPR) and Oral and Maxillofacial Surgery are available to provide on-site emergency oral health care. In cases where the patient is too far from Chapel Hill for this to be practicable or timely, the provider will direct the patient to visit their closest urgent or emergency care facility.

On-call providers record the details of after-hours patient contacts in electronic patient records using the appropriate procedure code, and they complete the after-hours progress report. These electronic records are available to all students, residents, staff and faculty responsible for the patient’s treatment. A notice also is generated and submitted by HealthLink via email to the Office of Clinical Affairs.

Using these reports from HealthLink, the Office of Clinical Affairs informs the dental student provider and the student’s patient care coordinator (PCC) that their patient contacted the after-hours emergency line. Clinical Affairs staff also upload to the electronic patient record a PDF of the report from HealthLink.
Prescription Medications

UNC will often prescribe medications as part of the patient’s oral healthcare. Student Dentists, in consultation with Faculty, will choose the appropriate medication and enter the prescription in the electronic health system. Prescriptions are to be generated ONLY through the electronic health system (this will insure that the prescription will be entered into the patient record). No other means of generating prescriptions for UNC School of Dentistry patients is acceptable.

Tamper Resistant Paper

As of October 1, 2008, all written prescriptions for outpatient drugs prescribed to a Medicaid beneficiary must be on paper that meets all three baseline characteristics of tamper-resistant pads as outlined by Centers for Medicare & Medicaid Services (CMS). For security reasons, all prescriptions generated from the UNC School of Dentistry clinic will use this tamper-proof paper. The paper is required to have the following characteristics:

- one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form
- one or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber
- one or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Administering Prescription Medications to Patients

UNC School of Dentistry administers a limited number of prescription medications directly to the patient. These include prescription-strength analgesics as well as antibiotic prophylaxis required before dental work for patients with joint replacement (per American Academy of Orthopedic Surgeons) or with heart defects (per the American Heart Association guidelines). Any prescription medications administered at UNC School of Dentistry clinics must be within the scope of the dental provider’s authority to prescribe.

Sample Medications

No staff member, student or Faculty may accept sample medications from outside sources.

Administering Medication

Antibiotics for Pre-medication of Patient

Patients who are diagnosed to be in one of the risk groups (per American Heart Association) for developing bacterial endocarditis or have prosthetic joints and are having dental procedures performed that require antibiotic pre-medication, will have an appropriate prescription generated through the electronic health record prescription module and procure the prescription prior to the next appointment.
For a more in depth explanation visit the ADA page: 

If the patient has not had the prescription filled or needs an emergency procedure, antibiotics are available on site and can be appropriated for immediate patient use by the following procedure:

- An appropriate prescription must be generated through the electronic health record and signed by the supervising faculty instructor
- The completed prescription is to be taken to the Tarrson Hall 3rd or 4th floor dispensary
- The medications will be tendered to the student dentist
- The prescribed appropriate medication (amoxicillin or clindamycin) will be dispensed
- Verification of the appropriate medication will be done by the faculty prescribing the medication before administering to the patient.
- A running inventory of antibiotics will be maintained by dispensary staff.
- An appropriate note indicating this transaction will be recorded in the patient record for the day.

Note:

- Antibiotic medication available on site should only be used for emergencies. The preferred technique is to provide the patient with a prescription and have it filled and taken prior to the appointment.
- Antibiotic pre-medication is only effective for four hours after first taken. If the procedure last longer, a second pre-medication dose must occur.
- If the patient is taking antibiotics for other reasons (dental infection, medical reasons etc.), this is to be disregarded in computing the dose for pre-medication for the dental procedures. For example: If the patient is taking Amoxicillin 500 mg three times daily for a medical reason, it is not sufficient just to add 1.5 g of amoxicillin. The dose must be the whole 2 g one hour prior to treatment.

Routine Inspection of Medication Storage Area

The Director of Clinics and Materials Manager will check the dispensary areas monthly for expired supplies. They will check the inventory software to assure that all medications are accounted for and that copies of prescriptions are transmitted to the Patient Records office.

Disposal of Outdated Medications

Expired medications must be removed from their packaging prior to disposal. They must be placed in an appropriate biohazard container for pick-up. Medications that are brought to the UNC School of Dentistry by patients and not reclaimed within 48 hours shall be disposed of according to the guidelines stated above in this section.
Distribution of Drugs to Patients

It is unlawful for any clinic employee who is not a licensed prescribing provider to prescribe, dispense, or distribute any prescription medication.

Recall Mechanism for Medications or Supplies

Each Group Practice will be notified by the Director of Clinics or the Materials Manager of any recalled medication or supply and its lot number. These supplies will be promptly removed from the storage area and disposed of according to manufacturer guidelines.

Promotional Literature about Medications or Dental Products

It is the responsibility of the Director of Clinics and the Materials Manager to determine if materials left by vendor’s representatives are appropriate for patient care areas or for distribution to the student-dentists, staff and faculty members of their Group Practice. Unauthorized promotional materials left by vendor’s representatives should be promptly removed and destroyed.

Usage of Sample Medications and Dental Products

At no time are student dentists, staff, or faculty members to help themselves to prescription drug samples without authorization from the Director of Clinics or the Associate Dean for Clinical Affairs. Medical solutions intended for single use that do not contain preservatives, such as normal saline irrigation, will be discarded immediately after use. All single dose vials will be discarded immediately after opening it and using it one time.

Patients Requiring Antibiotic Prophylaxis

There are two categories of patients requiring antibiotic prophylaxis: Patients with total joint replacement and patients with certain heart defects/repairs.

For patients requiring antibiotic prophylaxis check that the patient has taken the medication. If patient has not taken their antibiotic pre-medication and the decision is reached between the student dentist, patient and faculty that they procedure is to progress today then please follow the proper protocol for dispensing medications found below.

Guidelines From American Academy of Orthopedic Surgeons

Given the potential adverse outcomes and cost of treating an infected joint replacement, the American Academy of Orthopaedic Surgeons (AAOS) recommends that clinicians consider antibiotic prophylaxis for all total joint replacement patients prior to any invasive procedure that may cause bacteremia.

The link below leads to an American Academy of Orthopaedic Surgeons web page that provides a report from an expert panel of dentists, orthopedic surgeons and infectious disease specialists. The panel was convened by the American Dental Association (ADA)
and the AAOS. The report details the results of panel performed a thorough review of all available data to determine the need for antibiotic prophylaxis to prevent hematogenous prosthetic joint infections in dental patients who have undergone total joint arthroplasties. Current advice from the American Academy of Orthopaedic Surgeons is available online at the link below:

http://orthodoc.aaos.org/WinchesterOrtho/AAOS_On-Line__Antib.html

To go to the related Journal of the American Dental Association website, click here:

http://jada.ada.org/article/S0002-8177(15)61104-7/abstract

Guidelines for Prevention Of Infective Endocarditis

The American Heart Association (AHA) provides information and resources to guide dentists on treating patients with infective endocarditis (IE). The AHA website includes a page covering IE, which states that “Today, antibiotics before dental procedures are only recommended for patients with the highest risk of IE, those who have:

1. A prosthetic heart valve or have a heart valve repaired with prosthetic material.
3. A heart transplant with abnormal heart valve function
4. Certain congenital heart defects including

Click below for further information on IE in dental patients, and for links to related resources:

https://www.heart.org/HEARTORG/Conditions/CongenitalHeartDefects/TheImpactofCongenitalHeartDefects/Infective-Endocarditis_UCM_307108_Article.jsp

Other Considerations

The School is required by law to facilitate the needs of patients with disabilities and other special situations. Providers who require advice or assistance in accommodating the needs of their patients should consult with their supervising instructor, or the Office of Clinical Affairs.

Language Interpretation Services

Over the Phone Interpretation-Spoken Language

Providers should phone the UNC School of Dentistry interpreter at 919-239-1641 to request services when they have a patient who needs Spanish interpretation. In the event a patient requires a qualified interpreter who speaks a language other than Spanish, UNC SOD staff may use Liberty Language Services, accessible via telephones located throughout the SOD, or by dialing 877-208-8752 on any phone. This requires an assigned access code provided by clinic manager/administrator. A copy of the Over the Phone Interpreter (OPI) protocol can be found here:


The OPI protocol also is displayed in the infographic on the next page.
How to Use the Over the Phone Interpretation Service

1. CALL
   Dial (877) 208-6752 to initiate the call, then enter the five-digit clinic PIN.

2. SELECT
   When prompted, select the language needed for interpretation.
   - Spanish
   - Arabic
   - Other

   **DO NOT SELECT SPANISH UNLESS OTHERWISE AUTHORIZED.**

3. UTILIZE
   Use the over-the-phone interpretation service at the beginning of the appointment, at the end of the appointment and as needed in between.

4. RECORD
   Add a note in the patient’s EPR that states use of the service, language used, interpreter name and interpreter ID number.

5. SPECIFY
   Tell the dispatcher what language you need that is not Arabic, and the dispatcher will connect you.
Video Remote Interpretation-American Sign Language

In addition, free aids and services are provided to patients needing American Sign Language (ASL) interpretation. For patients who are hearing-impaired, a certified American Sign Language (ASL) interpreter can be requested in advance by emailing SOD Interpreter at ncruz@email.unc.edu with at least 48 hours’ notice. When possible, requests should be made as soon as the appointment is scheduled. The ASL interpretation service is provided via VRI (video remote interpreter) application on a laptop. A detailed protocol is located here:


The ASL protocol also is displayed in the infographic on the next page.
Steps to Using the American Sign Language Video Remote Interpreter (VRI) Service

1. **ASL patient**
   - appointment scheduled with school.

2. **Notify**
   - notify of appointment details school interpreter by emailing asru@email.unc.edu.

3. **Checkout**
   - the laptop located at 1067A, Tarrason Hall.

4. **Take**
   - brief overview lesson on how to request the VRI on the application.

5. **Use VRI**
   - at beginning of the appointment, at the end of an appointment, and in the middle as needed.

6. **Log-in info**
   - user: LibertyLanguage
   - password: ccgeri

7. **Click**
   - on "settings" in the lower left of the screen.

8. **Select audio**
   - and then run the tests for speakers and ringing, and ensure "Logitech USB Headset" is selected where indicated.

9. **Call**
   - by hovering over "Dispatch" and clicking "Call."

10. **Note**
    - the use of VRI in the patient's record, including name and ID if available.
Treatment for Pregnant Women

The Prenatal Oral Health Program (pOHP©) website provides the following statements about oral health for pregnant women, “a strong association still exists between maternal and child oral health. Untreated maternal dental disease nearly doubles the odds of their child having untreated and more severe dental caries. We cannot ignore a women’s oral health as a key part of her overall health and that of her children. Emerging evidence indicates that early preventive intervention can decrease the severity of dental disease and subsequent health care costs. Thus, the delivery of these services during preconception, pregnancy, and early childhood provides an opportunity to help modify the oral health for a mother and subsequently her children.”

For further information, please visit the pOHP© website at:
http://www.prenataloralhealth.org/about/page/11/Why+pOHP

Animals in the Clinic

The UNC School of Dentistry allows service animals to accompany patients who require this accommodation. If you are not certain that the animal is a service animal you may ask the person if the animal is a service animal required because of a disability. You may not ask the nature of the disability. All other animals that are brought in by patients or their family members will not be allowed in the UNC School of Dentistry. Persons will be asked to take the animals outside of the facility.

Blood Pressure

The UNC School of Dentistry guideline is that blood pressure readings be obtained during screening, initial evaluation and maintenance appointments and before any dental treatment. Maximum limits for measured blood pressure values varies in relation to the patient’s environment, health history, family history and procedure being performed and it is up to the professional judgment of the attending faculty member to decide if treatment should proceed.

Should the faculty feel that the blood pressure values are not within the current standards then a consult may be provided to the patient for follow-up with their physician. Patients that present with a systolic blood pressure 150-180 mm Hg and/or diastolic blood pressure 90-110 mm Hg receive a consent form relating specifically to blood pressure prior to dismissal for the day.

UNC School of Dentistry Blood Pressure Monitoring Guidelines may be found on the UNC School of Dentistry web site at the below link:

Blood Glucose

The UNC School of Dentistry guideline is that blood glucose readings be obtained during screening, initial evaluation and maintenance appointments and whenever the
attending deems that it is needed for the dental procedure to be performed based on indicators in the medical history and current patient symptoms. When working with known diabetic patients, the dental provider should use their clinical judgment in deciding when to test the patient’s blood-glucose levels and when it is appropriate to refer the patient to a physician for further evaluation. Patients with indicators in their medical history (weight gain or loss, family history, gestational diabetes, excessive thirst, etc.) should be tested and carefully monitored during treatment.

The American Diabetes Association (ADA) criteria for diagnosing diabetes are met when any of the following results have been repeated on at least two different days:

1. A fasting blood glucose level is 126 mg/dL (7.0 mmol/L) or higher.
2. If fasting blood glucose level is between 100 mg/dL (5.5 mmol/L) and 126 mg/dL (7.0 mmol/L), one is considered to have pre-diabetes (impaired fasting glucose), and an increased chance of getting diabetes.

Consultations to physicians will be made on the clinical judgment of the attending faculty and using the current American Diabetes Association criteria as a guideline. Click the following link to go to the criteria online:


Running Control Test

Control testing should be performed on each new box of test strips and results recorded in a log showing the date, test results, code number of test strips and the initials of the person performing the testing. Follow the manufacturer’s directions for running a control test.

Documentation of Oral Health Care

The purpose of documenting patient’s oral health care is to create and maintain a legal record of all assessment, diagnostic and treatment services rendered by the UNC School of Dentistry and be in compliance with the patient’s HIPAA privacy rights.

Definition of the Health Record Content and Format

At the UNC School of Dentistry the patient’s record is an electronic health record managed through the Electronic Patient Record (EPR) dental management software program. All patient diagnostic casts/models and test results are also considered part of the patient’s health record.

Patient Record

All patients who are examined or treated in the UNC School of Dentistry must be registered and have an electronic health record. All information regarding patients is stored in the EPR record. All oral health records, including any part thereof, are the property of the UNC School of Dentistry. Compliance with this provision is the responsibility of the Associate Dean for Clinical Affairs and his/her designee. Active oral health records exist in the electronic data base of EPR and are stored on dedicated
servers maintained by UNC School of Dentistry’s Office of Information and Computing Systems.

Record Contents

The UNC School of Dentistry retains electronic records concerning all diagnosis, evaluation, and treatment of each patient of the UNC School of Dentistry. Such records include:

- All treatment notes, including current health history and clinical examinations;
- Prescription and dispensing information, including all drugs, medicaments and dental materials used for patient care;
- Diagnosis and treatment planning;
- Dental and periodontal charting. Specialist charting must include areas of requested care and notation of visual oral examination describing any areas of potential pathology or radiographic irregularities; and
- All radiographs.
- Diagnostic cases/models

Progress notes must be entered at the conclusion of every patient encounter. It is important that these notes reflect the current condition of the patient and the proposed treatment plan as it changes. Progress notes, once approved by attending faculty, may not be erased or amended.

Progress Note Scaffold

The entry will include:

1. **Reason for Appointment**
   - Why the patient is presenting for this appointment. Note if the patient understands the intention of the appointment and gives her/his consent. (Ex. crown impression, comprehensive oral examination, scaling and root planning, recall, toothache).

2. **Patient Symptoms**
   - Record; in the patient’s own words, her/his chief complaint. Note any symptoms the patient reports.

3. **Assessment and Diagnoses**
   - Note assessments performed (including recording of patient blood pressure and recording/updating of histories), findings obtained, and diagnoses developed. Note recommended therapies and patient consent to proceed, or not.

4. **Service Provided**
   - Describe any preventive or risk reduction methods used, or recommended to the patient (Ex. fluorides, tobacco cessation, OHI, etc.).
   - If anesthetic is provided, note type and amount given and how delivered. If none given, note “none given” and why.
   - Describe, in detail, the service provided to improve or maintain your patient’s oral health status. Include materials used, a description of any complications
encountered, and any substantive communication that occurred between the patient and students, faculty or staff.

5. Post-Appointment Instructions
   - Note any instructions you provided to your patient regarding behaviors he/she is to engage in or avoid.

6. Plan for Next Appointment
   - Indicate the intended outcome of the next appointment.

All patient clinical notes are date and time stamped in the EPR system and must be approved by supervising faculty.

Accuracy of Record

In the interest of professionalism and proper ethical behavior, patient records should be accurate and should only contain factual information. Facetious remarks and/or uncomplimentary comments should NOT be placed in the patient record. It is important that the tendency toward abbreviated and cryptic references be avoided. Many years may elapse between the creation of the record and the need to defend it. Dentist’s personal observations as to patient’s disposition and attitude are appropriate. Such observations must be factual and not malicious. Such observations should not make judgmental or diagnostic statements that are outside the author’s area of specialization. A forgery of faculty signature or electronic approval is a serious violation of professional ethics and is illegal. Such behavior will result in criminal and/or disciplinary action.

HIPAA Privacy and Security

Faculty members are responsible for ensuring student dentists appropriately protect the confidentiality of patient records. Access to the electronic record is only available during regular clinic hours and students cannot make approved chart entries in the record without a faculty digital signature (swipe card). The UNC School of Dentistry is a covered entity under HIPAA guidelines, and all individuals who have access to protected health information have satisfactorily completed online HIPAA training. Students, faculty, and staff will respect the confidentiality of patient records. Access to the patient’s electronic health record requires a sign-in and password. Levels of access and security are dependent on user status (Office of Clinical Affairs, Faculty, Students, Staff, and/or Financial Personnel). For greater security the electronic health record will automatically close after a maximum of 30 minutes of inactivity.

Displayed records in the clinic and/or semi-public places should be minimized or shielded to protect the patient’s privacy. When the student doctor and patient are not in their assigned operatory the electronic health record must be closed. Please see the Risk Management section of the Clinic Manual for more details about HIPAA Security and Confidentiality.
Late Entries

Procedure for making a late entry or addendum to the patient record: The late entry or addendum should be made in the Progress and Treatment Notes of the patient record using the date the entry is made. The treatment date that the late entry or addendum references should be included in the body of the entry. The entry must be validated by a faculty member.

Corrections to Record Entries

Procedural progress notes, once approved by attending faculty, may not be erased or otherwise amended. If information was left out or is being corrected a new entry is entered into the electronic patient record. This entry is date stamped with the date the entry is being made. The body of the entry must have the date and the procedure which is being modified. Correcting an error in charting on the odontogram should be corrected in the appropriate area of the patient chart. A statement of correction should be made in the Progress Notes and validated by a faculty member. Contact the Office of Clinical Affairs if billing codes or other financial data needs correcting.

Under no circumstances should any portion of the record be altered. Alteration of any portions of the record for any reason is a very serious issue. The loss of any portion of a record, particularly clinical and radiographic images, may imply that they were removed deliberately in order to suppress evidence of patient care. In the event that legal action was brought by a party against the school, this could have serious consequences. The UNC School of Dentistry has a zero tolerance policy toward alterations of patient dental records.

Paperwork and Paper Forms

To ensure timely, accurate notation in the patient’s clinical record after the receipt of a paper form (e.g. medical consultation) the following guidelines must be followed:

- The student dentist will enter a note in the patient’s electronic record regarding the receipt of the form.
- Patient related forms that are returned via facsimile, mail or in person will be labeled with the patient’s name and dental record number and scanned into the electronic health record.

Patient Informed Consent Guidelines

Informed consent is accomplished through conversation with the patient. Forms are used as a formal agreement that the patient has undergone a conversation informing them of the risks, consequences, benefits, and estimated costs of the proposed procedure and alternate procedures and they understand the consequences of not having treatment.
General Consent

General Consent is completed when the patient registers and includes permission to examine the patient.

Informed Consent

Proper informed consent includes informing the patient of the benefits, risks and costs inherent to the proposed and alternative treatments, as well as the risks of no treatment. Include the chances of failure and prognosis of the case. The presentation must be presented in terms and language the patient can understand and ample opportunity must be provided for patients to ask questions and clearly accept or reject the suggested treatment.

Patients should understand the financial commitment they are making. Clearly communicating payment requirements with patients is an important part of good practice administration.

Treatment of Minors and Emancipated Minors

Minors cannot receive dental treatment (including exam and x-rays) without the consent of a parent (who can be a minor) or legal guardian. Parents/guardians accompanying minors must stay on-site for the entire dental visit.

A minor is considered anyone under 18 years of age. The following are exceptions to the under 18 parental/guardian permission rule. A person that satisfy one or more of these exceptions can consent to their own treatment:

1. A minor who is pregnant.
2. A minor who is married.
3. A minor who has a court order declaring the person an emancipated minor.
4. Telephone permission from the parent/guardian (if we are sure the person we are speaking to is indeed the parent/guardian). This ONLY applies in EXTREME emergency situations as determined by the attending faculty member.
5. A minor presenting with intractable pain or in dire need of medical/dental emergency treatment and the parent/guardian cannot be reached; care may be rendered under emergency implied consent.

All of the above exceptions need to be meticulously documented in the patient’s permanent record for legal purposes.

Patient Incidents

Occasionally, patients or visitors to the clinics will experience an injury, accident or other adverse event. Students should report such incidents promptly to the supervising instructor and the Group Practice Director to seek advice and assistance in managing the situation. The procedures outlined in the Clinic Manual section on Risk Management should be followed for all patient incidents. All incidents should be reported to the Office of Clinical Affairs, and an incident report filled. Any student or
employee who receives a subpoena, legal request for records, or notice of lawsuit should immediately inform the Office of Clinical Affairs.

**Patient Complaints**

The procedures outlined in the Clinic Manual section on Risk Management should be followed whenever a patient has a concern.

**Timeliness of Care**

Each Student Dentist is expected to deliver dental treatment to his/her family of patients in a timely manner in accordance with the sequenced treatment plan. The Student Dentist must also coordinate and monitor referrals to other care providers, and graduate clinics to ensure timely care.

Failure to demonstrate good timeliness and continuity of care will result in documentation of unprofessional behavior. The Student Dentist will be expected to correct the issue and may be required to perform remedial activities.

Examples of good timeliness and continuity of care are:

- The patient is seen consistently, at least every 30 days and reasons for gaps greater than 30 days are documented in the patient's record
- Care provided follows phasing and sequencing prescribed in the treatment plan
- Care deviating from the phasing and sequencing is documented in EPR
- The Student Dentist contacts the patient, faculty, or staff to facilitate continuous care for a patient
- Referrals are monitored and documented in the patient record in a timely manner. (e.g., Endodontics, Oral Surgery, etc.)
- Patient Record Management
- Each student dentist is expected to accurately keep the treatment records of his/her family of patients, in accordance with Documentation Guidelines.
- Annually, each student will be required to perform patient record audits. Examples of good patient record management are:
  - Consistent, accurate documentation of treatment or other appropriate patient care related information
  - Progress notes are entered on the day care is provided
  - Progress notes are complete and accurate
  - Medical histories are complete and up to date
  - Odontograms and periodontal charts are complete and accurate
  - Tooth numbers are present and accurate
  - There is documentation in the progress notes that the patient was informed when the student dentist will be on extramural rotation
  - Appropriate specific consent forms are completed and signed by all parties in a timely manner (HIPAA, Medical History, Treatment Plans, General Consent)

When there is a concern regarding the quality of treatment, student dentists will inform their faculty member, who may instruct the student to submit a request to the administration for review of the case and possible fee adjustments. At no time may the
student dentist or faculty member promise a fee adjustment to a patient. Therefore, there is no documentation of fee adjustments promised to the patient by the Student Dentist.

Hard copy items related to the patient record are maintained as described in the Documentation Guidelines for the UNC School of Dentistry Treatment Record. The School’s Patient Record Control policy and procedures and HIPAA regulations/policies forbid taking components of a patient record off site. This includes patient images, models, appliances and copies of the patient’s electronic record.

**Patient Record Audit**

Accurate and complete patient records are vital for every health care provider as they afford a clear history of the patient’s care, increased patient safety, reduced patient morbidity, and reduce the potential risk of legal liability to the oral health provider.

As the leader of the health care team each dentist must be able to manage a continuous quality improvement (CQI) process of which patient record audits are a vital component. Therefore, in year DDS-3 student dentists participate in the school’s record audit CQI process. In the fall semester the DDS-3 students each audit 3 records of patients who were treated by a peer. The School has a comprehensive system for patient record audits, which utilizes record review forms, available on the Patient Management Sakai course site, to document its record audit process.

During the audit, records are examined for errors and deficiencies in:

- Medical history updates
- Oral risk assessments
- Radiographic image assessments
- Anesthetic type and dosage
- Periodontal charting
- Comprehensive treatment plans

The Patient Care Coordinator (PCC), with the help of randomization software, assigns patient records to student within their Group Practice, (A, B, C, D). The students have two weeks to perform the audit of the assigned patient records and turn in the completed forms to their PCC. The PCC reviews the completed patient record audit forms for completeness and accuracy, follows up with the auditing student and assigns a grade of complete/incomplete.

Upon completion of a record audit, student dentists and Group Practice Directors are notified of the patient record number and the type and number of deficiencies. Students are required to correct the deficiencies, with corrections reviewed and approved by the faculty, within five days from the date of the audit.

On a semester basis, the Associate Dean for Clinical Affairs prepares an aggregate report for the Quality Assurance Committee. The Associate Dean for Clinical Affairs forwards corrective action requests to responsible individuals for required programmatic adjustments to improve the quality of comprehensive patient care.
Administrative

Each dental student dentist is expected to appropriately manage his/her family of patients. The student dentist must respond to, and communicate with, their Patient Care Coordinator (PCC) concerning the management and progress of treatment for his/her family of patients, in a timely manner.

Examples of good administration are:

- Completion of patient record audit reviews with PCC by the specified date
- Submission of the Patient Care Status Report to PCC by the specified date
- Completion of patient records randomly selected and assigned for peer review by the specified date
- Completion and submission of audit forms to PCC by specified date
- Confirmation of identified deficiencies requiring corrective action with Group Practice Director
- Responds to messages related to patient care, including e-mail, to communicate with the Associate Dean for Clinical Affairs, Patient Care Coordinators, Risk Manager, Director of Diagnosis and Treatment Planning, Group Practice Director or other school personnel in a timely manner, defined as within 5 calendar days or 24 hours if it is marked URGENT
- Adheres to clinical administrative policies and procedures of the School, e.g., appointment system, infection control, patient financial policies, etc. (e.g. Inform the Patient Accounting office that a patient is covered by Medicaid prior to providing treatment, especially when services that require prior approval are involved.)
- Provide oral health care services only to patients who have been assigned by the Associate Dean for Clinical Affairs, a Patient Care Coordinator, or a Group Practice Director
- All documentation entered is truthful and objective

NOTE: Falsification of any document or computer-based record for the purpose of misrepresenting actual occurrences will not be tolerated and the student is subject to disciplinary action.

Administrative—Financial

The following information is provided to student dentists as instructional material to assist them in meeting their patient management responsibilities as this relates to patient accounts.

- The Student dentist dental clinics operate on a fee-for-service basis. Student dentists are responsible for following approved clinic policies and procedures regarding the generation of charges (fees) and for instructing assigned patients they must pay at the time services are rendered.
- Student Dentists should not accept payments, but should direct the patient to the front desk clerk.
- The school accepts cash, checks and certain credit cards.
- Patients should understand that payment is expected in full before another visit is scheduled.
• The patient must pay 100% of the fee prior to beginning any multi-visit procedure that requires dental laboratory services.
• Deferred completion of the procedure for financial reasons is appropriate when the patient's condition is stabilized and monitored.
• Students are responsible for delivering care to their assigned patients in so far as the patient has the ability to pay for services.
• Students are not to proceed with non-emergency, additional treatment until payment is received in full for a completed procedure.
• Emergency palliative treatment to relieve pain, bleeding, or infection should not be withheld.
• Students are expected to provide patients with information relative to the fees for a service prior to initiating the procedure.
• Students must obtain a patient’s electronic signature on the treatment plan.
• In the event an assigned patient is financially unable to pay for treatment to be rendered, the student is responsible for contacting the Patient Care Coordinator to arrange a "delay in treatment" status for the patient. As a general policy, there is no deferred payment plan option available to patients in the student dentist clinics. Rare exceptions may be made to this general policy with prior approval of the Associate Dean for Clinical Affairs or the Director of Clinics.
• The student dental clinics currently do not accept assignment of insurance benefits for patients covered by dental insurance plans, except for Medicaid.
• Patients covered by commercial insurance plans are expected to pay for services at the time service is rendered, and request reimbursement of allowable expenses directly from the insurance carrier.
• The dental clinic clerks will provide patients with a walk-out statement that can be submitted by the patient with his/her claim form for direct reimbursement. The patient is responsible for completing the claim form, and mailing it along with the walk-out statement to the insurance carrier.
• If the front desk is not open at end of day, the patient may go to another front desk to make payment or to the Patient Business Services office.
• When patients are covered by Medicaid, following treatment planning and prior to proceeding with treatment, the assigned student is responsible for contacting the Patient Business Services to ensure that approval required under the state Medicaid Dental Program is obtained prior to initiating treatment. If the treatment is not covered by Medicaid, the patient would electronically sign the Medicaid waiver form, which is located in the EPR Consent Form Module.
• The clerks verify Medicaid coverage at every visit before the patient is seen by a student dentist and are responsible for collecting the prevailing co-payment amount. The student is responsible for ensuring that the co-payment has been made. (Only one co-payment should be collected for a procedure requiring more than one visit.) Patients 21 years of age and younger are exempt from the Medicaid co-payment requirement.
• Patients are entitled to and should receive the original of the computer-generated walk-out statement receipt. Patients can use the walk-out statement if they seek to file for reimbursement with their insurance plan.
• All personal checks written by patients as payment for services should be made payable to UNC School of Dentistry, and immediately endorsed with the School's
check endorsement stamp. No post-dated checks, or checks over five days old will be accepted. No third-party checks will be accepted.

- The prevailing returned check fee (currently $25.00) will be charged to the patient for all checks not honored by the bank. In such cases, a financial lock will be placed on the patient's chart and lifted when arrangements have been made with the patient to cover the check and pay the returned check fee. This action will not impede the patient's access to emergency dental care. The patient's assigned student dentist will be notified of such action.
- Students are not authorized to extend a discount or forgiveness of fees to patients for treatment. Students are not authorized to communicate any exception to the clinic financial policies to a patient. References to payment should not be written in the progress notes of the patient record.
- A patient will be 'chart locked' if past due with their account (chart locks appear in red in the Appointment module). It is against policy to schedule a patient who is in chart lock or to circumvent the lock. Patient Business Services should be contacted if students have questions about the chart lock or believe it to be an error. A chart lock is applied when accounts are in collections.
- The student dentist should consult promptly with the Director of Clinics, Patient Care Coordinator, or Associate Dean for Clinical Affairs regarding problems or difficulties in following these policies and procedures.
- Fees are generally raised annually. The revised fees go into effect just prior to the start of the Fall semester. Patients are responsible for the fee that is in effect at the time the service is started, regardless of the fee stated on the treatment plan or whether the fee was paid in advance. For fixed prosthodontic procedures, the starting date will be considered to be the date of initial preparation. For removable prosthodontic procedures, the starting date will be considered to be the initial impression, excluding study models. For extractions performed in conjunction with the delivery of immediate dentures, the starting date will be considered to be the starting date of the immediate denture.
- All fee adjustments related to increased fees must be approved by the Associate Dean for Clinical Affairs. If a fee adjustment is possibly warranted due to untoward outcomes or treatment that needs to be redone, students may not make adjustments themselves and must not tell patients they will receive a fee adjustment that has not been approved.
- Fee adjustments for single visit procedures may be authorized by the attending faculty, who should request the adjustment on the patient walkout statement that they sign. For multi-visit procedures, the student dentist must submit a Fee Adjustment Request form to the Associate Dean for Clinical Affairs; emails will not be accepted. Attending faculty may not approve fee adjustments for multi-visit procedures.

**Attendance in Classes and Clinics**

The UNC School of Dentistry has the responsibility to prepare its students both academically and clinically for the practice of dentistry. Successful knowledge and skill-based development require regular attendance in all didactic sessions, laboratory sessions, scheduled Group Practice and Specialty clinic sessions and laboratory
assignments, as designated by the curriculum schedules. Essentially, students are expected to be in attendance for ALL scheduled sessions and are responsible for all work, including examinations and written material for all courses.

In addition, other events throughout the curriculum may require student attendance (e.g., orientation, poverty simulation, etc.). Failure to attend required events may result in disciplinary action, including dismissal.

Attendance is recorded in the Group Practice Clinic as well as in each rotation. Students are expected to present to each site on-time and ready to work. Students are expected to stay until the end of the scheduled sessions, unless otherwise dismissed by the attending dentist.

Students should be aware that protracted absences can result in the interruption and/or delay of the student’s coursework, and may have a detrimental effect on the student’s grade and on their progress and advancement through the educational program.

For further information on attendance, go to the DDS Academic Policies and Procedures Manual July 2016, Section V, beginning on page 17 (link below).


Patient Care Coordinators

The Patient Care Coordinators (PCC’s) are experienced Dental Hygienists who are part of the Office of Clinical Affairs. The Patient Care Coordinators serve two important roles. First, they serve as the patient representative in the student dental clinics program. In this role, they act to monitor the timeliness and continuity of care patients receive, act as the catalyst in resolving patient problems and complaints regarding their treatment and generally represent the interests and welfare of patients seen in the student clinical program.

The second role the Patient Care Coordinators serve relates to monitoring student performance in managing a family of assigned patients and serving as an advocate and resource to students when problems arise in patient management. PCC’s are also intrinsically involved in the assignment of patients to student dentists.

The Patient Care Coordinators (Picks) may be contacted Monday through Friday during regular School of Dentistry hours of operation.

Graduate/Resident Clinics

The UNC School of Dentistry comprises a number of graduate clinics, where dental care is provided by practitioners who are enrolled in advanced education programs in dentistry. These residents are receiving additional training in general dentistry or in a recognized dental specialty. The UNC School of Dentistry is proud to have an academic program in every specialty recognized by the American Dental Association. UNC School of Dentistry faculty members supervise treatment provided at each of these clinics. Below is an alphabetical list of the treatment specialties serviced by the school’s
Residents. Please note that to schedule appointments with these groups, each clinic has its own contact information.

- Endodontics
- General Dentistry (Advanced Education in General Dentistry Clinic)
- Operative Dentistry
- Oral and Maxillofacial Radiology Group (Dept. of Diagnostic Sciences Clinic)
- Oral and Maxillofacial Surgery
- Orthodontics
- Pediatric (Children’s) Dentistry
- Periodontology
- Prosthodontics

https://www.dentistry.unc.edu/patientcare/gradclinics/
SECTION 7  Operations
Building Access and Occupancy Hours

Monday through Friday

6:30 a.m. - 6:00 p.m.  Doors Unlocked

- UNC faculty, staff, students and the general public may access buildings

6:00 p.m. - 6:30 a.m.  Limited Occupancy

- All doors will be locked. The UNC School of Dentistry One Card identification is required to access the building. Access is restricted to faculty, staff and students.

Week-ends, Holidays  Doors Locked

- Closed for normal clinic operations, access is restricted to faculty, staff and students. (Exceptions: seminars and/or workshops)

Clinic Hours

The UNC School of Dentistry student clinics maintains regular hours of operation throughout the year, open Monday through Friday 8:00 a.m. to 5:00 p.m., excluding university and state holidays. The main entrance and all other building entrances are unlocked at 6:30 a.m. and locked at 6:00 p.m. via a remote electronic system controlled through the UNC One Card Office. UNC faculty, staff and students have access to the buildings utilizing their university issued One Card during general public restricted hours. The One Card Office is a part of UNC Division of Finance and Administration.

The staff of the UNC School of Dentistry Support Services Department also coordinates weekend events where outside persons are allowed in the building. These are typically non-patient events such as continuing education seminars and school or university functions such as graduation.

Standard treatment appointments in the student clinics are typically booked in three hour blocks between 10:00 a.m. to 1:00 p.m., and 2:00 to 5:00 p.m. The entire School of Dentistry facility remains open to the general public during the 1:00 p.m. to 2:00 p.m. lunch break, however many clinics have limited staffing during this time.

The Dental Faculty Practice clinic adheres to the same clinic schedule as well. Post-doc and specialty clinics may conduct patient care at other times during 8:00 a.m. to 5:00 p.m. Operations at the specialty department and post-doc clinics may vary at the prerogative of the department chair or program director.

Urgent Care during Clinic Hours

Patients who have been assigned a student dentist should contact their student dentist first. This enables the student to respond quickly to the problem and also prevents potential lengthy wait times locating the student dentist.

The Urgent Care Clinic hours of operation are 9:30 a.m. to 12:30 p.m. and 1:30 p.m. to 4:00 p.m. Patients must check in before being seen.
If patients are unable to contact their student dentist or if a student has not been assigned, they should call the Urgent Care Clinic at (919) 537-3855. For children being seen in the Pediatric Clinic or who are under the age of 14, parents or legal guardians should call (919) 537-3956.

Urgent Care after Clinic Hours

If a patient is experiencing a life-threatening emergency, the patient should go immediately to their nearest emergency department or call 911 for assistance. For current predoctoral patients 13 years of age and older who experience a dental emergency, the patient, parents or legal guardians should call (919) 537-3364 for assistance. For current School of Dentistry patients under 13 years of age with a dental emergency, parents or legal guardians should call (984) 974-1485.

https://www.dentistry.unc.edu/patientcare/studentclinics/hours/

Smoke Free Environment

Smoking has been banned inside University buildings and facilities for years. Beginning January 1, 2008, the no-smoking boundary was expanded to 100 feet from all University facilities, both on and off campus. Smoking in state-owned vehicles is prohibited. This policy affects and applies to employees, students, visitors, and patients including faculty, EPA Non-faculty, staff and student employees of the University Community.

It is the responsibility of every member of the University community to conduct himself or herself in compliance with this policy. UNC supports this expanded dimension of the no-smoking policy because of its tremendous health benefits for the entire University community. Beginning May 4, 2011, by order of the State Fire Marshal, smoking was also prohibited throughout Kenan Woods (the wooded area between Kenan Stadium and Campus Health Services) and within 50 feet of the area surrounding Kenan Woods.

Specifically, this policy is intended to eliminate the potential for exposure to secondhand smoke and the practical effect of this policy is that the campus is smoke free. The University supports employees’ and students’ efforts to quit smoking and offers resources for smoking cessation as indicated on both the Environment Health and Safety website at http://ehs.unc.edu and the Campus Health Services website http://campushealth.unc.edu/

Signs have been posted throughout the campus and smoking must not occur within the no smoking areas as designated by signage. All smoking materials must be disposed of in the appropriate receptacles. Visitors, patients, and students who violate the no smoking policy should be reminded of the policy and asked to comply by putting out the lighted tobacco product. If a student refuses to comply with the policy, the Dean of Students’ office should be contacted.

That office will follow up with the student regarding the policy and available resources. Any University employee who violates the no smoking policy should be reminded of the policy and asked to comply by putting out the lighted tobacco product. If an employee refuses to comply with the policy, the departmental representative will notify the
The immediate supervisor will follow-up with the employee to remind him/her about the policy and available resources. Continuing violations may also result in appropriate corrective action under the applicable disciplinary policy. Additionally, the Department of Public Safety may issue citations to anyone who violates this policy. Citations result in a fine of up to $25.00 and are subject to additional court costs.

http://ehs.unc.edu/files/2015/10/smoking_policy.pdf

Identification

UNC School of Dentistry ID Badge

The faculty, staff and students of the UNC School of Dentistry are required to wear a UNC School of Dentistry photo identification badge specifying their name, title and Department when in clinical areas and buildings of the UNC School of Dentistry. The badge identifies the badge holder as an official employee or student and alerts visitors and patients the badge holder is a valid member of the UNC School of Dentistry team.

The UNC One Card

The UNC One Card identifies the cardholder as a student, employee, or Affiliate of the University, and upon receiving the card the student, employee, or Affiliate agrees to the following terms and conditions: The UNC One Card will not be loaned or otherwise transferred to another person if doing so results in a violation of University policies. Any attempt to obtain or use, or to assist in obtaining or using, a UNC One Card for fraudulent identification is an honor code violation and may be subject to disciplinary action.

Property of The University of North Carolina at Chapel Hill

The UNC One Card is the property of The University of North Carolina at Chapel Hill. Upon a request from any UNC-CH official or security personnel, the cardholder will provide his or her UNC One Card if required to do so. Improper or fraudulent use constitutes a violation of state law. Upon termination of employment, the cardholder agrees to return his or her UNC One Card to the UNC One Card Office or to the UNC-CH Office of Human Resources.

Obligation to Report Lost or Stolen Card

The cardholder is obligated to report a lost or stolen UNC One Card as soon as possible. This report will be made to either the UNC One Card Office or to the Office of Public Safety. If the cardholder has Wells Fargo Banking linked to their UNC One Card, they must also report the lost or stolen card to Wells Fargo at 800-Wells Fargo (800) 869-3557. The student or employee is responsible for paying any applicable replacement fee prior to or concurrent with the reissuance of his or her UNC One Card. The current replacement fee is posted at the UNC One Card Office.

http://onecard.unc.edu/about/policies-and-procedures/
E-Mail

The e-mail policy provides standards and guidelines for responsible and effective use of the School of Dentistry’s email system and applies to all School of Dentistry faculty, staff and students. The School of Dentistry email system is an essential means of communication to facilitate the business of the school and its faculty, staff, and students. The purpose of this policy is to ensure that the email system is used in the most appropriate manner. Enforcement of mandatory aspects of the policy is the responsibility of the executive associate dean (for faculty), the director of human resources (for staff), and the associate dean for education (for students), in consultation with the director of OCIS.

The University policy regarding acceptable use of its networks can be found at: http://help.unc.edu/help/unc-chapel-hill-network-acceptable-use-policy/

Mandatory E-Mail Policies

Email on the network is considered professional communication, and is not to be used for non-work-related business. Users must never include patient or student names, protected health information (PHI), or other confidential information in the subject line, even when a message is confined to the UNC network. No PHI or confidential student information (under FERPA) should be included anywhere in a message that leaves the UNC network. Communications related to patients/patient care must be via UNC email only. NO OTHER EMAIL account is permitted for any transmissions of PHI.

Faculty, staff, and students are required to read their email, as this is the primary means of communication used in the School of Dentistry. Anything in a UNC email message is not private; it is considered public record.


Materials Management

The Materials Management Division comprises the following units: Contract Vendor Lab, Implant Center, Student Clinic Dispensaries, Central Sterilization and Preclinical Storeroom. Click below for the Materials Management page on the School’s website:

https://www.dentistry.unc.edu/about/departments-units/clinicalaffairs/materialsmanagement/

Instruments and Materials Committee

This committee is responsible for the implementation and management of a comprehensive materials and dental device program for the School of Dentistry that assures regular review of compliance and new products and devices. Their charge is to ensure compliance with the comprehensive materials and dental device program by all School of Dentistry members.

Click on the link below to go to the committee’s link on the SOD website:
Contract Vendor Lab (CVL)

A secure location where student dental lab cases are processed and implant parts are retrieved. (Only authorized or escorted personnel/vendors may be allowed to enter the CVL.) The CVL is committed to assisting School of Dentistry students in obtaining the highest standard of laboratory services for our patients.

Contract Vendor Laboratory Hours

The hours of operation are:
Monday through Friday 8:00 a.m. – 5:15 p.m.
The contact phone number: (919) 537-3836

Lab Scripts

All laboratory scripts MUST include the following information in order for the CVL to accept the case:

- Provider’s name and number
- Patient’s name and chart number
- Provider’s signature
- Instructor’s signature
- Rx instructions
- Materials included in the scripts (examples: articulator or case) optional

Payment Verification

The CVL staff is prohibited to accept lab cases in the following situations:

- If the patient payment cannot be verified in EPR
- If a Medicaid patient’s approval documentation cannot be verified
- If a fee adjustment does not equal the script request
- If the fee adjustment has not been approved and received at the CVL
- If clerk in Patient Accounts has not given clearance for Medicaid cases

Once the patient finances have been verified and approved the patient lab case will be entered into the DTS (Dental Tracking System). The DTS will be queried for past work performance for the patient. If prior work was completed, use of the prior lab is recommended.

The DTS will maintain record of:

- Provider name and number
- Instructor name and number
- Patient name and chart number
- The expected return date
- The pan number assigned to the case
The type of work to be completed and the process:

Crown
- Metal, PFM, Porcelain (Noble)
- Die, Framework (for Bridges), Complete

Denture/Complete (Acrylic)
- Bite-rims/ Occlusal rims
- Tooth set-up or try-in
- Complete/Process
- Reline

Denture/Partials (Metal, Acrylic)
- Framework
- Bite Rims/ Occlusal rims
- Tooth set-up or try-in
- Complete/Process

RPD-Acrylic
- Acrylic RPD with clasps
- Acrylic RPD without clasps

Night guard/Occlusal guard

Crown - Implants
- Metal, PFM, Porcelain
- Die, Framework (for Bridges), Complete

Abutments
- Standard or Custom

Repairs – Notation in Remake Section and Note Section

Choose the lab to which the case will be sent

The CVL staff uses a rotation method to send lab work out if the patient has not already utilized a lab.

The professional labs in our current rotation are:
- Absolute
- Bear Creek
- Drake
- Future
- J & S
- Qualitech
- Technic

The CVL staff will record the lab name on the top left section of the script and record the assigned pan number on the top right section of the script. The case will be set aside
for packaging. Models will be bubble wrapped and sealed with tape. The wrapped models along with all items from the student/provider will be put into a “Lab-loc Specimen” bag. The top white copy of the script will be put in the outside pocket of the “Lab-loc Specimen” bag. Once the case has been packaged, it will be placed in the vendor lab bucket located in the vendor lab corner awaiting lab pickup.

Laboratory Working Schedules

The standard laboratory working schedules are listed below (the business days till delivery DO NOT include the day the case is brought to the CVL nor will it include any holidays).

**It is requested that the patient is not scheduled on the same day as the case delivery date.**

If there is an issue with the case, the labs will contact the CVL staff with the concern. The CVL staff will then send an email to the student with the word PATIENT in the subject. The email will contain:

- the name of patient
- the lab’s concern
- a request for the student to respond to the email or to contact the professional lab (A copy of the email will be added to the case documentation.)

If the provider has not contacted the lab within 24 hours, additional days for delivery will be added to the case and the provider will be required to adjust the patient’s schedule accordingly. If the lab concern results in a change to the script (e.g. change from PFM to all porcelain, change from framework to acrylic, etc.), the provider must complete a new script and issue to the CVL.

NOTE: All conversations/correspondence between the professional dental laboratory and the dental provider must be recorded in the electronic patient record as an administrative note.

Once the case has been delivered, the CVL staff will need time to review the case and record the invoice into the DTS. (See cases back from lab) (Days for Delivery are based on BUSINESS DAYS). A request to “rush” a lab case should be requested by the instructor approving the lab script.

Case Deliveries/Pick-ups

During the CVL hours of operation, the window will be open for service to the student/provider for lab case requests. When cases are delivered to the CVL, they are placed in the Vendor Lab Corner. The delivered cases will be verified, matched with internal databases and the invoice recorded into the DTS. Once the process has been completed, the DTS will send an automatic email to the student/provider that the case is ready for pickup. The patient case will be stored on the front shelves for student/provider to pick-up.

Cases returned by the professional vendor lab incomplete will be processed into the DTS as received cases. The student/provider will use their student number to request cases. (If picking up for someone other than themselves, please let the staff know).
student/provider number is required to view cases ready for pickup. If case(s) are available, it will be retrieved, recorded into DTS, and given to the student/provider along with the pink script copy (the yellow copy and any email correspondence will be maintained at the CVL for record keeping). The yellow lab script will be initialed and dated by the CVL staff member recording the pickup.

Prosthetic Teeth

The CVL will order and maintain a supply of Blueline prosthetic teeth needed for patient cases. A Mould Book and Shade Guide will be available for Student/Provider to borrow. These items will assist the student/provider with choosing a shade and mould of teeth. The CVL will maintain the student/provider number until the return and verification of completion is received. Any missing items from the guide and/or book will be charged as a replacement by the student/provider by completing a tooth order card. The Prosthetic Tooth Order card MUST be completed with the following information:

- Patient name and chart number
- Student/Provider name and number
- Current Date
- Mould and Shade for Anterior and/or Posterior teeth
- Instructor’s/Provider Signature and number

CVL staff will collect the tooth cards, retrieve the requested teeth, verify, initial and date the tooth card, and maintain the card for billing purposes. The tooth card will be used to process monthly invoices the appropriate departments for all completed tooth order requests. Once teeth are issued to the student/provider they cannot be returned to the CVL.

Vendor Lab Invoicing

After the vendor lab invoices have been entered into the DTS, they will be entered into the Outside Lab Orders spreadsheet (tracks available financial amount awarded to the professional lab for the fiscal year). Once the invoices have been recorded, they are scanned and saved in their respective folders on the Share drive. Once all scans have been completed they are given to staff in SOD Finance for Connect Carolina processing. (Ivoclar invoices are processed directly into Connect Carolina.)

Preclinical

The Preclinical unit provides a pass-through purchasing program for all materials needed during the four year course of study at the UNC School of Dentistry. The Preclinical Storeroom also provides any and all consumable items needed in the UNC School of Dentistry preclinical laboratories. These items are covered by the Student Lease Program.
Click below for copies of the first-, second- and third-year leases.

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<thead>
<tr>
<th>CLASS OF 2020</th>
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<tr>
<td><strong>First Year Lease</strong></td>
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Central Sterilization Unit (CSU)

The Central Sterilization Unit serves the entire School of Dentistry providing decontamination and sterilization services for all dental instruments and cassettes. The CSU utilizes Washer/Disinfector Units, Ultrasonic Cleaners, Steam Sterilizers and Ethylene Oxide Sterilization. The CSU provides some stock cassettes and instruments available for use within the School of Dentistry.

For further information on CSU operations, click the link below:


- To order instruments or cassettes from the CSU, [click here](http://www.dentistry.unc.edu/wp-content/uploads/2015/01/csuoperatingpolicy.pdf) for the order form.
- To contact the CSU, send email to [cs@dentistry.unc.edu](mailto:cs@dentistry.unc.edu).

Cassettes

The following cassette types are available from the Central Sterilization Unit. Click on the cassette name to see a photo.

**#1 Exam Cassette**

**#2 Scaling Cassette**

**#5 Crown and Bridge Cassette** ([close-up of lid](/images/cassette_005_closeup_lid.png), [close-up of bottom](/images/cassette_005_closeup_bottom.png))

**#6 Endodontics Cassette**

**#7 Pediatric Operative Cassette**

**#8 Pediatric Recall Cassette**

**#9 Pediatric Scaling Cassette**

**Operative Cassette**

**Periodontal Surgery Tray** ([close-up of lid](/images/cassette_010_closeup_lid.png), [close-up of bottom](/images/cassette_010_closeup_bottom.png))

**Red Rollup**
Removable Prosthodontics Cassette

Rubber Dam Cassette

Gowns

- Graduate Clinics: Gowns must be ordered via the on-line order form and will be placed on the carts for pick-up.
- Undergraduate Student Clinics: Support Services will stock the third and fourth floor Tarrson Hall Student Clinics.
- The Dental Faculty Practice: The Dental Faculty Practice gowns will be stocked. No on-line orders are required.
- Dirty gowns will be picked up from all clinical areas before 10:00 a.m. daily.

Towels

- Towels must be ordered via the on-line order form and will be placed on the carts for pick-up.
- Soiled towels must be returned to the Central Sterilization Unit and placed in the soiled towel receptacle for cleaning.
- Missing instruments, Cassettes, Bur Blocks, Hand-pieces and Attachments:
- The cost of any item not returned to the Central Sterilization Unit is the responsibility of the clinic or the provider, depending on to whom or to which area it was scanned.

Location and General Information:

The Central Sterilization Unit is located in the basement of Tarrson Hall.

Email: cs@dentistry.unc.edu

Phone: (919) 537-3900

Go to CSU operating procedures and general information on the School website:
SECTION 8  Important Safety and Related Programs
Introduction

The School of Dentistry is committed to utilizing the most current research and technology to maintain a program that is practical that also is effective in meeting regulatory requirements. It is an imperative, ethical duty for all faculty, staff, and students to learn and adhere to the policies and procedures described below.

Infection Control

Infection control policies and procedures must ensure confidence as well as provide protection for both the public and for dental health care providers. The School of Dentistry is committed to utilizing the most current research and technology to maintain an infection control program that is practical, while meeting regulatory requirements.

Click on the link below to go to the UNC School of Dentistry Infection Control Manual located on the School’s website:


The infection control manual will be updated in September 2017.

Radiation Safety

NC Division of Radiation Protection

The North Carolina Division of Radiation Protection enforces the radiation rules in North Carolina. These rules require that radiation machines meet specific requirements. The rules also require that certain procedures be followed and that certain records be kept. A copy of the North Carolina Regulations for Protection against Radiation (NCRFPAR) is always available for review at the following link:

www.ncradiation.net

The Use of Ionizing Radiation and Auxiliary Equipment

The procedures in the Radiation Safety Program Manual are intended to minimize radiation exposure to x-ray personnel and patients while maximizing diagnostic quality. Click below to go to the Radiation Safety Manual online:

SECTION 9 Resources
UNC School of Dentistry Resource Information

UNC School of Dentistry policies and manuals web page
https://www.dentistry.unc.edu/experience/policies/

UNC School of Dentistry Academic Catalog

UNC School of Dentistry Directory
https://www.dentistry.unc.edu/secure/resources/directories/index.cfm

UNC School of Dentistry Academic Departments and Administrative Units
https://www.dentistry.unc.edu/about/departments-units/

UNC Student Clinic Department Manuals

Course Forms and Resources
https://www.dentistry.unc.edu/experience/resources/

Employee Resources
https://www.dentistry.unc.edu/experience/employeeressources/

North Carolina State Board of Dental Examiners
http://www.ncdentalboard.org/

ADEX
http://adexexams.org/about-adex/

CITA
http://www.citaexam.com/about