Student Manual

Revised: August 2018

Careers in Dentistry
436 Fury’s Ferry Rd.
Martinez, Ga. 30907
(706) 863-0405
www.careersindentistryonline.com
Dental Assisting Faculty and staff

Program Head
Dr. Benjamin C. Timmerman DMD.

Faculty
Jari de Leon, DA
Jad.careersindentistry@aol.com
Cynthia Drenthe, DA
Jerry Ann Chambers, DA

Clinic rotation coordinators
Catherine McGee, DA
Our mission is to prepare each student to provide superb dental assisting services in a legal, ethical, and knowledgeable manner.

The Dental Assistant Program facilitates the development of professional, ethical, and competent dental assistants that exhibit the following:

- An awareness of their present and future roles and responsibilities within the profession and the community served.
- The knowledge and clinical skills necessary to provide comprehensive care to patients/clients.
- A commitment to lifelong learning and professional development.

The dental assisting program provides the dental assisting student with the knowledge and skills to assist the Dentist with various procedures and provide quality patient care. Graduates will receive a certificate in Dental Assisting and dental radiograph.

The mission of Careers in Dentistry is to educate the students in the dental assisting program, provide quality and professional clinical services, and obey the Dental Practice Acts of Georgia.
Mission Statement

Careers in Dentistry's mission Statement

Mission
CID strives to meet the diverse needs of our community by providing high quality, accessible and educational dental services for our students to start a new career.

Vision
CID will continue to be a catalyst for educational, cultural, and economic progress in our community

Values
Integrity: We live by a code of ethics, which include truth, humility, respect, and fair

Service: We actively support the growth and development of a culture of service in our community by word, example, and collaboration.

Diversity: We believe an appreciation of differences adds to the richness of the learning environment and the personal development of all.

Accountability: We take responsibility for continuous quality improvement, serving the needs of our community, and providing excellent care.
Careers in Dentistry Dental Assisting Program has been granted authorization by the commission of Georgia Nonpublic Postsecondary Education (GNPEC)

This course does not meet the requirements for deductible expenses on your federal tax return. We are not part of a college or university that provides a bachelors degree or higher. 
(Per IRS Publication 970)

This clinical manual is intended to guide students accepted into this Dental Assisting program during their course of study. This information should be adhered to and followed throughout the course of study,
# Table of Contents

## Cover sheet
- Dental Assisting Faculty & staff………………………………………… page 2
- Dental Assisting program mission statement……………………… page 3
- Careers In Dentistry’s Mission statement………………………… page 4
- Student Manual introduction………………………………………… Page 5

## Table of contents

### Section 1 - The Professional Dental Assistant
- Definition of a Dental Assistant……………………………………….. Page 8
- Professionalism Guidelines…………………………………………….. Page 9
- Professionalism Guidelines continued……………………………….. Page 10

### Section 2 - School Policies
- Confidentiality Policy…………………………………………………… Page 12
- Student Confidentiality Statement…………………………………….. Page 13
- Communicable Disease Policy………………………………………… Page 14
- Communicable Disease Agreement…………………………………… Page 15
- Guidelines about Appearance………………………………………… Page 16
- Attendance Requirements……………………………………………… Page 17
- Exam Policy……………………………………………………………… Page 18
- Student Clinical Rotations……………………………………………… Page 19

### Section 3 - GNPEC (Georgia Nonpublic Postsecondary Education Commission)
- Grievance Policy and Grievance Procedure………………………. Page 21
- GNPEC Student Disclosure Form…………………………………….. Page 22

- Recommended Student Supply list………………………………….. Page 23

- Careers In Dentistry Student Handbook form……………………... Page 24

- Additional Add in Notes……………………………………………….. Page 25
Section 1:

The Professional Dental Assistant
Definition of a Dental Assistant:

A dental health professional who works closely with and under the supervision of a dentist. They work with patients by performing tasks before and after the dentist meets with the patient as well as assist the dentist during certain dental procedures.

Dental Assisting Graduates from Careers in Dentistry program will be able to:

- Perform infection control procedures.
- Expose and process dental radiographs.
- Complete a Full series of dental x-rays.
- Educate patients on good oral hygiene.
- Take and pour impressions for study models.
- Charting of patients existing oral dentition.
- Set up treatment rooms and assist Dr. with various procedures.
- Break down treatment rooms
- Order supplies when needed.
- Along with other things not listed above.

As a student, your main objective is to learn the skills necessary to provide quality care for patients who trust your ability, ethics, and your concern for their wellbeing. For this reason, CID Dental assisting program focuses on the skills of practice and the commitment to preserve the patient’s oral health.

Professionalism Guidelines
The following guidelines are a set of performance areas relative to professional behaviors. These basic guidelines are to be followed and are cues for appropriate professional behavior and/or appearance for the student enrolled in the Careers in Dentistry program.

**Performance Areas**

A. Concern for the Patient
   1. Shows concern for physical and psychological comfort of the patient.
   2. Observes asepsis protocol throughout clinical procedures.
   3. Manages patients in an effective manner
   4. Displays enthusiasm when working with patient.

B. Perseverance
   1. Follows task and procedures through until completion.
   2. Able and willing to manage cases effectively
   3. Manage difficult cases and does not avoid difficult problems.

C. Ability to Follow Directions
   1. Listens to directions.
   2. Follows given instructions
   3. Asks for clarification if directions are not clear.

D. Honesty and Integrity
   1. Responds ethically when dealing with patients, classmates, and staff.
   2. Displays honesty in classroom and clinic area.
   3. Is upright and truthful, and displays integrity in all aspects of dental assisting.

E. Punctuality
   1. Arrives on time
   2. Utilizes time efficiently
   3. Finishes tasks by specified dates and deadlines.
F. Initiative
   1. Performs routine tasks without direct supervision.
   2. Initiates appropriate treatment for needs of patients.

G. Personal Appearance
   1. Maintains personal cleanliness in all areas of hygiene.
   2. Follows protocol in this manual regarding nails, hair, clinical attire, and overall professional appearance.

H. Attitude
   1. Assist others willingly with out hesitation
   2. Responds positively to instructors, peers, and patients with out hesitation
   3. Controls emotions and performs professionally under stressful conditions.
   4. Accepts tasks willingly.
   5. Displays enthusiasm while working with patients.
   6. Foul language is not allowed at any time

I. Response towards clinical evaluation
   1. Views evaluation as a positive force.
   2. Does not make excuses or arguments
   3. Makes corrections and/or changes that are suggested.
   4. Is receptive to new ideas or methods suggested by others.
Section 2:

School Policies
Confidentiality Policy

• Confidentiality is a matter of concern for all students who have access to client information. Confidential information is valuable and sensitive and is protected by law.
• All students in the CID Dental Assisting program will sign a Confidentiality Statement (a copy is in the student manual), which will be on file in the Program Head’s office with the student records. This statement will be signed at the start of the program and will remain in effect until the completion of the program and rotations.
• Students will only access information on patient that is needed to deliver care.
• Students will respect the privacy and institutional policies governing the use of any information accessible through the computer and client records.
• Students may NOT divulge the contents of any record
• Students may not remove any record or contents from the office.
• Violation of this policy or any part of it may result in a warning, failure, or immediate dismissal from the CID program.
• This confidentiality policy is enforced in other offices while you are interning with them.
  (Should they need a copy, you must request it seven-days prior to date needed)
• Students are not to discuss any patient’s information outside of the school.
Careers in Dentistry
School of Dental Assisting

Student Confidentiality Statement

As a student in the Careers in Dentistry Dental Assisting Program, I understand that I will be working with Medical and dental records of patients in the CID Dental Assisting clinic. I further understand that medical and dental records are confidential personal documents.

I agree not to discuss the contents of any patient’s medical or dental record except with the patient or instructor, and then only when such discussion is relative to patients care or learning experience. I understand that these are records of Careers in Dentistry and I will not remove records from the Dental Assisting program. I understand a violation of the confidentiality policy established by CID Dental Assisting program may be grounds for dismissal from the program.

I have read and understand the CID Dental Assisting clinic’s Notice of Privacy Practices and agree to comply with the policies adopted by the program in compliance with HIPAA regulations.

You will be given a copy to sign at the beginning of class starting.
You may request a signed copy.
Communicable Disease Statement

Although there are no documented cases of occupational spread of HIV to dental workers, students enrolled in the Dental Assisting program are at a slight risk of exposure to blood and bodily fluids and the potential does exist for transmission of blood borne and other infectious diseases during patient care activities. The risk of HIV disease transmission from dental patients to members of the dental team is extremely low. Nevertheless, there is one small potential for this to occur.

The Americans with Disabilities Act (ADA) forbids discrimination against patients with HIV, AIDS, Hepatitis, or other blood borne diseases. Students in the Dental Assisting program are required to treat all patients assigned, regardless of the disease state of the patient. Refusal to treat any patient may affect the student’s academic success and may result in the student’s dismissal from the Dental Assisting program.

No student will be allowed to deliver patient services until he/she has been instructed in infection control procedures as specified by the Occupational Safety and Health Administration (OSHA) and has mastered the material on safety/universal precautions with satisfactory accuracy.

Students who enter the Dental Assisting program are required to read this statement and sign a Communicable Disease Agreement prior to clinic. This agreement becomes part of the student’s permanent record and will state that the student:

1. Has been informed of his/her risk for exposure to blood and bodily fluids.
2. Understands the potential for transmission of blood borne disease during direct or indirect patient care.
3. Agrees to service all patients that are assigned to him/her.

The student and a witness must sign the Communicable Disease Agreement.
As a student in the Dental Assisting Program of Careers In Dentistry, I understand that I will be working with patients in the CID Dental clinic and the office of Dr. Benjamin C. Timmerman who may be afflicted with communicable diseases such as HIV, AIDS, hepatitis, and other illnesses. I further understand that the medical status of these patients is considered confidential information.

I acknowledge that I have been informed of my risk for exposure to blood and bodily fluids and understand the potential for transmission of blood borne diseases during patient care activities.

I agree to provide care to all patients assigned to me regardless of their health status. I understand that refusal to provide care to any patient without consent of the Dental Assistant Dept. Head may result in my dismissal from the Dental Assisting Program.

You will be given a copy to sign at the beginning of class starting. You may request a signed copy.
Guidelines about Appearance

Students should maintain a professional, well-groomed appearance. Faculty members reserve the right to dismiss a student from the clinic with a grade of “failure” if personal appearance and conduct are not in compliance with professional standards. We will give a warning for the 1st offense; 2nd offense we will have a written write up; 3rd offense: To be determined by the Clinical Instructor

Hair
- Hair must be clean, neat and secured away from face and off the shoulders so that it does not enter the field of operation
- Hair coloration is limited to natural colors
- Only small plain barrettes or hairbands may be worn

Make-up
- Make-up should be applied lightly
- No visible tattoos are allowed in clinic and must be covered with make-up during direct patient care or when visiting clinic area

Jewelry
- Only small stud –style earrings will be allowed in clinic during direct patient care. Only one pair of stud earrings is allowed for professional attire. No dangling or large earrings will be allowed.
- No visible body piercing ornaments or jewelry will be allowed in clinics or during direct patient care.
- A watch may be worn.
- A wedding band may be worn.

Odors
- Effective personal hygiene must be practiced at all times. Deodorant must be used.
- No perfume is to be worn while in uniform or in clinic.
- Each student should use a breath deodorant (mouthwash) and brush his/her teeth prior to direct patient care.
- Hand washing is a must prior to entering clinic area.
- Students who smoke are urged to quit. Students who smoke must brush teeth and use mouthwash before providing direct patient care. Uniforms, breath and hands must be free of smoke and odor. Students who do not comply will be asked to leave.
- Please remember to use deodorant at all times

Nails
- Fingernails must be well manicured, short, and clean.
- No artificial nails are allowed as they harbor bacteria.
- Only natural colors of polish are allowed.
- Cuticles and skin around on the hands must not be torn, chapped or irritated.
- The use of hand lotion to keep hands healthy is a must.

Other
- No gum chewing is allowed in classrooms, lab, or clinic.
Attendance Requirements

1st offense: verbal warning; 2nd offense: written warning; 3rd offense: To be determined by the Clinical Instructor

Attendance:
- Registration in the class is required.
- If a lecture or clinic session is canceled due to the instructor’s absence the session will be rescheduled.
- If a lecture or clinic session in progress is canceled due to unforeseen circumstances, the session will be rescheduled.

Absences:
- Punctual attendance is part of a professional responsibility and is required at all classroom laboratory and clinic sessions. In the event a class is missed, the student must notify the Dental Assisting program prior to class and is responsible for all material covered during class absence.

Students are to call the Clinic Managers Catherine McGee At (706) 863-0405 or Jari at (706) 832-0829 before 5pm, Mon-Thurs to report absence or tardiness.

- No more than 2 classes should be missed during the program
- A doctor’s note or person note is required the day you return to class.

Tardiness:
- A student is considered late (tardy) if the instructor has begun the lecture before his/her arrival and the student has not received prior permission to enter the classroom or clinic session late.
- A student is considered tardy if he/she leaves before class is dismissed without prior permission from the instructor of the class.

Cellular phones: The use of cell phone is not permitted during classroom or clinic sessions; if we see this, we will ask you to step out of the office; it will be your responsibility to find out what has been missed. Please be respectful.
Exam Policies

❖ All exams are based on all the learning objectives in the classroom and clinical hands on objectives students perform. Anything assigned such as reading, content that is covered in class, or clinic procedures may be on a test.
❖ An exam grade will be determined by dividing the number of correct student responses by the number of valid test items as determined by the faculty.
❖ Exams must be taken at scheduled times and may only be taken once.
❖ No student will be allowed to enter an exam already in progress if arrival is beyond the first fifteen minutes of the exam time.
❖ If a student will not be present the day of an exam due to extraordinary circumstances (i.e., illness, death in family, accident), prior to the scheduled exam time the student must:
  1. Call the Dental Assisting Faculty and relate the circumstance causing the absence.
  2. Take a make-up exam at the earliest opportunity, after providing documentation of the event that caused the student to miss the scheduled exam.
❖ If either of the above is disregarded, the maximum grade possible on the rescheduled exam is 75.
❖ Exams will be made-up at the discretion of the instructors.
❖ A student who fails an exam should make an appointment with a faculty member for individual assessment of study and test taking skills. Recommendations will be made to improve these skills.

Procedure for Academic Dishonesty during an Exam
❖ The faculty will:
❖ Take the student’s exam and answer sheet.
❖ Ask the student to wait outside until the exam is over.
❖ Inform the student that a conference will be held with the dept. Head at which time disciplinary procedures will be initiated.

• Please Note, all accounts must be current in order to take your midterms
  ◦ If it is not current for your midterm exam- your grade will not be given
• Please Note, all accounts must be paid in full in order to receive your Dental certification as well as your pin, CPR certification – NO EXCEPTION
Student Clinical Rotations

Careers in Dentistry recommends that students obtain 20 hours of hands on chairside experience during the week outside of school in the clinical/office setting. The Clinical Rotation Manager must check off students once their rotation has ended. Students must turn in their rotation sheets signed to the instructor so that the time may be recorded.

*After completion of the CID program, CID recommends (but not mandatory) students obtain 8-12 hours extra of clinical experience.

Students may begin rotating through Dr. Benjamin Timmerman’s office after midterm exams are completed. CID recommends either a 4-hour rotation or an 8-hour rotation at a time, depending on available time. Two (2) students are allowed at a time to be in the rotation/clinical setting. No more than 2 students may rotate through at a time. If you do any Clinical rotations outside of Dr. Timmerman’s, it is your responsibility to get your days/hours and a signature as proof of hours interning. These must be turned into the Clinical assistant in order for these hours to count.

**Students must schedule their rotations with the Clinic Rotation Managers Monday thru Thursday -8:00am -5:00pm. The office # is (706) 863-0405.**

**Student’s must:**
- Wear their blue scrubs and closed toe shoes.
- Have their hair pulled back and abide by all appearance guidelines.
- Follow all professional guidelines provided in the student manual.
- Abide by patient confidentiality agreement that was signed by student at orientation.
- Follow Dentist’s instruction and abide by Dental Assistant’s instruction.
- No cell phones allowed.
- No gum chewing is permitted.
- Name tags must be worn at all times
- Be sure that you have your rotation hours signed off by the dentist or a staff member.

Any student who does not follow these guidelines will be asked to quietly leave and will not receive credit.
Section 3:

GNPEC

(Nonpublic Post Secondary Education)
Grievance Policies and Grievance Procedures

❖ All personal problems should be left outside the doors of Careers in Dentistry. Any personal problem may be discussed with a CID instructor/Faculty member.
❖ Address your grievance to the source individual first, whether it is a classmate, faculty member, or Dept. Head.
❖ Academic problems are discussed with the lead instructor of the course.
❖ If a student has a problem with a particular faculty member, they are to see the instructor before or after class. If an agreeable solution cannot be reached, the problem should be taken to the Dept. Head
❖ Make sure the problem is addressed within two (2) weeks of the incident. Please allow seven (7) days for a response
❖ If neither method is helping and the resolution as not been resolved then you may appeal with the GNPEC- Georgia Nonpublic Postsecondary Education Commission by calling (770)414-3300 or at www.gnpec.georgia.gov or submitting to the address below
  o 2082 East Exchange Place, Tucker, Georgia 30084
Any appeals must be submitted within fourteen (14) days
❖ We take any problem seriously; please do not hesitate to bring any issues to us.

* We will do our best to address them immediately.

1st Offense: verbal warning; 2nd offense: written warning; 3rd offense: to be determined by the clinical instructor/department head

GNPEC Student Disclosure Form
1. **Enrollment Agreement & Catalog**
   I have read and received a copy of the enrollment agreement, or equivalent document, and the school catalog. I understand that the term and conditions of these documents are not subject to amendment or modification by oral agreements.

2. **School Outcomes**
   I have read and received a copy of the school’s self-reported, unaudited retention, graduation, and placements rates for the preceding year as well as the most recent Georgia licensure test results, if applicable, for the program I am entering.

3. **Employment**
   I understand that upon successful completion of my training program, this school will provide placement assistants, however, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment to earn a specific salary range upon graduation.

4. **Refund Policy**
   I have reviewed the refund policy provided in the catalog and am aware that the institution attests to the fact that the policy meets the Minimum Standards set forth by the Georgia Nonpublic Postsecondary Education Commission.

5. **Complaint procedure**
   I have reviewed the complaint procedure provided in the catalog and am aware that, after exhausting the institution’s procedure, I have the right to appeal the institution’s complaint determination to the Georgia Nonpublic Postsecondary Education Commission.

6. **Authorizations and Accreditation Status**
   I understand that the institution in which I am enrolling has been issued a Certificate of Authorization by the Georgia Nonpublic Postsecondary Education Commission. This status indicates that the institution has met the Minimum Standards established by Georgia code (20-250.6). Although authorized, I understand that this institution is not accredited by a U.S.-based accrediting association recognized by the United States Secretary of Education; therefore, I am not eligible for Federal Student Aid. Additionally, as the case with all postsecondary institutions, both accredited and unaccredited, there are no guarantee that my credits will transfer to another institution.

   * You will be given a separate GNPEC Student Disclosure Form that must be signed & dated prior to class beginning.

   * You will be given a copy of the GNPEC Student Disclosure Form at the beginning of class starting.
Recommended Student Supply list

1. 3 ring binder  
2. Plastic sleeves  
3. Dividers  
4. Yellow highlighter  
5. Pen (blue or black)- no red  
6. Pencil

Items that will be checked out for your use while currently enrolled (These items must be signed back in before graduation packet given)

1. Purple bag with the following supplies  
   a. Alginate  
   b. Measuring cup, spatula, mixing bowl  
2. Blue Pencil box with the following supplies  
   a. Mirror  
   b. Explore  
   c. Red/Blue pencil  
   d. Typodont (available for in office use)  
   e. Instrument/Bur flash cards
I, ___________________________________________ on today’s date of: __________________________ have read and understand the Careers In Dentistry Student handbook. I have access to this student handbook either on-line or at the school. Should I have any questions I will review the handbook and speak to my clinical instructor or department head.

Print name: ___________________________________________

Student Signature: ___________________________________________

CID Instructor signature: ___________________________________________

Date: __________________________

Administration only:

Communicable Disease Agreement signed: Initial: __________
Confidentiality Agreement signed: Initial: ______________________
Grievance Policy signed: Initials: ____________________________
GNPEC Student Disclosure Form signed: Initials_________________
ADDITIONAL ADD IN NOTES

1. If you need a copy of your transcript and/or Certificate, please allow seven days for this to be completed.
2. You must come by the school and pick this information up with proof of identify,
   i.e. Drivers license (recommended)
   i. A date & time will need to be scheduled for pick up