



DEPARTMENT OF THE NAVY

NAVAL DENTAL CENTER
2310 CRAVEN ST.
BOX 368147
SAN DIEGO, CALIFORNIA 92136-5596

NAVDENCENS DIEGO INST 6010.2 CH-1

OOQ

15 DEC 1993

NAVDENCENS DIEGO INSTRUCTION 6010.2 CHANGE TRANSMITTAL 1

From: Commanding Officer

Subj: PROFESSIONAL STAFF POLICIES AND PROCEDURES

Encl: (1) Replacement page (7)
(2) Clinical Rotation Sheets

1. Purpose. To update basic instruction.

2. Action

a. Remove page 7 from basic instruction and replace with enclosure (1) of this change transmittal.

b. Remove attachments A-1 through A-7 from basic instruction and replace with enclosure (2) of this change transmittal.


T. C. SPLITGERBER

Distribution:
List 1, Case 2



(7) Off-duty Employment. Personnel may engage in off-duty employment provided permission is obtained by the Commanding Officer prior to commencing employment. The Professional Affairs Coordinator is the off-duty employment coordinator and should be contacted for the application.

7. All dental officers will become familiar with the following instructions:

<u>Subject</u>	<u>NDC San Diego Number</u>
Command Watch Organization	1601.1J
Hazardous Material Control Program	4110.1
Safety Program	5100.3B
Off-duty Employment...	5370.2C
QA&I/RM Program	6010.1A
Radiation Quality Assurance Program	6150.1A
Consent to Dental Treatment	6300.1A
Payment for Outpatient Dental	6320.1D
Care to civilian non-indigents...	
Credentialing Program	6320.2D
DIRS	6600.1D
Infection Control Program	6600.10A
Policy for Space Available Dental Care	6620.3
Procedures for Utilization of ADL	6630.1D
Provision of Orthodontic Care...	6670.3B
Dental Implants	6670.4A
Drugs Requiring Special Custody, Controls, and Record Keeping	6710.1C
Procedures for the Practice and Use of IV Conscious Sedation	6710.2B
Procedures for the Practice and Use of N2O/O2 Inhalation Sedation	6710.3
Standards of Conduct and Conflicts of Interest	SECNAVINST 5370.2J
Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities	NAVMEDCOMINST 6320.3B

CLINICAL ROTATION IN **ADVANCED OPERATIVE DENTISTRY**
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____
INCLUSIVE ROTATION DATES: FROM _____ TO _____
HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

- _____ Proper isolation techniques for the operative field
- _____ Large amalgam restorations that replace one or more cusps
- _____ Amalgam restorations that provide cuspal coverage on endodontically treated teeth [Ferule effect restorations]
- _____ Light cured filled resin veneer restorations
- _____ Auxiliary retention mechanisms for amalgam, gold, and filled resin restorations
- _____ Proper techniques and use of materials for placement of intracoronal medicaments, bases and liners
- _____ Use of principles associated with the maintenance of periodontal health in conjunction with restorative dentistry
- _____ Managing a multi-operatory environment with varying patient schedules
- _____ Instruction and supervision of a multiple technician work force
- _____ Indirect porcelain veneer restorations
- _____ Gold foil restorations
- _____ Etched metal - resin bonded retainers
- _____ Glass ionomer restorations
- _____ Knowing one's limitations

Mentor: _____
Title: _____
Signature: _____
Date: _____

The supplementals under General Dentistry Core Privileges which rotator may apply for:

- _____ Gold foil restorations
- _____ Indirect porcelain veneer restorations

CLINICAL ROTATION SHEET REVIEWED AND APPROVED BY THE ECODS: 1 NOV 1993

CLINICAL ROTATION IN **ENDODONTICS**
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

- _____ Diagnosis and treatment planning of endodontically treated teeth
- _____ Exposing, processing and interpreting radiographs
- _____ Performing pulpotomies and pulpectomies on all teeth
- _____ Surgical incision and drainage of oral soft tissue swellings of pupal origin
- _____ Providing routine endodontic therapy on teeth with simple root canal morphology
- _____ Repositioning and stabilization of mobile or displaced teeth due to traumatic injury
- _____ Replantation and splinting of avulsed teeth
- _____ Surgical treatment to include apicoectomy and retrograde restoration
- _____ Complicated endodontic therapy
- _____ Bleaching of endodontically treated teeth
- _____ Knowing one's limitations

Mentor: _____

Title: _____

Signature: _____

Date: _____

Supplemental(s) under General Dentistry Core privileges which rotator may apply for:

- _____ Complicated (teeth with calcified canals and/or second molars) nonsurgical root canal therapy for permanent teeth.

CLINICAL ROTATION SHEET REVIEWED AND APPROVED BY THE ECODS: 1 NOV 1993

CLINICAL ROTATION IN **ORAL DIAGNOSIS**
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

_____ Routine oral diagnosis including dental patient triage, health history evaluation and fabrication of appropriate sequential dental treatment plan.

_____ Recognition and treatment of common oral lesions and localized oral infections.

_____ Radiographic interpretation.

_____ Recognition of the medically compromised patient and arrangement of appropriate consultations and premedication necessary to definitive dental treatment.

_____ Radiation safety principles and utilization of radiographic equipment.

_____ Understands the principles and indications for a biopsy.

_____ Understands the principles of overseas screening.

_____ Knowing one's limitations.

Mentor: _____

Title: _____

Signature: _____

Date: _____

There are no supplementals which the rotator can apply for under General Dentistry Core privileges

CLINICAL ROTATION SHEET REVIEWED AND APPROVED BY THE ECODS: 1 NOV 1993

CLINICAL ROTATION IN ORAL SURGERY
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

- _____ Diagnosis & treatment planning of routine oral surgery conditions
- _____ Core physical examinations
- _____ Radiographically assessing the degree of surgical difficulty
- _____ Sectioning technique principles
- _____ Extraction of tissue impacted third molars
- _____ Management of post operative hemorrhage, pain, infection, hematoma and swelling
- _____ Identification of complications that require more specialized care
- _____ Proper hand washing and sterilization techniques
- _____ Removal of bony exostosis
- _____ Familiarity with systemic diseases and medications that can compromise dental treatment
- _____ Physiologic flap design for surgical removal of teeth
- _____ Diagnosis and treatment of localized osteitis
- _____ Extraction of bony impacted third molars
- _____ Indications & contraindications of third molar surgery
- _____ Effective communication of post operative instructions
- _____ Management of the medically compromised patient and knowing when to consult and refer
- _____ Familiarity with indications & techniques associated with incisional and excisional biopsy
- _____ Familiarity with the tissue examination form
- _____ Knowing one's limitations

Mentor: _____
Title: _____
Signature: _____
Date: _____

Supplementals under General Dentistry Core Privileges which rotator may apply for:

- _____ Tooth extraction (including fully-encapsulated third molars not requiring sectioning or bone removal)
- _____ Extraction of bony impacted third molars

CLINICAL ROTATION SHEET REVIEWED AND APPROVED BY THE ECODS: 1 NOV 1993

CLINICAL ROTATION IN **ORTHODONTICS**
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

- _____ Clinical evaluation of adult malocclusions
- _____ Interpretation and simple analysis of cephalometric radiographs.
- _____ Orthodontic treatment planning of minor tooth movement cases.
- _____ Placement of orthodontic bonds and bands.
- _____ Principles of orthodontic wire and their use in the movement of teeth.
- _____ Ligation and removal of orthodontic archwires.
- _____ Use of intraoral orthodontic force-applying auxiliaries.
- _____ Removal of orthodontic bonds and bands.
- _____ Design, delivery, and adjustment of orthodontic retainers.
- _____ Knowing one's limitations.

Mentor: _____

Title: _____

Signature: _____

Date: _____

Supplementals under General Dentistry Core Privileges which rotator may apply for:

- _____ Minor Tooth Movement
- _____ Fixed and removable retainers

CLINICAL ROTATION SHEET REVIEWED AND APPROVED BY THE ECODS: **1 NOV 1993**

CLINICAL ROTATION IN **PERIODONTICS**
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____
INCLUSIVE ROTATION DATES: FROM _____ TO _____
HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

A. DIAGNOSIS AND TREATMENT PLANNING:

- _____ Examination
- _____ Use of diagnostic aids (perio probe, furcation probe, etc.)
- _____ Preparation of initial treatment plan
- _____ Re-evaluation following initial treatment
- _____ Preparation of final treatment plan

B. NONSURGICAL TREATMENT:

- _____ Instrument use and sharpening
- _____ Root planing
- _____ Use of chemotherapy
- _____ Diagnosis and treatment of acute perio problems

C. SURGICAL TREATMENT:

- _____ Flap management
- _____ Bone management
- _____ Soft tissue grafting
- _____ Crown lengthening

D. MAINTENANCE:

- _____ Evaluation
- _____ Provision of treatment
- _____ Establish recall interval

E. CASE TYPES:

- _____ Early periodontitis
- _____ Moderate periodontitis
- _____ Mucogingival corrections

Mentor: _____
Title: _____
Signature: _____
Date: _____

Supplementals under General Dentistry Core Privileges which rotator may apply for:

- _____ Comprehensive non-surgical treatment of early to moderate periodontitis.
- _____ Comprehensive surgical treatment, with consultation, of early to moderate periodontitis.
- _____ Surgical correction, with consultation, of mucogingival deformities.

CLINICAL ROTATION SHEET REVIEWED AND APPROVED BY THE ECODS: **1 NOV 1993**

CLINICAL ROTATION IN PROSTHODONTICS
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

- _____ Oral diagnosis & treatment planning for uncomplicated prosthodontics
- _____ Single unit restorations
- _____ Routine, uncomplicated prosthetics, requiring single tooth replacement with fixed partial dentures
- _____ Multi-unit cast restorations
- _____ Reline and rebase prostheses
- _____ Dowel and core restoration
- _____ Tooth supported removable partial dentures
- _____ Tooth-tissue supported removable partial dentures with moderate ridge support
- _____ Acid-etched resin-bonded fixed partial dentures
- _____ Minor tooth movement
- _____ Knowing one's limitations and working within them

Mentor: _____
Title: _____
Signature: _____
Date: _____

There are no supplementals which the rotator can apply for under General Dentistry Core privileges

CLINICAL ROTATION SHEET REVIEWED AND APPROVED BY THE ECODS: 1 NOV 1993



DEPARTMENT OF THE NAVY

NAVAL DENTAL CENTER
BOX 147, NAVAL STATION
SAN DIEGO, CALIFORNIA 92136-5147

NAVDENCENS DIEGO INST 6010.2

OOQ

DEC 31 1992

NAVDENCEN SAN DIEGO INSTRUCTION 6010.2

Subj: PROFESSIONAL STAFF POLICIES AND PROCEDURES

Ref: (a) BUMEDINST 6320.66A
(b) NAVDENCENS DIEGO INST 6320.2D
(c) BUMEDINST 6010.13
(d) NAVDENCENS DIEGO INST 6010.1A
(e) BUMEDINST 6320.82
(f) MANMED Chapter 6

Encl: (1) Policies and Procedures
(2) Patient's Bill of Rights

1. Purpose. To provide professional staff policies and procedures for Naval Dental Center, San Diego (NDC San Diego).
2. Applicability. This instruction applies to all military (active duty or reserve) and civilian (contract or volunteer) healthcare practitioners who are assigned to NDC San Diego.
3. Policy. Enclosures (1) and (2) constitute the expected standards of performance by staff members of NDC San Diego in accordance with references (a) through (f). Members of the dental staff and others with delineated clinical privileges are expected to be familiar with enclosure (1).
4. Review. This instruction will be reviewed annually in October by the Executive Committee of the Dental Staff.


T. C. SLITGERBER

Distribution:
List 1, Case 1

DEC 31 1992

POLICIES AND PROCEDURES
NAVAL DENTAL CENTER, SAN DIEGO

1. General.

a. These policies and procedures apply to all military (active duty or reserve) and civilian (contract or volunteer) healthcare practitioners assigned to Naval Dental Center, San Diego (NDC San Diego).

b. Each member of the professional staff and each applicant for membership will be oriented to these policies and procedures and provided a copy and agree, in writing, that his or her activities as a member of the professional staff will be bound by these policies and procedures.

c. When significant changes are made in these policies and procedures, all appointed practitioners will be notified in writing and provided a copy of, or ready access to, the revised text.

2. Membership.

a. The professional staff consists of all privileged healthcare practitioners who are assigned to, employed by, contracted to, or under partnership agreement with NDC San Diego and meet the following criteria:

b. Be a licensed dentist who provides patient care services independently, to the degree permitted by their license, training, the law, or Department of the Navy regulations.

c. Have delineated clinical privileges which allows them to provide patient care services independently, to the degree permitted by their license, training, the law, or Department of the Navy regulations.

*d. The professional staff is organized under two (2) categories of membership, Provisional or Active staff.

e. Within the Navy Medical Department, each local facility professional staff is organized under a privileging authority as designated per reference (a), who also serves as the local governing body representative. The Commanding Officer is the privileging authority for this command and reports to Chief, Bureau of Medicine and Surgery for technical matters and Commander, Naval Base for command and control.

Enclosure (1)

DEC 31 1992

3. Appointments.

a. Appointment to the professional staff will be made in accordance with references (a) and (b), and endorsed by Credentials Committee and the Executive Committee of the Dental Staff.

b. Professional staff membership and appointment criteria have been adopted to assure the professional staff and the privileging authority that patients will receive quality care. These criteria will be applied to all applicants, including those in administrative positions who are seeking appointment with clinical privileges, and will constitute the basis for granting provisional, initial or renewal appointments as a member of the professional staff. The criteria are outlined in enclosures (1) and (2) of reference (b).

(1) Provisional appointment is the initial Navy Medical Department professional staff appointment granted for a period not to exceed one year. During this period, practitioners demonstrate to the privileging authority current competency and the ability to comply with the command's policies and procedures. Practitioners granted this type are new accessions, including contractor, to the Navy.

(2) Active appointments are granted at the completion of a provisional appointment and upon reporting to this command after having held an active appointment at their previous command as evidenced by the Performance Appraisal Report.

(3) Practitioners who have been clinically inactive for more than two years will be placed under "Letter of Supervision" to determine clinical competency. The practitioner will be granted an active staff appointment when clinical competency is ascertained, and the privileging criteria has been met. A provisional appointment is not necessary when an active appointment was held previously.

c. Each applicant for professional staff membership with clinical privileges must submit a complete application containing the following information:

(1) Any denial of staff appointment or privilege suspension, limitation, revocation, or renewal denial.

(2) Past or current involvement in a malpractice claim.

DEC 31 1992

(3) Past or current involvement as a defendant in a felony or misdemeanor case.

(4) Any voluntary withdrawal or reduction of staff appointment with clinical privileges.

(5) Any licensure (current and previous) or certification, including Drug Enforcement Administration, revocation or restriction in any jurisdiction.

(6) Any involvement in the unlawful use of controlled substances.

(7) Past or current treatment for an alcohol or drug related condition.

(8) Past or current treatment or formal therapy for a mental health condition.

(9) Recent (past 5 years) hospitalization history.

(10) Current physical or mental impairment which could limit clinical practice, current medications, and the presence of any potentially communicable disease.

4. Privileges. The process for the granting of clinical privileges is described in reference (a).

a. All practitioners who are eligible to provide patient care services independently will apply for and be granted clinical privileges consistent with the membership and professional staff appointment criteria found in reference (b). After consultation with the Branch Director, newly reporting personnel will normally be granted the same privileges held at their previous command. Applications for modification of current privileges will be submitted with supporting documentation via Department Head/Branch Director to the Credentials Committee for review and recommendation. The command consultants have developed criteria for clinical rotations (attachment A) in the following specialties: Orthodontics, Oral Diagnosis, Periodontics, Advanced Operative Dentistry, Prosthodontics, Endodontics, and Oral Surgery.

b. Practitioners participating in the Advanced Clinical Dentistry Program will be granted General Dentistry core privileges until successful completion of the program. At that time, supplementals will be granted under the individuals specialty instruction and in conjunction with the privileging criteria for the program.

c. Dental Clerkship. Dental officers enrolled in dental school will be assigned duties commensurate with their level of education. Third and fourth year dental officers will be assigned to perform specific procedures (under direct supervision) after providing a copy of school transcript and summary of clinical experience. Enrollment and grade year completion will be verified prior to the dental officer reporting for clerkship orientation. A Personal and Professional Information Sheet will also be completed upon arrival.

d. Dental hygienists (civilian, contract, or Red Cross volunteer) may apply to perform local anesthesia (infiltration and block). This procedure will be granted based on completion of a hygiene program accredited by the Commission on Dental Accreditation (CDA) which included instruction in local anesthesia or completed a specific course approved by the state board, verified by a certificate. The hygienist must be under the direct supervision of a dental officer. Direct supervision is defined as "dentist in office and evaluates patient during same visit".

5. Adverse Actions. Per SECNAVINST 6320.23 and BUMEDINST 6320.67, appropriate action, including a peer review panel review hearing, will be taken when the review of credentials and the recommendations regarding staff appointments or clinical privileges are adverse to the applicant.

6. Organization.

a. The Executive Committee of the Dental Staff (ECODS) is the representative of the professional staff and is empowered to participate in any deliberation affecting the performance of professional responsibilities.

(1) Members of the ECODS will consist of Directors from the ten (10) branch dental clinics, Director, Area Dental Laboratory, Chairperson, Credentials Committee, Quality Assessment Dental Advisor, and the Command Quality Assessment & Improvement Coordinator.

(2) The ECODS meets quarterly, or as needed, and is responsible for making recommendations directly to the privileging authority for approval on the following matters:

(a) The structure of the professional staff;

(b) Granting, limiting, revoking, suspending, denying, or terminating a practitioner's appointment to the professional staff or delineated clinical privileges and the policies and procedures therefor, consistent with SECNAVINST 6320.23 and BUMEDINST 6320.67; and

DEC 31 1992

(c) The organization of dental staff quality assessment activities, to include the mechanism used to conduct, evaluate, and revise such activities.

b. This command utilizes a Credentials Committee consisting of the ten (10) command specialty consultants as members. The Director, Branch Dental Clinic, Naval Station serves as Chairperson and the Professional Affairs Coordinator serves as the Recorder in a non-voting status. This committee is responsible for reviewing and recommending to the Commanding Officer via the ECODS all credentialing issues (i.e., renewal of privileges, provisional to an active staff appointment, adverse actions).

c. Duties and responsibilities of Directors, Branch Dental Clinics, and Director, Area Dental Laboratory.

(1) The Director shall:

(a) Be responsible for the proper management and quality of service provided within the clinic.

(b) Serve as Chairperson, member, or ex-officio member of all committees in the branch clinic.

(c) Be responsible for implementing the command's QA&I/RM program including an integrated, ongoing evaluation and monitoring of care provided.

(d) Serves as a member of the ECODS and Occupational Safety and Health Policy Council.

(e) Assure that all clinical support staff assigned to their staff participate in continuing education programs which assure maintenance of technical and professional skills at an optimum level.

(f) Continuously monitor and assess the professional competence of all members of the dental staff and to promptly report to the Credentials Committee when the possibility exists that a member of the dental staff might be impaired. An impaired provider includes, but is not limited to, those who may not be professionally competent to practice in their specialty or subspecialty as well as staff members who are drug or alcohol dependent.

DEC 31 1992

d. Duties of all Dental Staff Officers. The following rules and regulations apply:

(1) The attending dental officer shall be held responsible for the preparation of a complete dental record for each patient. Entries in the patient's record for each visit include, but not limited to, date, treatment rendered utilizing SOAP (subjective, observation, assessment, plan) format, provider's name, rank and duty station, consultation, medications administered, informed consent, instructions to the patient as applicable and the signature of the dental officer over a stamp bearing provider's identification. Additionally, after completion of a prophylaxis in which a change of classification is warranted, dental officers are required to counter-sign the dental record.

(2) All tissues shall be sent to the Commanding Officer, Naval Hospital, San Diego, CA 92134-5000, ATTN: Department of Oral Pathology.

(3) Responsibility for Requesting Consultations. The SF-513 should be used by dental officers requesting a medical consultation pertaining to a dental patient. The SF-513 is not to be used for consultation between dental officers or dental treatment facilities.

(4) Waiver of Consultation in Emergency. When there is an emergency of such nature that delay required to obtain a consultation would jeopardize the patient's welfare, the dentist in charge of the treatment may proceed without consultation. In such instance, the dental officer shall enter in the record a full explanation of the circumstances surrounding the incident.

(5) No member of the command shall issue an unofficial statement regarding the state of health of any patient seen by him/her in the performance of his/her official duties without the expressed or implied consent of the patient. No official letter concerning a patient will be written except for the Commanding Officer's signature unless specific "by direction" authority is granted. If the letter is to go to other than the patient, or DOD activities, a written release must be in hand.

(6) The utilization of intravenous conscious sedation is limited to surgery spaces at the following branch dental clinic locations: Naval Station, Naval Training Center, and Marine Corps Recruit Depot. The Command policy on the use of Nitrous Oxide is found in NAVDENCENS DIEGO INST 6710.3.

(7) Off-duty Employment. Personnel may engage in off-duty employment provided permission is obtained by the Commanding Officer prior to commencing employment. The Professional Affairs Coordinator is the off-duty employment coordinator and should be contacted for the application.

7. All dental officers will become familiar with the following instructions:

<u>Subject</u>	<u>NDC San Diego Number</u>
Command Watch Organization	1601.1J
Hazardous Material Control Program	4110.1
Safety Program	5100.3B
Off-duty Employment...	5370.2C
QA&I/RM Program	6010.1A
Radiation Quality Assurance Program	6150.1A
Consent to Dental Treatment	6300.1A
Payment for Outpatient Dental Care to civilian non-indigents...	6320.1D
Credentialing Program	6320.2D
Management Custody of Temporary Dental Patient Record...	6320.8A
Infection Control Program	6600.10A
DIRS	6600.1C
Policy for Space Available Dental Care	6620.3
Procedures for Utilization of ADL	6630.1D
Provision of Orthodontic Care...	6670.3B
Dental Implants	6670.4A
Drugs Requiring Special Custody, Controls, and Record Keeping	6710.1C
Procedures for the Practice and Use of IV Conscious Sedation	6710.2B
Procedures for the Practice and Use of N20/O2 Inhalation Sedation	6710.3
Standards of Conduct and Conflicts of Interest	SECNAVINST 5370.2H
Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities	NAVMEDCOMINST 6320.3

CLINICAL ROTATION IN **ORTHODONTICS**
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

- _____ Clinical evaluation of adult malocclusions
- _____ Interpretation and simple analysis of cephalometric radiographs.
- _____ Orthodontic treatment planning of minor tooth movement cases.
- _____ Placement of orthodontic bonds and bands.
- _____ Principles of orthodontic wire and their use in the movement of teeth.
- _____ Ligation and removal of orthodontic archwires.
- _____ Use of intraoral orthodontic force-applying auxiliaries.
- _____ Removal of orthodontic bonds and bands.
- _____ Design, delivery, and adjustment of orthodontic retainers.
- _____ Knowing one's limitations.

Mentor: _____

Title: _____

Signature: _____

Date: _____

Supplementals under General Dentistry Core Privileges which rotator may apply for:

- _____ Minor Tooth Movement
- _____ Fixed and removable retainers

CLINICAL ROTATION SHEET APPROVED BY THE ECODS: **OCT 21 1992**

CLINICAL ROTATION IN ORAL DIAGNOSIS
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

_____ Routine oral diagnosis including dental patient triage, health history evaluation and fabrication of appropriate sequential dental treatment plan.

_____ Recognition and treatment of common oral lesions and localized oral infections.

_____ Radiographic interpretation.

_____ Recognition of the medically compromised patient and arrangement of appropriate consultations and premedication necessary to definitive dental treatment.

_____ Radiation safety principles and utilization of radiographic equipment.

_____ Understands the principles and indications for a biopsy.

_____ Understands the principles of overseas screening.

_____ Knowing one's limitations.

Mentor: _____

Title: _____

Signature: _____

Date: _____

There are no supplementals which the rotator can apply for under General Dentistry Core privileges

CLINICAL ROTATION SHEET APPROVED BY THE ECODS: **OCT 21 1992**

CLINICAL ROTATION IN PERIODONTICS
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

A. DIAGNOSIS AND TREATMENT PLANNING:

- _____ Examination
- _____ Use of diagnostic aids (perio probe, furcation probe, etc.)
- _____ Preparation of initial treatment plan
- _____ Re-evaluation following initial treatment
- _____ Preparation of final treatment plan

B. NONSURGICAL TREATMENT:

- _____ Instrument use and sharpening
- _____ Root planing
- _____ Use of chemotherapy
- _____ Diagnosis and treatment of acute perio problems

C. SURGICAL TREATMENT:

- _____ Flap management
- _____ Bone management
- _____ Soft tissue grafting
- _____ Crown lengthening

D. MAINTENANCE:

- _____ Evaluation
- _____ Provision of treatment
- _____ Establish recall interval

E. CASE TYPES:

- _____ Early periodontitis
- _____ Moderate periodontitis
- _____ Mucogingival corrections

Mentor: _____
Title: _____
Signature: _____
Date: _____

Supplementals under General Dentistry Core Privileges which rotator may apply for:

- _____ Comprehensive non-surgical treatment of early to moderate periodontitis.
- _____ Comprehensive surgical treatment, with consultation, of early to moderate periodontitis.
- _____ Surgical correction, with consultation, of mucogingival deformities.

CLINICAL ROTATION SHEET APPROVED BY THE ECODS: **OCT 21 199**

CLINICAL ROTATION IN ADVANCED OPERATIVE DENTISTRY
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____
INCLUSIVE ROTATION DATES: FROM _____ TO _____
HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

- _____ Proper isolation techniques for the operative field
- _____ Large amalgam restorations that replace one or more cusps
- _____ Amalgam restorations that provide cuspal coverage on endodontically treated teeth [Ferule effect restorations]
- _____ Light cured filled resin veneer restorations
- _____ Auxiliary retention mechanisms for amalgam, gold, and filled resin restorations
- _____ Proper techniques and use of materials for placement of intracoronal medicaments, bases and liners
- _____ Use of principles associated with the maintenance of periodontal health in conjunction with restorative dentistry
- _____ Managing a multi-operatory environment with varying patient schedules
- _____ Instruction and supervision of a multiple technician work force
- _____ Indirect porcelain veneer restorations
- _____ Gold foil restorations
- _____ Etched metal - resin bonded retainers
- _____ Glass ionomer restorations
- _____ Knowing one's limitations

Mentor: _____
Title: _____
Signature: _____
Date: _____

Supplementals under General Dentistry Core Privileges which rotator may apply for:

- _____ Gold foil restorations
- _____ Indirect porcelain veneer restorations

CLINICAL ROTATION SHEET APPROVED BY THE ECODS: **OCT 21 1992**

CLINICAL ROTATION IN PROSTHODONTICS
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

_____ Oral diagnosis & treatment planning for uncomplicated prosthodontics

_____ Single unit restorations

_____ Routine, uncomplicated prosthetics, requiring single tooth replacement with fixed partial dentures

_____ Multi-unit case restorations

_____ Reline and rebase prostheses

_____ Dowel and core crowns

_____ Tooth supported removable partial dentures

_____ Removable partial dentures with moderate ridge support

_____ Complete dentures on good ridges

_____ Overdenture design and construction

_____ Resin-retained fixed partial dentures

_____ Prosthodontic treatment of malposed teeth

_____ Complete dentures with moderate ridge support

_____ Uncomplicated intraoral maxillofacial prostheses

_____ Full mouth occlusal rehabilitation

_____ Dentures on surgically augmented ridges

_____ Precision attachment partial dentures

_____ Extraoral maxillofacial prostheses

_____ Knowing one's limitations

Mentor: _____

Title: _____

Signature: _____

Date: _____

There are no supplementals which the rotator can apply for under General Dentistry Core privileges

CLINICAL ROTATION SHEET APPROVED BY THE ECODS: OCT 21 1992

CLINICAL ROTATION IN **ENDODONTICS**
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

- _____ Diagnosis and treatment planning of endodontically treated teeth
- _____ Exposing, processing and interpreting radiographs
- _____ Performing pulpotomies and pulpectomies on all teeth
- _____ Surgical incision and drainage of oral soft tissue swellings of pupal origin
- _____ Providing routine endodontic therapy on teeth with simple root canal morphology
- _____ Repositioning and stabilization of mobile or displaced teeth due to traumatic injury
- _____ Replantation and splinting of avulsed teeth
- _____ Surgical treatment to include apicoectomy and retrograde restoration
- _____ Complicated endodontic therapy
- _____ Bleaching of endodontically treated teeth
- _____ Knowing one's limitations

Mentor: _____

Title: _____

Signature: _____

Date: _____

Supplemental(s) under General Dentistry Core privileges which rotator may apply for:

- _____ Complicated (teeth with calcified canals and/or second molars) nonsurgical root canal therapy for permanent teeth.

CLINICAL ROTATION SHEET APPROVED BY THE ECODS: **OCT 21 1992**

CLINICAL ROTATION IN ORAL SURGERY
NAVAL DENTAL CENTER, SAN DIEGO

ROTATOR'S NAME _____ RANK _____

INCLUSIVE ROTATION DATES: FROM _____ TO _____

HOURS/WEEK: _____

The above named dental officer has demonstrated understanding and proficiency in the following:

- _____ Diagnosis & treatment planning of routine oral surgery conditions
- _____ Core physical examinations
- _____ Radiographically assessing the degree of surgical difficulty
- _____ Sectioning technique principles
- _____ Extraction of tissue impacted third molars
- _____ Management of post operative hemorrhage, pain, infection, hematoma and swelling
- _____ Identification of complications that require more specialized care
- _____ Proper hand washing and sterilization techniques
- _____ Removal of bony exostosis
- _____ Familiarity with systemic diseases and medications that can compromise dental treatment
- _____ Physiologic flap design for surgical removal of teeth
- _____ Diagnosis and treatment of localized osteitis
- _____ Extraction of bony impacted third molars
- _____ Indications & contraindications of third molar surgery
- _____ Effective communication of post operative instructions
- _____ Management of the medically compromised patient and knowing when to consult and refer
- _____ Familiarity with indications & techniques associated with incisional and excisional biopsy
- _____ Familiarity with the tissue examination form
- _____ Knowing one's limitations

Mentor: _____
Title: _____
Signature: _____
Date: _____

Supplementals under General Dentistry Core Privileges which rotator may apply for:

- _____ Tooth extraction (including fully-encapsulated third molars not requiring sectioning or bone removal)
- _____ Extraction of bony impacted third molars

CLINICAL ROTATION SHEET APPROVED BY THE ECODS: **OCT 21 1992**

DEC 31 1992

PATIENT'S BILL OF RIGHTS

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his/her dentist complete current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to the patient's next of kin or agent in his/her behalf upon request. He/she has the right to know by name, the dentist(s) responsible for coordinating his/her care.
3. The patient has the right to receive from his/her dentist information necessary to give the informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved, including possible resultant disability, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning dental alternatives, the patient has the right to such information.
4. The patient has the right to refuse treatment to the extent permitted by law and existing directives, and to be informed of the dental consequences of his/her action. In the case of active duty personnel, disciplinary and/or administrative action could result from the refusal. Action must be explained and understood by the patient.
5. The patient has the right to every consideration of his/her privacy concerning his/her own dental care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient to be present within guidance as authorized by Bureau of Medicine and Surgery directives.
6. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential, and release of such confidential information shall be performed only as authorized by current directives, e.g., Privacy Act.

Enclosure (2)

DEC 31 1992

7. The patient has the right to expect that, within its capacity, a clinic must make reasonable responses to the request of patient for services. The clinic must provide evaluation, service, and/or referral as indicated by the urgency of the case. If appropriate, a patient may be transferred to another facility upon authorization of higher authority. Prior to such transfer, he/she will be provided complete information and explanation concerning the needs for and alternatives to such a transfer.

8. The patient has the right to obtain information as to any relationship of the treating clinic to other dental care and education institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals by name, who are treating him/her.

9. The patient has the right to be advised if the clinic proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse participation in such research projects.

10. The patient has the right to expect reasonable continuity of care. He/She has the right to know in advance what appointment times and dentists are available and where. The patient has the right to expect the clinic to provide a mechanism whereby he/she is informed by his/her dentist or a delegate of the dentist of the patient's continuing dental requirements following treatment.

11. The patient shall be informed of the clinic rules and regulations applicable to his/her conduct as a patient.