

DDS and Advanced Education Clinic Manual

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I. INTRODUCTION

The mission of the University at Buffalo School of Dental Medicine (UBSDM) is to create an inclusive and diverse environment, fostering research and clinical training to improve oral health in our own community and the world. This manual outlines the policies, rules, and regulations regarding the clinical delivery of patient care at the UBSDM. It is routinely updated to improve students' clinical education and patient care. Clarifications, additional information and suggestions should be made to the associate dean for clinical affairs (DDS), the associate dean for advanced education (AE), or a program director of advanced education.

In support of our mission and the continuous improvement of clinical education, the review and revision of patient care policies routinely occurs through the Clinic Council, the advanced education program directors, and the Clinic Management Committee. The Clinic Management Committee and Clinical Council meet regularly and are responsible for resolving day-to-day clinic issues and developing new clinic policies for the predoctoral and advanced education clinics. Any policy changes that require significant curricular changes are referred to the Curriculum Committee for approval. Changes and clarifications decided at these meetings are disseminated through email and the Clinic Newsletter. Through these processes, the UBSDM ensures that its clinical policies remain current, effective and aligned with the school's educational and patient care goals.

II. CLINIC OPERATIONS

Section 2.1 CLINIC ORGANIZATION

PREDOCTORAL CLINICS

Third- (D3) and fourth- (D4) year students provide care in comprehensive care clinics, are assigned to one of six practice groups and have the responsibility of managing and providing oral health care for individuals in their respective patient families.

Students are assigned to one of six practice groups providing care in the second- and third-floor clinics. Each of the six practice groups comprised of 38-40 students. Restorative dentistry faculty with expertise in operative dentistry, implantology, removable and fixed prosthodontics, as well as the departments of Periodontics/Endodontics and Oral Diagnostic Sciences, are assigned to oversee care. The practice groups are supported by a faculty group director, senior dental assistants, dental assistants, Dental Care Coordinators (DCCs) and patient managers, along with Welcome Center staff.

The school's vertical tier system involves all four classes and provides exposure to patient management early in the student's educational experience. In the Integrated Dental Practice course, each D1 student is assigned to a D3 student approximately one clinical session per month in the spring semester. Each D2 student is scheduled with a D4 student one clinical session per month for both the fall and spring semesters. The immersive experience by the D1 and D2 students in assisting D3 and D4 student providers during dental procedures and in interacting with patients, faculty and staff allows students to become familiar with the UBSDM's clinical operations. Students treat patients Monday through Friday, 9 a.m. to 4 p.m. (with a break from 12-1 p.m.) during the fall, spring, and early fall terms.

ADVANCED EDUCATION CLINICS

Advanced Education clinics are organized by discipline/department, with each advanced program operating in a separate unique location:

Program	Department	Location
Advanced Education in General Dentistry (AEGD)	Restorative Dentistry	1st floor
Endodontics	Periodontics & Endodontics	1st floor
Implant Dentistry	Restorative Dentistry	1st floor
Oral & Maxillofacial Pathology	Oral Diagnostic Sciences	3rd floor
Oral & Maxillofacial Surgery	Oral & Maxillofacial Surgery	1st floor
Orthodontics & Dentofacial Orthopedics	Orthodontics	3rd floor
Pediatric Dentistry	Pediatric & Community Dentistry	3rd floor
Periodontics	Periodontics & Endodontics	1st floor
Prosthodontics	Restorative Dentistry	1st floor
TMD Orofacial Pain	Oral Diagnostic Sciences	2nd floor

While residents provide dental care under faculty supervision, program directors and faculty within these programs are ultimately responsible for patient care.

Section 2.2 CLINIC STAFF

- The director of patient care, together with the senior dental assistants, coordinate the activities of the other dental assistants.

- Dental Care Coordinators (DCCs) work with predoctoral DDS students in assigning new patients, assisting the group directors in tracking student accomplishments, determining Final Case Review for completed treatment plans, assisting with patient management (including the discharging of patients) and continually monitoring all treatment plans for accuracy and timely progress.
- The postgraduate DCC assists the postgraduate programs and program directors in tracking resident accomplishments, assists residents with patient management, including the discharging of patients, reviews Medicaid treatment plans for coverage determination and continually monitors all treatment plans for accuracy and timely progress.
- A patient manager is assigned to each predoctoral clinic group. They schedule and confirm patient appointments and assist with day-to-day management of their students' patient families.
- Welcome Center staff check in all patients, confirm demographic and insurance information, collect payments and provide business authorization stamps for laboratory prescriptions.

Section 2.3 HOURS OF CLINICAL OPERATIONS

- Predoctoral and advanced education programs, which include the prosthodontics, endodontics, and orthodontics clinics, operate from 9 a.m.-4 p.m., with a break from 12- 1 p.m., Monday through Friday, during the fall, spring, and early fall semesters.
- The Advanced Education in General Dentistry (AEGD) and Advanced Education in Pediatric Dentistry Clinic operate from 8 a.m.-4 p.m., with a break from 12-1 p.m., Monday through Friday, year-round.

Section 2.4 DDS PROGRAM ROTATIONS (CLINICAL ROTATIONS)

The predoctoral program includes internal rotations to locations within the UBDSM, as well as external rotations to sites outside the UBDSM. Further information on patient care delivered in select internal rotations is detailed in the Patient Care section below.

PATIENT ADMISSIONS – SCREENING ROTATION (INTERNAL ROTATION)

D3 and D4 students are assigned to the patient admissions clinic (aka Screening Clinic) to evaluate and screen new patients for admission into UBDSM clinics. Students and faculty review medical and dental history and complete a clinical examination, which includes an oral cancer screening. Appropriate radiographic studies are ordered based on clinical examination and reviewed by the ordering faculty. Please refer to the patient information admissions in the Patient Care section below for full details on the screening appointment.

RECALL ROTATION (INTERNAL ROTATION)

The recall rotation is designed to enhance clinic utilization, faculty assignments and alleviate scheduling responsibilities. D3 students are scheduled recall patients (i.e., active UBDSM patients with completed treatment requiring routine prophylaxis or periodontal maintenance and a periodic exam) each semester. Students report to the designated recall rotation sections in clinic, prepared to complete an adult prophylaxis and dental examination including oral cancer screening and indicated radiographs. Any necessary treatment is treatment planned, a referral to comprehensive care clinic is completed and a DCC assigns the patient for care. Periodontal and restorative faculty and adjunct dental hygienists staff this rotation.

ALL STUDENTS ARE RESPONSIBLE FOR PROVIDING A SCHEDULED RECALL APPOINTMENT TO ALL PATIENTS LISTED AS ACTIVE/COMPREHENSIVE IN THEIR RESPECTIVE PATIENT FAMILY. These patients are to be scheduled for recall during the student's regular clinic availability time and may not be scheduled through the recall rotation.

ORAL RADIOLOGY ROTATION (INTERNAL ROTATION)

ODS821/822

These required rotations are held in the radiology clinic (116 Squire Hall) and build upon the foundations learned in students' didactic courses and basic imaging skills learned in CLD813. During ODS822, D2 students utilize the Dental X-ray Technique Training Replica (DXTTR) manikin as patient simulators to produce a technically ideal full mouth series (FMS) of radiographs in proper orientation within a MIPACS digital template. They apply newly learned skills while assisting D3 and D4 students in the acquisition, processing and documentation of digital radiographs for referred patients observing best prescription practices and proper infection control requirements. During ODS822, D2 students practice placement of XCP™ devices without radiation on each other to gain firsthand experience of the patient's experience during radiographic examinations. Students continue to assist D2, D3 and D4 students in the acquisition, processing and documentation of digital radiographs for referred patients. Both courses introduce the proper use of equipment, shielding, exposure settings, infection control, patient management, quality assurance, image processing and storage and record documentation.

ODS832F/832S

This required rotation is held in the radiology clinic (116 Squire Hall) and builds upon the foundations of previous courses, introducing more advanced techniques and engaging students in discussions on radiographic examinations and evaluations. Under faculty supervision, D3 students provide bitewing, periapical and full-mouth digital images per approved written order in axiUm, as well as assist in panoramic and occlusal digital imaging for new, reassigned and emergency patients. The proper use of equipment, shielding, exposure settings, infection control, patient management, quality assurance, image processing and storage and record documentation are reinforced. Mini seminars provide opportunities for clinical and radiological discussions. During the fall semester, a comprehensive review on panoramic imaging techniques and evaluation is presented. This review includes topics such as patient positioning errors, unique concepts in panoramic images and radiographic anatomy. In the spring semester, a case-based small-group seminar provides students with a radiographic review of 2-D images illustrating various radiographic pathologies and dental anomalies to reinforce both didactic and clinical education. D3 students receive hands-on training for panoramic imaging, which allows them to acquire panoramic radiographs on patients under supervision after successful completion. Compliance with the following requirements is mandatory to maintain clinical standards and fulfill course expectations.

- Attendance is mandatory.
- Proper clinical attire includes clean scrub suit and UBDSM identification badge. Students provide their own protective eyewear. Gloves and masks are supplied.
- For any absences, contact the course director within 24 hours. Any outstanding absences not completed prior to the end of the semester result in a grade of incomplete (I)
- Radiographic reviews take place with the student as part of quality assurance and interpretation instruction. The radiology faculty review all rotation radiographs prior to approval and storage in the patient record. Students are graded on clinic preparation, infection control observance, adhering to "As Low as Reasonably Achievable" (ALARA) principles, patient management, image quality, documentation and radiographic charting.

ORAL & MAXILLOFACIAL SURGERY (INTERNAL ROTATIONS)

OSU833/834 Oral Surgery D3 I/II

OSU843/844 Oral Surgery D4 Clinic I/ II

These required oral surgery clinical rotations provide D3 students with an introductory experience and D4 students with an advanced experience in the management of a diverse array of patients in the oral surgery environment.

- Attendance is mandatory.
- Mandatory clinical attire includes clean scrub suit and the UBSDM ID badge. Students provide their own protective eyewear. Outer gowns are supplied.
- Any outstanding absences not completed prior to the end of the semester result in a grade of Incomplete (I).

ORTHODONTICS (INTERNAL ROTATION)

ORT843/844 - D4

Students are exposed to orthodontic diagnosis and treatment planning. Students perform basic orthodontic procedures and adjustments to basic orthodontic appliances. Students diagnose three orthodontic cases as exercise.

- Attendance is mandatory.
- Make up clinic sessions for legitimate excuses must be made up during the same week of each session (without exception).
- Homework is due the same day of the rotation.

PEDIATRIC & COMMUNITY DENTISTRY ROTATION (INTERNAL ROTATION)

PDO833/834 - D3

D3 students utilize and reinforce their didactic knowledge and apply it in the clinical setting. This clinical course focuses on direct patient care, along with virtual patient care. Students continue to gain an understanding of the relationships within the treatment triangle and the importance of child advocacy.

PDO843/844 - D4

D4 students continue to build upon the foundational principles taught within the pediatric dentistry and clinical practice D3 courses. This course is uniquely designed to provide complete immersion in pediatric dentistry. Clinical simulation exercises, direct patient care, community outreach and an Objective Structured Clinical Examination enrich student learning.

- Any outstanding absences not completed prior to the close of the semester may result in an F grade.
- Proper professional attire should be worn as detailed in course handouts. Students should bring their safety glasses and be prepared to treat patients.

URGENT CARE (INTERNAL ROTATION)

D3 and D4 students are assigned to the Urgent Care Clinic, where they examine, evaluate, diagnose, and, when possible, treat patients who have an urgent oral health care need. They perform a limited exam to address the patient's urgent chief complaint, including appropriate radiographs and diagnostic tests. Following clinical evaluation and diagnosis with the attending faculty, patients receive treatment in the Urgent Care Clinic or are referred to the appropriate clinic accordingly:

- Patients who require dental extractions are referred to the oral surgery clinic. The treating student escorts and then presents the patient to the oral surgery faculty for care by the students on the oral surgery rotation.

- Patients who require endodontic therapy are referred to the endodontic clinic. The treating student presents the patient to the endodontic faculty for determination of whether the patient can be seen in predoctoral or postgraduate endodontic clinic.

SPECIAL CARE CLINIC (INTERNAL ROTATION)

D4 students provide care in the UBSDM Special Care Clinic on the second floor. Student providers work closely with attending faculty to provide comprehensive dental care to patients who need accommodation for treatment, including, but not limited to, patients with intellectual/developmental disabilities (IDD) and/or physical disabilities.

ERIE COUNTY MEDICAL CENTER (ECMC) GENERAL PRACTICE RESIDENCY SHADOW DAY (EXTERNAL ROTATION)

D3 students are assigned to shadow the GPR program at ECMC for a full day in their spring semester. This rotation provides D3 students with experience at a local hospital-based GPR.

ERIE COUNTY MEDICAL CENTER SPECIAL NEEDS CLINIC (EXTERNAL ROTATION)

D4 students attend this two-full-day rotation, which provides clinical exposure to patients with IDD and complex medical history in the ambulatory setting.

- Attendance is mandatory.
- Mandatory clinical attire includes clean scrubs and the UBSDM ID badge. Students provide their own protective eyewear.

Section 2.5 INFECTION CONTROL

The [Infection and Hazard Control Manual](#) presents guidelines and recommendations for infection control and safety at the UBSDM.

This information supplements the University at Buffalo Facilities Department Office of Environment, Health & Safety (EHS), Biosafety Exposure Control Plan and Chemical Hygiene Plan. Please refer to the university plans, EHS Personnel or an Infection & Hazard Control Committee representative for information not addressed in the Infection and Hazard Control Program Manual.

Section 2.6 DENTAL LABORATORY SERVICES

The UBSDM utilizes in-house dental laboratories as well as commercial laboratories to provide dental laboratory services.

LABORATORY INFECTION CONTROL

- PPE, gloves and masks must be removed before students exit designated clinic areas. Lab personnel will not accept any work from any student/resident, faculty or staff wearing PPE, a mask or gloves.
- Any prosthesis being transported from the clinic to the lab must be decontaminated, disinfected and placed in a transport bag prior to exiting the clinic. Lab personnel will not accept any work from any student/resident, faculty or staff from the clinical area unless it is properly decontaminated/disinfected.

LABORATORY WORK AUTHORIZATION

The Laboratory Work Authorization Form must be complete and include:

- Student/resident signature and ID number.
- Faculty signature(s).
- Authorization stamp from the Welcome Center.

COMMUNICATION WITH COMMERCIAL LABORATORIES

In-house lab technicians communicate with the outside labs. Only residents may directly contact commercial laboratories providing support services to the school.

COMPLETION OF LAB WORK

The laboratory workload varies over the course of the UBDSM academic year. Lab work status can be checked in axiUm. The case work authorization/laboratory prescription is located in the Scanned Documents section of the patient chart.

INTERNAL QUALITY CONTROL

Designated faculty review all predoctoral cases submitted to the fixed or removable laboratories for quality control. If approved, the laboratory prescription is signed by quality control faculty. If the case is rejected, a rejection form is completed and corrective actions described. The student meets with the supervising faculty to review recommendations and make corrections.

EXTERNAL QUALITY CONTROL

All students (predoctoral, postgraduate and AEGD) must complete the Fixed Prosthodontic Technical Support Quality Control Form or the Removable Prosthodontic Technical Support Quality Control Form provided with the completed prostheses from the laboratory. These forms are returned to the dental technicians in the fixed lab in 220 Squire Hall or removable lab in 224 Squire Hall.

STUDENT LAB

To expedite processing, students must perform some routine laboratory tasks, such as trimming and polishing dentures, setting denture teeth, waxing of teeth, beading, boxing, pouring of casts, pindexing, mounting of working master cast(s), along with finishing and polishing metal in the student lab. Technical advice and assistance are available from technicians during regular working hours.

FIXED PROSTHODONTICS LABORATORY

WORK SUBMISSION

- Submit fixed work to the Fixed Prosthodontic Laboratory in 220 Squire.
- Submissions are placed in the designated section on the front table and reviewed daily by faculty at their availability for adequacy and completeness before work is begun.
- Students and residents must track all submissions in axiUm. Work Authorizations are available under Scanned Documents, listing the due date and the lab responsible for the case. If a submission is not approved, students and residents must correct the original Work Authorization, note the corrections by signing and dating the rejection form, and resubmit the work.
- Completed cases are available for pickup on the front shelves. Pickup information can be found in the Scanned Documents section of the patient chart in axiUm. The due date listed is when the lab will finish the case; clinic appointments should be scheduled for the next business day or later. Do not remove job pans from the fixed lab.
- The Fixed Lab is open Monday through Friday, 7 a.m. to 4 p.m.

SUBMISSION REQUIREMENTS

All submitted working and opposing casts must be full arches. (While a second quadrant impression may be submitted, a full arch must always be included.) The preoperative and/or diagnostic wax up casts should be facebow mounted on a calibrated Denar articulator. Every case should include the following:

- Disinfected impression of the prepared tooth/teeth.
- Opposing model, poured and trimmed.
- For implant cases: Working cast must be poured and articulated by the student.
- Properly completed lab order (lab prescription), including Welcome Center authorization stamp. For all fixed lab orders, two fixed faculty must approve the preparation and impression as witnessed by both faculty signatures on the lab order. Additionally, the primary faculty should initial the lab order under the ADA code(s) listed as verification that the code(s) are consistent with the work in the patient's treatment plan in axiUm.
- An acceptable, properly trimmed occlusal registration. This must be included when the prepared tooth is the terminal tooth in the arch or when casts cannot otherwise be accurately hand-articulated.
- For porcelain restorations, select the appropriate shade using the Vita shade guide available in the clinic. A natural die shade is required for all-ceramic restorations, including lithium disilicate or eMax ($\text{Li}_2\text{Si}_2\text{O}_5$) and leucite or Empress (KAlSi_2O_6).
- Additional diagnostic/instructional aids or information as necessary for individual cases (e.g., cast with surveyed RPD design, diagnostic wax-up, denture tooth set-up, photos, diagrams, etc.)
- When altering/modifying anterior guidance, a customized incisal table is required as well as a mounted cast of the provisional restoration.
- For Resin Retained Fixed Partial Dentures, please contact a fixed technician to determine how working cast should be handled.

ESTHETIC RESTORATIONS

Porcelain veneers, anterior all ceramic crowns, ceramic/composite inlays and onlays are directed to D4 students and require review and approval by one of the group directors or their designee.

- Diagnostic wax up is required.
- Printed colored pictures with shade tabs in frame. Print from radiology clinic in 116 Squire.

RPD ABUTMENT

When crowns are being made as removable partial denture (RPD) retainers:

- Natural teeth receiving guide planes and rests must be prepared **BEFORE** an impression is made for crown(s).
- The working cast must have tripod marks (and parallel marks when possible) to permit the laboratory to locate the desired path of insertion and provide the prescribed rests and axial contours.
- The signed RPD design must be included with the case.

DIGITAL WORK SUBMISSIONS

- Completed Work Authorization with scanning faculty signature and welcome center stamp will then need a QC signature from digital faculty other than scanning faculty.
- Case with flash drive and any other reference materials should be placed on approved shelf in front of fixed lab in 220 Squire.
- Digital cases should be saved in the Digital Dentistry Drive.
- Cases should be named according to the Laboratory Work Authorization Invoice number located in the top right corner and saved in .30xz format.
- Study cast of provisional or patient's previous dentition should be scanned into the digital record at the time of the appointment.
- Cases need to be handed in to the fixed lab and given to a laboratory technician.

SOFT TISSUE MODEL ASSISTANCE

- Gingifast (soft tissue) model fabrication times are scheduled daily at 7:45 a.m., 10:45 a.m., and 3 p.m.
- Bring the impression with implant components in place.

CASE RETURN

- MCC restorations: glazed or unglazed as prescribed.
- MCC fixed partial denture metal frameworks must have a clinical try-in prior to porcelain application. Single-unit, all-ceramic restorations will be returned glazed.

LABORATORY EQUIPMENT AVAILABILITY IN 220 SQUIRE

Students may access the sandblaster in the fixed lab during regular working hours under the supervision of the lab technicians.

COMPLETION DATE

The general time required for completion of cases is reflected in the table below:

Lab Work	Estimated Time for Completion
Casting, pattern provided	2-3 working days
FCC	10 working days
Metal framework (PFM)	10 working days
PFM (bisque bake)	10 working days
All-ceramic	10 working days
Implant crown	10 working days
Large Esthetic cases	15 working days
Solder	24-72 hours

RECEIVING COMPLETED WORK

Work may be received during laboratory personnel's regular working hours. Students take their work only; do not disturb or remove other students' work. Please return all lab pans.

NOTE: The due date in axiUm is the lab completion date; clinic appointments should be made after this date.

REMOVABLE PROSTHODONTICS LABORATORY

BUSINESS APPROVAL

- Required for partial denture frameworks, processing, and/or finishing complete dentures and RPD's (definitive and interims).

RELINE AND REBASE

- Relines, rebases and repairs receive priority for completion.
- Repairs should be brought to the removable technician for review and scheduling before starting.
- For complete dentures, bead the impression close to the border, box and pour in yellow cast stone. Trim casts to a reasonable size. Do not remove the denture from the cast at any time. Students are paged to scribe post dam for maxillary dentures.
- For partial dentures, submit impressions to lab to pour master cast.

REPAIRS

- Clasp repairs require a pick-up impression poured in stone.
- Tooth replacements and additions require a cast of the opposing arch, and, if the occlusion is in question, an occlusal registration.
- Clasp design and flange borders should be drawn on cast.
- Teeth to be extracted should be marked with an “X” on master cast. Repairs will be returned to the student, disinfected and ready for insertion.

PROCESSING

Cases to be processed should be fully waxed up and submitted with a work order to include acrylic shades and any special instructions. Wax-ups are reviewed by the Quality Control Committee for needed modification to prevent possible problems during and after processing. Needed alterations will be noted and returned for student modification. The Ivocap Injection System is the standard processing system used by the removable lab whenever possible.

TOOTH ORDERS

The completed white “Tooth Order” form **MUST** be brought to the Welcome Center for authorization to be stamped prior to being submitted to the technicians in the removable lab in 224 Squire. Teeth will only be issued if there is a “Teeth May Be Issued” stamp on these forms from the Welcome Center. It may take up to two days to receive teeth. Ivoclar Blue Line teeth are used for definitive dentures. Ivostar teeth are used for interim dentures. Both require a business stamp.

RPD FRAMEWORK

If the opposing arch has natural teeth, casts should be mounted on a Denar Articulator prior to submission to the lab. The dental service laboratory then mounts the case on an identical instrument to prevent occlusal interferences. The following checklist must be completed prior to sending case out to the chrome lab:

- Purchase order number obtained from business office.
- Cases mounted as specified above.
- Casts tripoded for surveyor orientation survey lines present on all abutment teeth.
- Casting design drawn in blue.
- Retentive clasp features and internal finish lines should be drawn in red.
- RPD designs utilizing posts for anterior denture teeth retention should have interim teeth set and a labial silicone putty matrix included with the master cast to aid the technician in post placement.

RPD FRAMEWORK REMAKES

The new prescription should include a detailed explanatory note from the student’s instructor as to why the original framework failed so that cost liability can be determined. Any problems with RPD frameworks should be reported on the short form entitled “Removable Prosthodontics Technical Support Quality Control” by the student and instructor. This form is provided with your completed case and should be returned to the removable lab in 224 Squire.

COMPLETED PROCESSING

Cases may be picked up during regular working hours. Each student takes only their case. Do not remove the prescription or the work pan from the lab. Cases need to be signed out before leaving lab.

INTERIM PROSTHESIS PROCEDURES

Submit stone casts to the laboratory for adaptation of clasps before setting any teeth. Allow two to three days for this procedure. Casts should be designed following the same procedures listed under RPD frameworks. The laboratory will supply interim teeth for your setup. Set teeth and complete wax-up

before submitting a case for processing. Take a tooth shade for interim dentures with appropriate shade guide provided in the clinic. Interim teeth do not have a business stamp requirement.

SERVICE HOURS

The service window is open for submitting and picking up cases, interim teeth advice, help or brief demonstrations as follows:

- 8-9:15 a.m.
- 11 a.m.-Noon
- 1-1:30 p.m.
- 4-4:30 p.m.

Compliance with these hours greatly facilitates the completion of everyone's lab work. The submission of a clinical emergency repair is the exception to this rule.

Section 2.7 MAINTENANCE AND REPAIR OF EQUIPMENT AND FACILITIES

INSTRUMENTS AND EQUIPMENT

The UBSDM supplies and maintains clinical instruments and laboratory equipment, including those requiring sterilization. This ensures students/residents have all necessary instruments and equipment and that all clinical instruments are sterile and well maintained. Students purchase electric handpieces as part of their clinical supplies during their D1 year. However, if student handpieces are unavailable, the dispensary can loan students UBSDM-owned handpieces.

CLINICAL INSTRUMENTS

Instruments are requested through the New Appointment Request module in axiUm. The provider selects the specific treatment code(s) for the treatments to be rendered on the day of the appointment. Each treatment code corresponds to the appropriate instrument tray, which contains the specific set of instruments required for the treatment. The instrument tray is named "Item Type" in the Dispensary module in axiUm. A complete key to the contents of the instrument trays is available in axiUm (Links > Instrument Trays) to assist in making requests.

For the Instrument Management System (IMS) to be effective and efficient in providing students with the best service possible, it is imperative to follow the guidelines below.

INSTRUMENT PICKUP

- **All instruments should be picked up at the sterilized (clean) dispensary window.**
- Dispensary window hours are:
 - Clean side: 8 a.m.-4:15 p.m.
 - Dirty side: 8:30 a.m.-4:30 p.m., with a daily closure from 12:30-1:30 p.m.
- Any additional items needed during an appointment must also be requested from the sterilized (clean) dispensary window.
- Students should ensure all requested items are received, including the individual instruments within each tray. If there is a discrepancy, report it to the dispensary staff within 15 minutes of the start of the clinic period. Students/residents will be invoiced for any misused or missing items noted when trays are returned.
- All air-driven high-speeds and all electric handpieces must be lubricated after each use. Lubricant and instructions are available in each clinic.
- Student/resident input on the condition of all instruments and equipment is necessary. The dispensary staff should be informed if any item needs to be replaced.

INSTRUMENT RETURN

- **All instruments should be returned to the contaminated (dirty) dispensary window.**
- Before returning trays and other items to the dispensary, students/residents must:
 - Rinse all instruments and equipment of debris, including blood and tissue.
 - Remove all impression material (e.g. alginate) from Rimlock trays before returning to the dispensary. Rimlock trays will not be accepted if these are not properly cleaned of excess material.
 - Amalgam must be disposed of in amalgam waste containers in accordance with infection control guidelines.
 - Remove all gauze, cotton rolls, floss, and other disposable items from the tray and dispose of the materials properly in accordance with infection control guidelines.
 - Arrange instruments in trays in their proper sequence. If more than one tray is checked out, the instruments must be returned in their respective trays in proper sequence. Trays will not be accepted if instruments are not properly arranged. See the pictorial references available in axiUm for proper sequence.
- Dispensary staff will ensure all instruments are free of visible debris upon return and prior to sending them to central sterilization. Cement and wax will be removed by the dispensary staff.
- All electric handpieces should be separated into their components before sterilization.
- To have a sufficient supply of sterile instruments available for the next clinic period, it is necessary that instruments and trays be returned upon the completion of each patient appointment. ALL efforts should be made to return all instruments issued for a specific clinic day by 4:30 p.m. If instruments or trays are not returned for two or more clinic periods, no additional instruments will be issued.

AFTER HOURS INSTRUMENT STORAGE

Students/residents unable to return contaminated instruments and other items before the end of the clinic period must store these items in a yellow plastic bag (available at the dental assistant stations in all clinical areas). Students must store these yellow bags in their lockers. The items should be returned to the dispensary at the start of the next clinic period.

TRANSPORTING INSTRUMENT CASSETTES BETWEEN CLINICS AND CLINICAL FLOORS

Students on rotation in the oral surgery and pediatric dentistry clinics may obtain their instruments and trays at the respective clinic. These clinics have specific instruments that are unique to these clinics' needs (e.g., instruments specifically designed for pediatric patients). There are situations, such as child prophylaxis, where the student/resident must obtain an instrument cassette from the dispensary window rather than the clinic directly. These instrument cassettes must be returned in accordance with the guidelines above to the respective dispensary from which they came. For clinic-specific instruments, the dental assistants will assist in cleaning these instruments in designated areas within the respective clinics and will bag/wrap instruments to return to the dispensary via a cart.

Students/residents reporting from one floor to another are required to transport used instruments in simulation or other nonpatient activities in a green plastic bag, which can be requested from the B30 manager.

The success of the IMS is dependent on student cooperation. Failure to comply with IMS policies and procedures may result in penalties, including revocation of clinic privileges.

LABORATORY EQUIPMENT

A series of equipment is issued to students/residents. When issued, a member of the IMS staff reviews the contents with students/residents to check for completeness and condition. Any discrepancies must be reported at this time. Once student/resident has signed for an item as received, they assume full responsibility. At check-in, equipment is inventoried for completeness, condition and cleanliness. The student/resident must pay for broken or missing instruments or equipment.

The following equipment is issued to students according to year:

First-Year (D1) Students

- Instruments are issued in laboratory station drawers and returned at the end of the first year.
- Students purchase an articulator.

Second-Year (D2) Students

- Instruments are issued in laboratory station drawers and returned at the end of the second year.

Third- (D3) and Fourth-(D4) Year Students

- Miscellaneous supplemental lab-related equipment will be available at either of the clinic dispensaries.
- Instruments and bag for instrument transport are issued to third-year students and returned after they have completed their fourth year.

TROUBLESHOOTING PROBLEMS WITH CLINICAL OPERATIONS AND/OR INSTRUMENTS/SUPPLIES

Questions or problems concerning the condition or operation of clinic and laboratory equipment should be directed to a dental assistant or laboratory technician. If necessary, an equipment repair technician should be contacted. If immediate assistance is needed, call Dental Repair on 829-2824 and provide your location and the nature of the problem.

Problems with dental handpieces and components or other hand instruments should be brought to the attention of the dispensary staff **IMMEDIATELY** upon discovery.

Portable laboratory equipment (such as articulators and surveyors) in need of repairs or adjustments should be brought to the dental equipment repair shop in B40 Squire Hall. Shop hours are 8 a.m.-4 p.m., Monday through Friday.

Any facilities or custodial issues should be reported to the Facilities Planning and Management Officer.

Section 2.8 MEDICAL EMERGENCIES AND INJURIES

Depending on the type and severity of the emergency, emergency supplies are located on the first, second and third floors within each clinic. In the event of a life-threatening emergency, University Police are called to assist with getting an ambulance to Squire Hall.

Any injury or medical emergency involving students, residents, staff, faculty, patients or visitors should be reported immediately following the chain of command: first to the students'/residents' immediate supervisor, then to the supervising faculty, group director, and/or the associate or assistant dean for clinical affairs. In addition, all incidents must be documented using the Incident Report Form located on the desktop of every UBSDM computers. The form is also available at every emergency equipment location as a part of an information packet on handling medical emergencies. Those directly involved with the incident (i.e., witness, student/resident, faculty, and first responders, if applicable) are required to complete the forms within 24 hours and return them to the person designated on the form.

As part of the medical emergency prevention and management protocol, all students/residents, faculty, and staff in the direct provision of patient care must have continuous rectification in Basic Life Support

(BLS). BLS includes cardiopulmonary resuscitation and the management of other medical emergencies. The specific actions to be taken in the event of a medical emergency are outlined below.

EMERGENCY SUPPLY LOCATIONS

Emergency storage locations have green and white “Emergency Equipment Storage” signs.

Each emergency station contains oxygen, sphygmomanometer and stethoscope, glucometer, and a sealed emergency drug kit. Automated external defibrillators (AEDs) are in 15 locations throughout the UBSDM and are located near each emergency station. Each emergency drug kit contains the following items:

- Nitroglycerin tablets
- Epinephrine auto-injectors (pediatric and adult)
- Back-up epinephrine vial
- Diphenhydramine vial
- Benadryl tablets
- Albuterol inhaler
- Oral glucose gel
- Aspirin
- Naloxone nasal spray
- CPR shield

The director of quality assurance, infection control, and safety performs monthly inspections of emergency equipment stations. During this inspection, they check and inventory pharmaceuticals expiration dates and evaluate oxygen tank fullness and equipment functionality. A maintenance log tracks each drug and each piece of emergency equipment. Staff from UB’s Office of Facilities inspects and tags AEDs.

Senior dental assistants are responsible for contacting the director of quality assurance, infection control, and safety within 24 hours if any equipment or supplies have been utilized, are missing and/or if the seal on the emergency drug kit is broken. The director arranges for immediate replacement of any used or missing equipment. The UBSDM maintains a small supply of replacement emergency drugs and equipment for that purpose.

Additional emergency equipment is available at the dispensary windows on each floor:

- Chemical spill kit
- Mercury spill kit
- Emergency eyewash kit
- First aid kit
- Fire extinguisher

An Incident Report Form is required to be completed any time any of this equipment is used for any reason. All incidents must be documented using the Incident Report Form.

EMERGENCY PROCEDURES

The following guidelines should be followed in the event of any medical emergency:

- Never leave the patient unattended.
- Immediately inform the nearest faculty member and any emergency personnel about the history of the emergency, steps already taken and the patient’s response. Be sure the patient’s chart is available.

- For serious medical emergencies during normal UBSDM hours requiring additional assistance, utilize the schoolwide CODE-5 emergency system by using a designated CODE-5 Phone or dialing 829-5555 from **ANY** phone and assisting the emergency personnel as requested.
- If instructed by faculty or emergency personnel, a campuswide emergency system can be activated 24 hours per day by dialing 645-2222.
- If an emergency occurs in one of the clinics, an Incident Report Form must be completed and returned to the individual noted at the bottom of the form.

CODE-5 EMERGENCIES

When the CODE-5 emergency system is activated, a designated team responds to medical emergencies in Squire Hall. The individual team members carry walkie-talkies for direct communication. CODE-5 phones throughout the building connect to the central switchboard operator, and calls can be made to 829-5555 from any phone. Switchboard operators are trained to follow a specific protocol during CODE-5 emergencies.

A CODE-5 emergency call from one of the CODE-5 phones activates the following sequence of events:

- The person reporting the emergency states the nature of the emergency and its precise location and requests a CODE-5 announcement.
- The switchboard operator announces “CODE-5” with the location of the emergency over the public address system three times. In addition, the CODE-5 team receives an announcement over the walkie-talkie system.
- While waiting for the CODE-5 team to respond, UBSDM faculty, students/residents, and clinical staff who are closest to the emergency must attend to the patient by providing basic first aid and/or starting the BLS algorithm (if applicable).
- The designated CODE-5 team responds to the emergency with the following roles and take over patient care:

Members	Roles/Responsibilities
Minimum four faculty members in Squire Hall (group directors and PG program directors)	Stabilize patient /Three-person CPR <ul style="list-style-type: none"> ● Faculty 1: Performs chest compressions. ● Faculty 2: Ventilates with bag-valve mask. ● Faculty 3: Prepares AED.
One dental assistant on each floor	Record-Keeper <ul style="list-style-type: none"> ● Brings emergency kit to incident. ● Keeps record of vitals, treatment rendered and other pertinent information. ● Completes incident report.
One nonclinical staff member on each floor	Runner/Communicator <ul style="list-style-type: none"> ● Ensures enough personnel have attended to the emergency. Dismisses extra responders. ● Retrieves any additional items/people who may be requested by responders. ● Directs EMT/University Police to incident.

- The switchboard operator remains on standby to call University Police to initiate a 911 emergency call if directed by CODE-5 responders. If the situation requires transporting the affected individual to a medical center, the operator notifies University Police, who then request additional

emergency personnel. University Police meets the emergency personnel at the campus entrance and escort them to the school.

- If a 911 emergency call is made, school responders provide supportive and, if necessary, interventive care until additional rescue personnel arrive.
- Following the CODE-5, personnel (those directly involved, i.e., responders and witnesses) must complete a UBSDM Incident Report Form within 24 hours.

AFTER-HOURS EMERGENICES

Response to any after-hours emergency is handled via University Police or the 911 emergency system. University Police maintain a 24-hour-a-day/seven-day-per-week emergency system (716-645-2222) and respond by mobile patrols.

SWALLOWED | ASPIRATED OBJECTS

If there is an observation or suspicion of a dental object having been swallowed or aspirated by a patient, follow the guidelines outlined below. Further details are discussed in the Infection Control and Hazard Manual, Section 5.13.

IF EVIDENCE OF RESPIRATORY DISTRESS PRESENTS:

- Immediately begin BLS algorithm for partial or total airway obstruction, depending upon patient's distress.
- Instruct another party to initiate the CODE-5 protocol.
- Call 2222 for EMS/ambulance transport to local emergency department.

IF NO EVIDENCE OF RESPIRATORY DISTRESS PRESENTS:

- Begin careful examination of clothing, dental unit, surrounding floor, etc., to locate the object.
- If the object is not found, alert the immediate supervisor and/or supervising faculty.
- Follow guidelines as outlined in the Infection Control and Hazard Manual, Section 5.13.

OCCUPATIONAL EXPOSURE PROTOCOL

In the case of occupational exposure, students/residents, faculty, and clinical staff should follow the guidelines detailed in the Infection Control and Hazard Manual, Section 5.12.

Students/residents/faculty/staff should alert the supervising faculty and/or immediate supervisor at the time of discovery. The **supervising faculty** must then consult with the **provider** and **source patient** and use the guidelines in Section 5.12 of the Infection Control and Hazard Manual to determine if laboratory studies are required.

NOTE: ALL occupational injuries must be documented using the incident form located at the green emergency stations in the clinic, no matter the decided course of action.

[Section 2.9 FIRE AND OTHER BUILDING-WIDE EMERGENICES \(RACE PLAN\)](#)

View [Building Evacuation Plans](#) on the university's Administrative Gateway.

[Section 2.10 PARKING](#)

STUDENTS/RESIDENTS

View [Student Parking instructions](#) on the university's Parking and Transportation website.

PATIENT PARKING / NFTA ACCESS

View the [Directions & Parking page](#) on the UB Dental patient website.

Section 2.11 TELEPHONE USE BY STUDENTS/RESIDENTS

Each clinic has three types of phones installed: phones for calling patients, phones for answering overhead pages, and CODE-5 phones. The comprehensive care clinic on the second floor has two phones for calling patients. These phones are restricted to calling within the 716 area code. Long-distance calls may be arranged through the staff or office manager assigned to the clinic. In specialty clinics and AEGD, calls to patients may be arranged by contacting the scheduler in the appropriate clinic. Personal calls are not permitted on these phones.

VoIP phones located throughout the school are used for answering overhead pages. When paging, the switchboard operator will announce a name, “* (star)” and three-digit number. The individual can retrieve their call by entering * and the three-digit number. Every effort should be made to keep these calls short to allow others to use these phones.

CODE-5 phones, appropriately identified with red labels, are ONLY to be used in the event of a medical emergency. See CODE-5 protocol above.

Section 2.12 IMPORTANT UBSDM TELEPHONE NUMBERS

Patient Billing Department	829-3226, x3
CARES Office	829-6239
Dental Emergency (clinic hours only)	829-6439
Emergency Dental Care (after clinic hours)	866-244-9387
Endodontics (predoc external referrals)	829-3847
Endodontics (postgrad in-house referrals)	829-6229
Endodontics (general questions)	829-6229
Oral and Maxillofacial Surgery (UBSDM scheduling)	829-2722
Oral and Maxillofacial Surgery (private practice)	716-899-6637
Orofacial Pain, TMD and Oral Medicine	829-6261
Orthodontics	829-2845
Patient Admissions	829-2732
Patient Advocate (DO NOT GIVE THIS NUMBER TO INDIVIDUALS OUTSIDE OF THE UBSDM.)	829-2390
Patient Records	829-2526
Pediatric Dentistry (scheduling)	829-2723
Postgraduate Clinics (AEGD, PG Perio & PG Pros)	829-2755
Postgraduate Clinic (PG Endo)	829-6229
Recall/Hygiene	829-3846
Switchboard	829-2824

III. PATIENT CARE

Section 3.1 WELCOME CENTER

The Welcome Center is the first line of contact for patients seeking care at the UBSDM. Individuals seeking dental care may obtain a patient application form through the UB Dental patient website or by calling 716-262-9750. Upon receipt of the completed application, patients are then contacted by the Welcome Center staff to schedule their initial appointment for the Patient Admissions (Screening) Clinic. Exceptions occur for limited treatment patients (see next section).

Section 3.2 PATIENT SCREENING (Admissions)

Patient admission into the UBSDM occurs one of two ways:

1. Typical screening appointments where prospective patients contact the UBSDM to become patients.
2. Dental student/resident-initiated screening appointments where students/residents intend to provide care to their relatives or friends.

PROCEDURES FOR A TYPICAL SCREENING

- Individuals who contact the UBSDM via phone to become a clinic patient are asked several questions including name, gender, address, date of birth, Social Security number and whether they have ever obtained care at the UBSDM in the past.
- A patient admissions packet, including a cover letter and demographic forms, is mailed via U.S. mail to the prospective patient within two business days of the request.
- Upon return of the patient admissions packet through U.S. mail, Welcome Center staff will review the application for completeness and contact the prospective patient to schedule a screening appointment in the Screening Clinic (Patient Admissions Clinic).

PROCEDURES FOR A STUDENT/RESIDENT-INITIATED PATIENT SCREENING

- The student/resident should bring the completed patient admissions application to the Welcome Center to create a patient record before a patient appointment can be scheduled in axiUm.
- Once a chart is created for the new patient, the student/resident should go to their DCC for the patient to be assigned in their patient family.
- The student/resident proceeds with requesting an appointment for a comprehensive oral exam in the predoctoral comprehensive care clinic or appropriate postgraduate clinic.

THE SCREENING APPOINTMENT (BOTH TYPICAL SCREENING AND STUDENT/RESIDENT-INITIATED)

- The intake process at the Welcome Center includes the following:
 - Patient insurance is verified/scanned.
 - Specific patient consents are obtained:
 - PRVCON: Privacy Practices Consent (Welcome Center)
 - GENCON: Rights and Responsibilities Consent (Welcome Center)
 - PACON: Examination Consent (Welcome Center)
 - ELECOM: Electronic Communication Consent (Welcome Center)
 - AUTCON: Authorized Rep Consent (optional) (Welcome Center)
 - Patient is provided with a copy of the following:

- UBSDM Patient Information Booklet (acknowledgement of receipt via GENCON consent). The booklet includes UBSDM clinical policies, FAQ, and the Patient's Bill of Rights and Responsibilities. The booklet explicitly states that assignment for treatment is **NOT** guaranteed.
 - UBSDM Notice of Privacy Practices as mandated by HIPAA. Patient is asked to acknowledge receipt of the privacy information by signature on the HIPAA consent form.
 - A photo of the patient is taken during the initial screening visit as part of the intake process.
- During the screening appointment, the student works with the attending dental faculty and completes the following on the perspective patient:
 - Obtain PERCON: General Treatment Consent (student/resident & faculty).
 - Patient vitals (blood pressure and pulse) are taken and recorded in the EHR.
 - Review and documentation of medical and dental history, including current medications, history of illness, chief concerns/complaints and known allergies.
 - A pharmacist is available for consultation on the medication history of the patient on Mondays, Tuesdays and Wednesday mornings.
 - If required, medical alert information, such as the need for premedication and/or known drug and/or latex allergies, is entered.
 - cursory clinical evaluation (including but not limited to an oral cancer screening) of the patient's oral condition to triage the patient's needs and determine the general recommendations for treatment.
 - Appropriate radiographic studies are ordered based on specific patient needs discovered in the medical/dental history, clinical evaluation and or if the patient raises any concerns.
 - In instances where consultation of the patient's medical history and/or clinical and/or radiographic findings is deemed necessary, an ODS consultation is initiated at the screening appointment. Such instances may include but are not limited to verification of pre-medication (i.e., orthopedic replacements and/or cardiac conditions) or incidental soft tissue and/or hard tissue lesion. If an ODS faculty member is not available for consultation at the time of screening, or, in the judgment of the ODS faculty, the patient should be followed further for a particular issue (e.g., lesion re-evaluation, physician letter, medical clearance), the ODS consult will be completed at the next scheduled appointment with the comprehensive care student/resident.
- After the screening evaluation is complete, the faculty determines the appropriate clinic for comprehensive care. The screening form outlining a preliminary assessment of patient needs is completed and approved in axiUm.
 - For patients who are deemed suitable for predoctoral clinics: The screening provider contacts the DCC on call that day to assign the patient to the appropriate student provider. The patient will also receive an appointment for a comprehensive oral examination prior to dismissal from their screening appointment.
 - For patients deemed appropriate for postgraduate clinic(s): The student screening provider will complete a referral form to the appropriate postgraduate clinic, which will then prompt that clinic's DCC to assign the patient accordingly. The patient will be contacted later to schedule the next appointment.

Section 3.3 COMPREHENSIVE PATIENT CARE

To provide appropriate patient care, students/residents are responsible for:

- **Patient Family Management:**
 - Scheduling newly assigned patients two to four weeks of assignment for comprehensive oral examination and treatment planning.
 - Scheduling active patients frequently to ensure timely treatment completion.
- **Clinical Management:**
 - Providing the patient with all treatment options available, regardless of insurance status. The patient's treatment plan options should be recorded, in their entirety, upon completion of the comprehensive oral examination.
 - Properly following the approved treatment plan sequence. Students must obtain a Start Check from the attending faculty before beginning treatment to ensure they are following the correct sequence.
 - Ensuring insurance pre-authorization decisions are received or insurance denial waivers are obtained **BEFORE** starting procedures, when necessary.
 - Being prepared at each appointment with the knowledge and understanding of the indicated treatment and the proper clinical armamentarium.
 - Completing all planned treatment and recall adult prophylaxis unless approved by the group/program director for case reassignment. Certificates/diplomas may be withheld until all patient treatment is complete as determined by group/program director.
 - The case reassignment review process is part of an ongoing patient family review involving D3 and D4 students, DCCs, and group directors. If reassignment is necessary, the student completes a Case Reassignment Form documenting all remaining treatments. The form is reviewed and approved by faculty after discussion with the student, then given to the DCC for reassignment. Student/resident providers must contact patients when they are reassigned to a new provider.
- **Infection Control:**
 - Following proper infection and engineering control procedures (e.g., safety glasses, hand hygiene, PPE protocols). Further details are available in the Infection Control and Hazard Manual.

When a patient's treatment is completed (except limited treatment patients), the primary treating student/resident provider must see the patient once for a final recall examination and prophylaxis before the patient is assigned to the UBDSM Recall System. All patients under active treatment must receive a recall examination and prophylaxis at least annually. The actual interval is determined by the severity/history of oral disease.

Students/residents must report to their respective group director, program director or DCC any of the following patient related problems:

- Insufficient number of patients in their patient family.
- Patient compliance with an established treatment plan.
- Financial commitments.

- Appointment cancellations or disappointments.

The group director, program director and DCC periodically review each student/resident's patient family. Students/residents failing to establish approved treatment plans, make timely progress, or follow the proper treatment sequence must explain such situations. Failure to satisfactorily manage assigned patients may result in a grade reduction and/or may affect timely promotion, program completion or graduation.

PATIENT APPOINTMENTS

All patient appointments must be scheduled through axiUm, the UBSDM's clinic management system. This ensures adequate faculty coverage in the intended discipline, and aids in ordering instrument trays, documenting patient charts, and tracking student/resident accomplishments and requirements.

To schedule an appointment, the appropriate clinic, along with the student/resident and faculty, must be available at the date and time specified. After an appointment request is submitted, the patient manager will contact the patient and schedule with the appropriate faculty. Scheduling an appointment reserves a slot with a supervising faculty in a clinic and requests an instrument tray and appropriate handpieces. In some advanced education programs, residents schedule their own patients.

The comprehensive oral exam appointment begins with a thorough review of the medical and dental health histories and complete extra- and intra-oral examinations, including evaluation of the head and neck, an oral cancer screening, and clinical evaluation of the dentoalveolar structures. Additional radiographs, diagnostic tests, and/or impressions for study casts may also be necessary to diagnose and develop a treatment plan. Completion of an oral diagnostic sciences referral, if applicable, is also completed at this appointment. Due to time constraints and case complexity, actual dental treatment usually does not begin at this appointment.

SCHEDULING

All D3 and D4 students are assigned a patient manager according to their clinic group. Students are not allowed to schedule patients directly into axiUm. Students must submit an appointment request before a patient can be called to schedule an appointment and must include a location/time, an appointment code and a reason for the request. A patient manager reviews the request for accuracy and then contacts the patient.

To ensure timely completion of treatment, faculty may grant overrides to students, allowing an additional one to two students on their roster for a given clinic session. This override is entirely at the faculty member's discretion. Students must first discuss the case with the specific faculty and have an override slip completed with the faculty's signature, which is then given to the patient manager to schedule the appointment.

PATIENT WITHDRAWAL AS CLINIC PATIENT

If a patient decides not to continue with dental treatment, the student/resident should discuss this situation with their supervising faculty. The patient should be advised of the options, risks and expectations if treatment is discontinued. The student/resident meets with the DCC to discuss the discharge process. The DCC reviews the record with the student/resident and determines if the discharge is warranted and contacts the patient service auditor to process the discharge and notify the patient. The reason for discharge is noted in the axiUm Notes feature. In the event the patient is not available for advisement and/or incomplete treatment remains, a staff member forwards an incomplete treatment letter and/or a discharge letter. The billing department is also contacted to see if any financial adjustment to the patients' account is necessary.

If treatment is continued with a private practitioner, patients must request copies of their records in writing. Request forms may be obtained at the Welcome Center. Allow five business days for processing.

PATIENT CANCELLATIONS/ FAILED APPOINTMENTS

Patients must call the patient manager or student/resident at least 24 hours before an appointment to cancel; otherwise, it is considered a failed appointment. Repeated cancellations or failed appointments may result in patient discharge. The UBSDM may discharge a patient who cancels with less than 24 hours' notice or fails to show for two or more appointments. This policy is outlined in the Patient Information Booklet received at their Patient Admissions appointment.

PATIENT RECORDS

The patient's electronic health record (EHR) is contained in axiUm, which provides a platform for progress notes, treatment charting, HIPAA-compliant communication, patient referrals, appointment scheduling, patient billing, instrument tracking and student grading. Digital radiographs (intraoral and extraoral examinations) and clinical photographs are stored in MiPACS and are accessed through the patient's axiUm EHR. Faculty and students/residents must ensure that all patient records are kept current. This includes consents, medical histories, physical evaluations, treatment plans, progress notes and diagnostic radiographs. (See the Radiographic Examinations section for more.)

Requests from insurance companies and attorneys regarding patient records are to be referred directly to the Welcome Center. Students/residents are **NEVER** to respond directly to these kinds of inquiries.

NOTE:

- Any paperwork which contains personal health information (PHI) **MUST** be discarded in a confidential recycling bin located within the clinics, department offices or Welcome Center.
- Physical items such as study models, dental impressions, arch wires, temporary crowns, etc., must be in protective packaging and labeled with the patient's name.

PROGRESS NOTE FORMAT

All procedures must be accompanied by a progress note that is complete, accurate and approved by the supervising faculty. Using proper English grammar, spelling, and punctuation in treatment progress notes is crucial for clear communication, ensuring accurate documentation and avoiding misunderstandings; it is important to remember this is a legal document of record and must reflect treatment rendered during a clinic visit.

Select templated notes are available in axiUm for specific visit types, e.g. comprehensive oral/periodic oral examination (GPOSTSC) or regular visit (GREGVST). The progress notes and procedure codes must match and be entered by 6 p.m. the same day the treatment was provided. All notes and codes must be approved by the supervising faculty in axiUm, preferably the same day as rendered treatment.

TREATMENT PLANS

A treatment plan is a written statement outlining the procedures a provider deems necessary, using professional judgment, to restore the patient's oral health and functionality. The American Dental Association's [Dental Practice Parameters](#) and current published evidence assist students, residents and attending faculty in developing treatment plans. Faculty and administrators also use these parameters to develop Clinical Practice Exams (CPEs). Additionally, UBDSM Standards of Care guide all clinical decision-making and treatment planning.

When the student/resident has developed a tentative treatment plan, they should first discuss it with the supervising faculty member along with treatment options, treatment costs and the estimated number of visits. After discussion with and agreement by the attending faculty, the student/resident then presents this to the patient for their approval. Once the final treatment plan is accepted, it is entered into aXiUm and approved by the attending faculty and signed by the patient themselves. Providing the patient with a printed copy of the treatment plan to take home is required.

A signed treatment plan must be in place before any definitive treatment is started.

The treatment plan should be phased and sequenced appropriately (see below).

Treatment Phases	
Phase 1 : Urgent Care	Pain and /or infection. Treatment of chief complaint, if indicated.
Phase 2: Data Gathering	Diagnosis (clinical examination, radiographic examination, other diagnostic aids, diagnose disease)
Phase 3: Disease Control	Disease control (periodontal therapy, endodontic therapy, caries control via direct restorations and/or dental extractions, interim removable prosthesis)
Phase 4: Form and Function	Restoration of form and function (indirect restorations, removable prostheses, implant placement/restoration)
Phase 5: Maintenance	Maintenance (establish recall intervals, prophy or periodontal maintenance, periodic oral examination, periodic intraoral radiographs, nightguards)

The treatment plan must be maintained and updated as necessary. Patients must sign their treatment plans to address any required insurance pre-authorizations before starting treatment. After any revisions to the treatment plan, the patient must sign and receive a new copy. Signature-on-file, telephone consent, and similar references should not appear on the treatment plan. Patient diagnoses must be recorded and updated as part of the treatment plan development.

RADIOGRAPHIC EXAMINATIONS

The UBDSM Radiology Policies & Procedures Manual presents guidelines and recommendations for radiation safety and radiographic examinations at UBDSM. This information supplements the University at Buffalo Environment, Health & Safety (EHS) Radiation Equipment Safety Manual.

The following provides a brief explanation of the UBDSM's radiology policies:

The UBDSM utilizes digital radiography, either computed (photostimulable phosphor plates) or digital (solid state detectors), for imaging procedures. The principles of "As Low as Reasonably Achievable" (ALARA)—justify, optimize, and limit—must be upheld to avoid unnecessary patient exposure to ionizing radiation. Providers should make a good faith attempt to acquire any previous radiographs obtained by outside providers prior to ordering a radiographic examination on a new patient. (See Importing Radiographs section below.) Radiographic examinations should be ordered specific to the patient's individual diagnostic needs after a thorough evaluation of the patient's medical/dental history and clinical examination. Refer to the ADA/FDA Recommendations for Dental Radiographic Examinations for guidance:

- [ADA: Guide to Intraoral Comprehensive Series of Radiographic Imaging Codes – Understanding the 2023 Revisions \(PDF\)](#)

- [FDA: Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure \(PDF\)](#)

All radiographic exam codes, whether intraoral or extraoral, must be planned in axiUm by the attending clinical faculty prior to acquisition. This will hold true whether the radiograph is acquired on the clinic floor or in the radiology clinic. The director of radiology prefers students to acquire radiographs in the radiology clinic (116 Squire) under the supervision of radiology faculty, except intraoperative radiographs in endodontics or restorative post-placement. Clinical faculty must evaluate the quality of the acquired radiographs and approve them in MiPACS. Retakes are at the discretion of the attending clinical faculty and should only be taken if the radiographic image is deemed nondiagnostic for its original intention.

All acquired radiographs must be accompanied by a radiology note (GRAD) in axiUm, which includes the type of radiographs ordered, number of radiographs ordered, total calculated exposure, ordering faculty and acquiring provider. The radiology note must be approved by the attending faculty on the clinic floor if the image was acquired in clinic or by the radiology faculty if the images were acquired in the radiology clinic.

Radiographs must be documented, including a written and signed faculty order indicating the number of radiographs requested, the exposure level and the radiographic provider's signature. These policies and procedures apply to all UBDSM's X-ray equipment, digital radiology sensors, scanners and printers and processors.

IMPORTING RADIOGRAPHS

Good faith efforts should be made to obtain radiographs taken at outside facilities. Patients should contact their previous providers for acquiring previous radiographs directly, preferably in JPEG, TIFF, or DICOM format. Outside providers may upload the requested radiographs through the [New Patients page on UBDSM website](#). If the patient brings the radiographs on a CD/DVD or thumb drive, the student/resident provider can assist in uploading the radiographs on the designated computer located in 105C Squire. Further details are available in the UBDSM Radiology Policies and Procedures Manual.

The Welcome Center will upload imported radiographs from outside providers into the patient's MiPACS. This occurs within a 24-hour business day cycle. Images uploaded on a Friday will be uploaded the following business day. It is the assigned provider's responsibility to ensure the radiographs are properly oriented in their respective radiographic template and reviewed with clinical faculty at the patient's initial visit, if available at that time.

If outside images are not available at the initial visit, it is the assigned provider's responsibility to review and obtain faculty approval at the next appointment.

Approval shall be completed in MiPACS by the clinical faculty at the screening appointment or at the time of the comprehensive oral exam. Approval of imported radiographs denotes clinical faculty have reviewed and assessed the images, as well as saves the imported images to the central server.

DUPLICATION OF RADIOGRAPHS

The Welcome Center will provide radiographs for insurance company review, other outside agencies, quality assurance review or other administrative purposes. Patients requesting duplication of digital radiographs should be referred to the Welcome Center staff for processing. The radiology clinic will copy

digital radiographs to a CD or DVD within five business days of receiving a secure axiUm message from the Welcome Center.

PATIENT REFERRALS

All referrals and reassignments are initiated, submitted and processed electronically via axiUm.

RECALL PROGRAM

The UBSDM has an obligation to provide timely dental recalls to its patients to assist them in maintaining good oral health. Patients who have completed all treatment and are deemed stable by the student/resident and group director or program director are placed into the UBSDM's oral health recall program. The interval between recall appointments is determined individually for each patient and is related to the patient's medical/dental history, current oral health status, oral hygiene, tobacco/alcohol usage, caries rate and periodontitis risk, among other factors. The recall elements include:

- Update of medical and dental history; reconciliation of medications and known allergies
- Head and neck examination (extraoral examination)
- Oral soft tissue examination (intraoral examination)
- Oral hard tissue examination including evaluation of occlusion
- Radiographs updated as necessary (per clinical evaluation)
- Caries evaluation
- Plaque control
- Evaluation of existing restorations and prostheses
- Scaling, root planning and prophylaxis
- Establishment of subsequent recall interval
- Referral for additional treatment when necessary

If additional dental treatment is indicated after examination at a recall appointment, the patient is informed of their specific needs, urgency, and recommendations and a referral is made to the appropriate clinic. For minor treatment, the patient is referred to Patient Services for a "one-time-only" appointment (limited assignment) or is assigned to a student or resident by a DCC or program director. The patient does not remain part of the student's/resident's patient family if the patient's needs are minor. For more extensive treatment, the patient is reassigned into a student/resident provider's comprehensive patient care family.

Recall Codes

All recalls for comprehensive patients who have never had periodontal therapy (i.e., scaling and root planing, SRP) are scheduled for a periodic oral evaluation and adult/child prophylaxis, plus necessary radiographs as determined by the clinical examination. See the current Clinic Fee Schedule available on the UBSDM Intranet for appropriate associated fees.

- Periodic oral evaluation (D0120) + Prophylaxis – adult (D1110) (patient with all permanent dentition) **OR**
- Periodic oral evaluation (D0120) + Prophylaxis – adult, six teeth or less (U1111) **OR**
- Periodic oral evaluation (D0120) + Prophylaxis – child (D1120) (patient with all primary and/or mixed dentition)
- Periodic oral evaluation (D0120) + Periodontal maintenance (D4910) (patient has history of SRP and/or other surgical periodontal therapies in past)

Recall X-rays (Radiographs as ordered per clinical evaluation of need)

- Bitewing, single radiograph – BWX (D0270)
- Bitewing, two radiographs – BWX (D0272)
- Bitewing, four radiographs – BWX (D0274)
- Intraoral, comprehensive series – (full mouth series, FMX) (D0210) (A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.)
- Intraoral periapical, first radiograph – PA (D0220)
- Intraoral periapical, each additional radiograph(s) – PA (D0230) (ordered after single initial radiograph)

LIMITED DENTAL TREATMENT

Although the UBSDM provides comprehensive care to most patients, some are accepted for **limited treatment**. Acceptance for limited treatment does not guarantee or obligate the UBSDM to provide additional dental care. Patients accepted for limited dental treatment must sign a form acknowledging their limited treatment status and that the UBSDM is not obligated to provide additional treatment.

Examples where limited care is offered include:

- **Endodontic Treatment:** Limited to the completion of endodontic treatment; excludes the post-endodontic, restorative phase.
- **Oral & Maxillofacial Surgery:** Limited to extractions of non-restorable teeth or to alleviate or prevent pain or infection. It excludes subsequent prosthodontic replacement for function or cosmetics.
- **Periodontal Treatment:** Limited to referrals for advanced periodontal therapy.
- **Orthodontics:** Limited to referrals for orthodontic treatment.
- In some cases, limited treatment for other situations may be offered. This may include the provision of emergency/urgent care, as described in Section 3.3.

SEDATION

New York State law restricts the use of inhalation and parenteral sedation agents to individuals who have had appropriate training for enteral sedation such as nitrous oxide or New York State certification for parenteral sedation. At present, use of these agents is limited to areas equipped to comply with state and federal rules and regulations. In these areas, all operatories are equipped with an oxygen supply that can deliver high flow positive pressure ventilation via an ambu bag and a crash cart.

BIOPSY PROCEDURES FOR ORAL AND MAXILLOFACIAL STRUCTURES

Tissues removed from clinic patients, including extracted teeth and biopsies of hard and soft tissues, should be considered infectious and handled according to infection control guidelines.

- In consultation with a faculty member, determine if a biopsy should be taken and examined by conventional light microscopic examination (H&E staining) and/or by direct immunofluorescence (DIF).
 - When a biopsy is indicated, obtain a biopsy kit from the endodontics, oral and maxillofacial surgery, or periodontics clinics or from the oral and maxillofacial pathology laboratory located in the Department of Oral Diagnostic Sciences in 355 Squire Hall. Biopsy kits for light microscopic examination (H&E) contain a bottle with 10% buffered formalin, a submission form requesting information about the patient and the suspected lesion. Biopsy kits for (DIF) contain tubes with transfer solution and a submission form. In addition, both H&E and DIF specimens for patients with Medicare medical coverage require an Advanced Beneficiary Notice of Non-coverage (ABN) form.

- Immediately after removing the tissue, fix it by immersion in the 10% buffered formalin for H&E or transfer solution for DIF.
- Complete the submission form(s) and have it signed by a New York State licensed dentist. The patient should also sign and date the patient information form and the Medicare ABN form.
- Submit the biopsy kit to the laboratory.
- The laboratory will process and examine the biopsy with the biopsy report faxed, mailed, telephoned and, sometimes, personally delivered to the provider.
- The biopsy report should then be filed in the patient's chart and the diagnosis recorded in the progress notes section. Results of the biopsy report should be reported to the patient as soon as possible by the provider.

The instructor/student/resident is responsible for reporting the biopsy results to the patient as well as establishing the appropriate management of the lesion.

PATIENT SERVICES

The CARES Program

The Counseling, Advocacy, Referral, Education and Service (CARES) Program is a nationally recognized collaboration between the UBSDM and the UB School of Social Work. It was created in 2001 as an innovative solution to reduce barriers to oral health care. Led by an experienced licensed social worker, the CARES team consists of social workers, graduate students from UB's School of Social Work and School of Public Health and Health Professions, working alongside dental faculty, residents, students and staff. The CARES Team works with patients to identify their concerns and provide education and resources to address them. Common issues that the CARES Program may assist with include:

- Transportation
- Interpreter services
- Access to health care
- Mental health support
- Housing
- Employment
- Family concerns (safety, death, divorce, caregiving)
- Alcohol, tobacco or other drug use
- Financing dental treatments for veterans.

To request CARES team outreach regarding social work issues, send an axiUm message to the CARES program coordinator that includes the patient's name, chart number, and a brief description of the issue(s) to be addressed. CARES team members may contact patients by phone or speak with them during appointments at the UBSDM. As CARES team members work with patients, they document updates in axiUm Contact Notes, the Social Work Reports folder (located in the Attachments menu under the Clinical Imports section), or the EHR patient notes for telehealth visits. The CARES Program may be contacted by email at cares@buffalo.edu or by phone at 716-829-6239.

Veterans CARES Financial Assistance Program

UBSDM's Veterans CARES Program helps U.S. military veterans pay for dental treatments not covered by insurance, regardless of household income.

Veterans must:

- Be active comprehensive patients of the UBSDM.
- Sign the Veterans CARES Patient Agreement.
- Provide proof of veteran status with the DD214 form, which must be scanned to their EHR before the first funded treatment.

The maximum financial award per veteran patient per academic year (May 1-April 30) is \$1,200.

Not all dental treatments are funded by the Veterans CARES Program. Items not eligible for financial award include:

- Treatment that has been completed or has already been started
- Elective procedures (e.g., implants, orthodontics, etc.)
- Overdentures
- Eighth District Dental Society patients (emergency care only/limited treatment services)

Additional Financial Restrictions

- Out-of-pocket implant patients are disqualified from Veterans CARES Awards for other dental services.
- Postgrad treatments will be awarded at predoc fees (up to \$1,200); the remaining difference will be deducted from the particular postgraduate clinic's budget.

Veterans CARES Program Guidelines

- This program is available to all veterans and does not require financial hardship to fund planned dental treatments. The Veterans CARES Program may cover treatments for both uninsured patients and insured patients whose proposed treatment(s) is(are) denied by insurance.
- The CARES team meets bimonthly to review new applications submitted by student/resident providers.
- Veterans CARES funding is specific to the requested treatment and cannot be transferred. If an alternate treatment is needed, a new application must be submitted and approved before scheduling.
- Treatments granted Veterans CARES Awards are funded at predoctoral rates. If the patient is seen by the postgraduate clinics, the postgraduate director must approve the predoctoral rates before treatments can be started. The remaining balance due is deducted from the postgraduate program's clinical budget.
- Patients must show a commitment to getting dental treatments completed in the UBSDM and have a faculty approved and patient signed treatment plan on file before applying for Veterans CARES Awards.
- Treatments that require additional planning and faculty approval, such as an RPD design, must be uploaded into axiUm before cases can be reviewed for funding at bimonthly CARES team meetings.
- Insurance pre-authorizations must be submitted and confirmed before cases can be reviewed.
- Patients must be in good standing, i.e., no current balance on account, keeping scheduled appointments, etc.
- Patients who receive Veterans CARES Awards are not eligible to receive additional financial assistance award(s) through UBDSM for dental treatments.

STEPS FOR PATIENT REFERRAL

- Ensure the Veteran patient is an active comprehensive UBSDM patient. If the patient is not, refer them to admissions to complete UBSDM patient admissions application packet and be screened.
- The veteran patient must also have a faculty-approved, patient-signed treatment plan for the requested treatment.
 - If the patient has dental insurance, an insurance pre-authorization must show denial of claim prior to submitting Veterans CARES request form.
 - Treatments that require additional planning with faculty approval, i.e., RPD design, requires the student/resident to upload the proper paperwork into the patient's EHR under Attachments.
- The student/resident provider must complete the Veterans CARES Treatment Request Form and submit the form to the secure CARES mailbox located in the first-floor lobby by the elevators. The treatment request form can be obtained on the UBSDM Intranet under Clinic Information > Clinic Documents > CARES Program folder > Veterans CARES Financial Assistance Program subfolder.
- Instruct the interested veteran patient to complete the Veterans CARES Patient Agreement and return to the secure CARES mailbox located in the first-floor lobby by the elevators. Patient must supply a DD214 form for proof of Veteran status.
 - Any UBSDM staff, student, or faculty member can also collect the DD214 form to scan into the patient's EHR Attachments menu under Clinical Imports > Scanned Records tab.

REVIEW PROCESS FOR TREATMENT REQUEST

- The CARES team reviews veterans CARES Treatment Request Forms at bimonthly meetings and responds to the applicable student dentists/residents and patients within one week. If a patient is approved for a Veterans CARES Award, they will be called and mailed a confirmation letter with the details of the financial award amount and what treatments will be covered. The outcome of the award request will be messaged to the student dentist/resident in axiUm, a Veterans CARES Award sticky note created, and detailed information posted in the Contact Notes section in axiUm for student dentists, residents, and UBSDM faculty/staff to reference.
- If the dental treatment plan is not followed, is modified, or if the patient is discharged from the UBSDM, it could impact Veterans CARES Awards. The UBSDM reserves the right to revoke the financial award at any time. The treatments allotted by a Veterans CARES Award should be completed within one year, or else a new treatment plan may need to be submitted.

Veterans CARES Documentation:

- When a patient is granted a Veterans CARES Award and it has not been paid for yet, a sticky note will appear in the record indicating the pending Veterans CARES Award. The Contact Notes will also contain information regarding the financial award.
- To see detailed Veterans CARES Program documents like Veterans CARES Patient Financial Agreements, Veterans CARES Treatment Request Forms, Veterans CARES Awards granted, and Veterans CARES Awards paid, look in the axiUm Attachments menu in the far-left column, then under Clinical Imports Section submenu, Social Work Reports tab.

INTERPRETER SERVICES

The UBSDM will provide qualified medical interpreters for hearing-impaired and limited English proficient (LEP) patients to ensure patient safety and effective communication between patients and their dental providers. The UBSDM, to comply with federal and state mandates, and to ensure that our dental services

are equally accessible to our hearing impaired and LEP patients, has developed a policy and corresponding procedures to ensure these patients have meaningful access to appropriate dental care services.

Interpreter Service Documentation

If a patient is found in need of interpreter services, the following should occur in axiUm:

1. The patient's preferred language must be documented in the patient card in axiUm. The language should be updated from English to the preferred language. The patient card must also be updated to specify whether interpreter services are required. Once completed, a pop-up will appear when selecting the patient, indicating whether interpreter services are needed. Additionally, a blue "L" for language will be displayed on the appointment to signal that a translator is necessary. If either of these notifications are not correct for the selected patient, the provider should notify their patient manager or DCC, and they will correct the patient's information in axiUm.

Guidelines

1. Free interpreter and hearing-impaired services are available to patients when needed. Language interpretation provided by the school must be conducted exclusively by CyraCom or a licensed clinical faculty member. The use of other electronic translation tools, such as Google Translate, is strictly prohibited.
2. Students and residents are not authorized to serve as translators for patients.
3. Use of interpreter services must be noted in axiUm using the Interpreter Services axiUm template note. In addition, non-billable dental code D9990: Certified Translation or Sign Language Services should be selected to track interpreter use in axiUm.
4. Should a patient choose to bring their own translator or decline the use of CyraCom services, they are required to complete a waiver of rights to free interpretation services.
5. The UBSDM maintains a contract with CyraCom and covers the cost of interpreter services by the minute. When the interpreter is not actively assisting during the patient visit, hang up and reconnect later in the appointment, as needed.
6. For dental appointments, keep a tablet and the CyraCom instructions within reach of the dental chair to ensure timely access to interpreter services.
 - Allocate time during the appointment to contact the interpreter service when necessary and consider scheduling longer appointments to accommodate interpretation.
 - Begin the appointment with a call to the interpreter service to facilitate communication. Allow time for the interpreter to greet and introduce themselves to the patient.
 - Just before starting dental treatment, inform the patient that the interpreter service will be paused and ask if they have any remaining questions.
 - If communication is needed during treatment, reconnect with the interpreter service. Allow time for the interpreter's introduction to resume the conversation.
 - At the conclusion of the treatment, call the interpreter service to complete the visit and discuss scheduling the next appointment.

Tips for working effectively with a medical interpreter:

- Allow the interpreter to introduce themselves to the patient.
- Use short, but complete phrases. Leave extra time for interpretation between sentences.
- Avoid slang, jargon or metaphors when speaking. Allow the interpreter to clarify linguistic or cultural issues, when needed.

NOTE: The SDM Cyracom account number and pin should only be used for UBSDM-related appointments and other business. If it is used for personal reasons, UBSDM students, residents, staff and faculty will be held accountable to pay for the service.

If you have questions about phone interpreter services, please contact CARES Program Coordinator at 716-829-3524.

RESOLVING PATIENT CONCERNS/COMPLAINTS

Financial / Billing Concerns/Complaints

Concerns/complaints related to finances or billing should be directed to the billing office.

1. Billing office personnel receive calls and work with patients to explain payment policies to resolve issues. If a patient is dissatisfied, calls are escalated to the billing manager for further discussion.
2. If the concern or complaint involves a patient referral to a collection agency, the patient must address the dispute directly with that agency.

Letters, In-Person Complaints, Complaints to the Office of the Dean's or Other Departments

Concerns/complaints related to treatment should be directed to the student/resident provider and supervising faculty.

1. The patient is advised to speak to their student/resident (if currently active) and supervising faculty chairside as an initial course of resolution. The student/resident and supervising faculty should document the concern/complaint, and any discussions made appropriately in patient's EHR.
2. If a resolution cannot be made chairside, the concern/complaint is forwarded to the patient advocate. All patients are strongly encouraged to document concerns/complaints in writing to the patient advocate or by completing a patient relations form. Additionally, discussion may also occur via an in-person meeting and/or by phone, if necessary. Students/residents must report unresolved patient complaints to the patient advocate via axiUm messaging.
 - a. axiUm progress notes, contact notes and other documentation are reviewed.
 - b. Information is gathered from student/resident, supervising faculty, and others as determined by the nature of the complaint.
 - c. Patient advocate and associate dean for clinical affairs review the case. (Resolution most likely occurs at this time.)
 - d. More complex cases may also be reviewed by appropriate group/program directors.
 - e. Director and student/resident discuss case. Additional meeting attendees may include patient advocate and others at the discretion of clinical dean and/or compliance officer.
 - f. More involved cases may include additional meetings with patient involvement.

RESPONSE TO INAPPROPRIATE PATIENT PROTOCOL

Responsible Area: Clinical Affairs

Date Established: July 2023

Responsible Executive: Associate Dean for Clinical Affairs **Date Last Revised:** May 2025

Background

The University at Buffalo, or UB School of Dental Medicine, receives over 60,000 patient visits per year. Occasionally, patients exhibit disruptive behavior during their visit or over the phone. We must equip our students, faculty and staff with the tools and skills to prevent and respond to these situations and provide culturally competent clinical care while maintaining a safe, welcoming learning environment.

Through a collaboration with the SDM Office of Clinical Affairs and the SDM Office of Equity, Diversity and Inclusion, the UBSDM is enhancing its policies and protocols around disruptive patient behavior to ensure a safe and inclusive environment for all members of UB SDM. The Clinic Incident Response Protocol establishes clear guidance for individuals who have been trained and equipped to respond to inappropriate behavior from patients. This protocol aligns with UB's Workplace Violence and Bullying Prevention Policy¹, and guidelines for healthcare workers to prevent workplace violence, as recommended by the U.S. Labor Department's Occupational Safety and Health Administration².

Definitions

Workplace Violence: Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide (Occupational Safety and Health Administration).

First Responder (FR): Program directors, group directors and managers who have received annual training to ensure the safety/security of students and staff in the clinic and respond to patients who have shown disruptive behavior. At least two first responders will be on staff in the clinic at every clinic session. This role is annually renewed.

Incident Response Team Lead (IRTL): Senior member of UBSDM's leadership responsible for incident response protocol management and evaluation. Unless otherwise named, this individual will be the associate dean for clinical affairs.

Incident Response Team (IRT): Individuals charged with preventing, responding to, and resolving incidents of disruptive behavior within the SDM clinic. Unless otherwise named, this team will be composed of the incident response team lead, associate dean for clinical affairs (if not IRTL), assistant dean for clinical affairs, senior director of clinical operations, director of patient care, associate dean of faculty affairs and Equity, Diversity and Inclusion, associate dean for student affairs, compliance officer, patient service auditor and dean. Program directors, the patient advocate and the affiliated first responder will be included on a case-by-case basis.

Levels of Offense

Level	Description of Incidents	Patient Status
Level 1	Inappropriate comments or gestures (unprofessional language, swearing, offensive or obscene gestures). *	Verbal warning utilizing de-escalation techniques as appropriate. Patient should be informed of the consequences of continued inappropriate behavior.
Level 2	Repeated, documented level 1 offenses.	Patients will be dismissed from the school and made "Not a Teaching Case" (NATC).
Level 3	Verbal non-life-threatening threats, intimidation, hate speech, racism, sexual harassment, intentional and unwelcome physical contact.	Patients will be dismissed and made "Not a Teaching Case" (NATC).

¹ [Workplace Violence and Bullying Prevention - Administrative Services Gateway - University at Buffalo](#)

² [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers \(osha.gov\)](#)

Level 4	Threats to life, physical or sexual violence.	Per determination of the UB police, the patient will be made persona non grata and not allowed on the UB campus.
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*Certain patients with intellectual or developmental disabilities or mental health diagnoses may exhibit and be unaware of behaviors that could be considered inappropriate. It is important that all professionals treating the patient be aware of their medical and mental health history.

**In all situations, the highest level of offense will be considered when determining the patient's status at the dental school.

Clinic Incident Response Protocol

Victim/Witness: *The individual experiencing or witnessing the patient-related incident.*

1. Intervene
 - a. Inform the individual their behavior is inappropriate. If possible, employ de-escalation techniques. (See Appendix I.)
 - b. If you believe you or your colleagues face an imminent threat, get yourself and your colleagues out of harm's way.
2. Report
 - a. If appropriate, immediately contact UB police at 716-645-2222.
 - b. Immediately contact the first responder who is on duty in the clinic.
3. Document
 - a. With support from the first responder, record a detailed report in the templated general note titled "Patient Conduct" in axiUm. If the incident occurred in the clinic, list the faculty on call as the approving faculty. If the incident occurred outside of the clinic, list the assistant or associate dean for clinical affairs as the approving faculty.
 - b. Complete a "Patient Conduct" referral, which will be sent via axiUm message to the associate dean for clinical affairs, assistant dean for clinical affairs, senior director of clinical operations and patient service auditor. If the incident occurred in the clinic, list the faculty on call as the approving faculty. If the incident occurred outside of the clinic, list the assistant or associate dean for clinical affairs as the approving faculty.
4. Access Support Services
 - a. With support from the incident response team lead, contact appropriate parties and access available services.

First Responder: *Program directors, group directors and managers who have been trained to respond to safety/security incidents within the clinic.*

1. Intervene
 - a. Intervene, if necessary, employ de-escalation techniques (Appendix I). If appropriate, remind the patient of their rights and responsibilities and provide a verbal warning. (See Appendix II for first responder script.)
 - b. If it has not yet been done but is necessary, immediately contact UB police at 716-645-2222.
2. Document and Report
 - a. Immediately record a detailed report in the templated general note titled "Patient Conduct" in axiUm.

- b. Complete a “Patient Conduct” referral, which will be sent via axiUm message to the associate dean for clinical affairs, assistant dean for clinical affairs, senior director of clinical operations and patient service auditor.

Incident response team lead (associate dean for clinical affairs): The senior member of the leadership team responsible for the management and evaluation of the incident response protocol.

1. Crisis Management

- a. Ensure safety and security of victim/witnesses.
- b. Contact the appropriate parties as necessary, including emergency contacts, counselor, crisis services, etc.
- c. If not completed already and appropriate, request the student/witness and first responder to document the report in detail via axiUm.

2. Report

- a. For level 1 and level 2 incidents, the patient services auditor will review the documented information and past history, consult with UBSDM colleagues, and make a determination on the patient’s status (for example, warning, dismissal, etc.) that aligns with the UBSDM’s discharge policy³ and predetermined levels of offense.
- b. For all level 3 and 4 incidents, notify the incident response team (below) via email. In general, only disclose PHI if absolutely necessary.
 - i. UBSDM’s patient services auditor
 - ii. Associate dean for clinical affairs
 - iii. Assistant dean for clinical affairs
 - iv. Senior director of clinical operations
 - v. Director of patient care
 - vi. Associate dean for faculty affairs and Equity, Diversity and Inclusion
 - vii. Associate dean for student affairs
 - viii. Compliance officer
 - ix. Dean of School of Dental Medicine
 - x. Affiliated first responder
 - xi. Program director from the affiliated clinic will be invited to attend the meeting so that they are aware of and can respond to the incident accordingly.
 - xii. UBSDM’s patient advocate will be available as a consultant on a case-by-case basis.

3. Follow-up

- a. For all level 3 and 4 incidents, hold a meeting with the incident response team within 24 hours. The team meeting should cover the following:
 - i. Ensure support systems are in place (for example, mental health resources).
 - ii. Contact Dental Care Coordinators to assign a new patient for the student.
 - iii. Develop a communication plan moving forward including, if appropriate, a written statement to share with employees, victims, family members, and the public.

4. Resolution

- a. The incident response team will meet on a regular basis to capture the root cause of reported events and develop an action plan to prevent future occurrences.
- b. Develop and share resolution actions with the dean.
- c. Measure the effectiveness of the action plan.

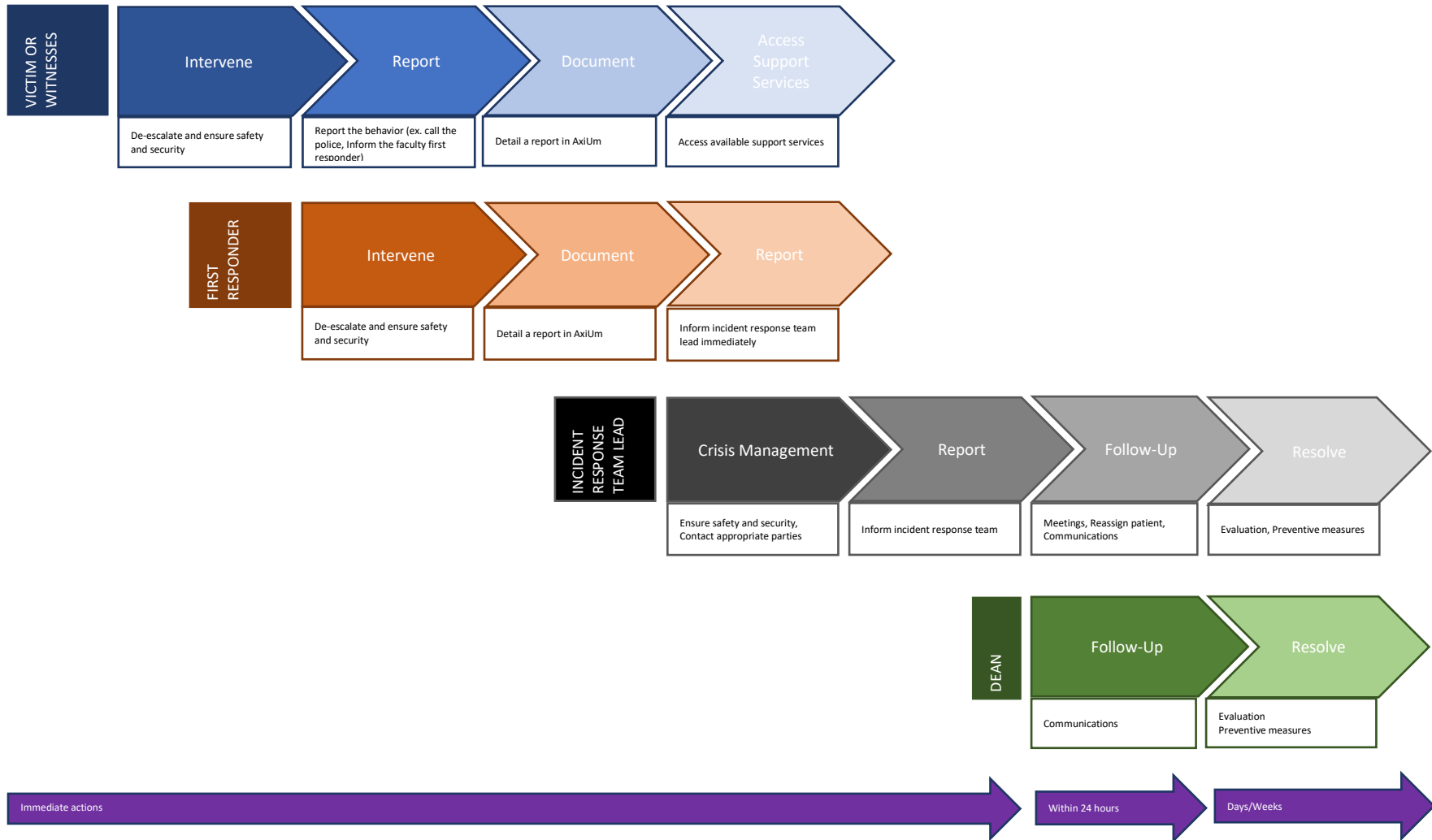
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***Dean:** The dean of the School of Dental Medicine*

1. Follow-Up
 - a. If appropriate, work with communications team to write and publish written statements to the appropriate parties.
 - b. If appropriate, hold meetings with victims, family members, UBSDM community to share:
 - i. Information about the incident
 - ii. Next steps
 - iii. Communications moving forward
2. Resolution
 - a. Approve resolution actions.

RESPONSE TO INAPPROPRIATE PATIENT BEHAVIOR PROTOCOL INFOGRAPHIC



APPENDIX I: RESPONSE TO INAPPROPRIATE PATIENT BEHAVIOR PROTOCOL PROCESS

In situations where patients are displaying disruptive or inappropriate behavior, we often freeze up, feeling unable to respond and unsure of what to say. Below are a few recommendations published by the American Medical Association, Physicians Practice, Crisis Prevention, Cleveland Clinic, and Online Journal of Issues in Nursing.

1. **Remain calm.**
 - a. Lower the volume of your voice to deescalate the situation.
2. **Respect personal space.**
 - a. Maintain at least an arm's-length distance from a person whose behavior is starting to escalate.
3. **Be aware of your own body position.**
 - a. Avoid eye-to-eye, toe-to-toe positions. Stand at an angle and off to the side.
4. **Stop to analyze the situation.**
 - a. Practice empathy. Pause to consider "Why is the patient behaving this way? Are they afraid? Do they feel that no one cares?"
 - b. Do not be afraid of silence.
5. **Be firm when facing unacceptable behavior.**
 - a. Do not apologize, argue or negotiate.
 - b. Ignore challenging questions that lead to power struggles. Instead, restate your request in a calm, respectful tone.
 - c. Use plain language.
6. **Have a simple, clear reply ready.**
 - a. "We don't tolerate that kind of speech here."
 - b. "I don't tolerate offensive behavior."
 - c. "I would like to help you, but I need you to stop ____ to be able to do that."
 - d. "Let's keep it professional."
 - e. "I am leaving because I don't feel comfortable."
7. **Practice.**
 - a. In the same way you practice fillings and crowns, it is important to also practice how to address unacceptable comments and boundary issues in the clinical setting. Students, faculty and staff should participate in role playing drills so that they are prepared for future disruptive encounters.

APPENDIX II: FIRST RESPONDER SCRIPT

Hello, my name is [insert your name], I am [insert your title] at the UB School of Dental Medicine.

Today, we received a report stating that you [detail disruptive behavior reported]. Per the UBSDM Patient Acknowledgement of Rights and Responsibilities [hand copy of document], patients of the UB School of Dental Medicine have the right to be treated and receive services with dignity and respect, regardless of race, religion, age, disability, gender, beliefs, marital status, lifestyle, sexual orientation, national origin or sponsor. As a patient, you also have the responsibility to be considerate and respectful of the rights of other patients and UB School of Dental Medicine personnel. You are responsible for being respectful of the property of other persons and the University at Buffalo. Patients are expected to treat UB faculty, students and staff with courtesy and respect. Inappropriate behavior or comments of a cultural, ethnic or sexual nature will not be tolerated and may result in dismissal.

The disruptive behavior reported to me today which involves _____ is in violation of this document. This report will be shared with the associate dean for clinical affairs. You may contact our patient advocate with any questions or concerns you have [hand patient the patient advocate's contact information].

Section 3.4 EMERGENCY | URGENT CARE ASSIGNED UBSDM PATIENTS

Students and residents are responsible for their assigned patients' dental emergencies. From Monday to Friday, 9 a.m.-4 p.m., patients may contact the patient managers to reach out to the assigned provider. Patients may also call the Urgent Care Clinic directly to schedule an appointment; the urgent care coordinator will navigate the patient into the proper channels.

Student/resident providers should make every effort to see their patients in the comprehensive care clinic. If a comp. care clinic chair or the student provider is unavailable, student providers may work with the Urgent Care Clinic to have their patient seen in the Emergency/Urgent Care Clinic. Postgraduate students/residents must see postgraduate clinic patients in their respective clinic or in the advanced education program clinics by an AEGD resident.

PATIENTS, NOT OF RECORD

If a non-patient-of-record contacts the UBSDM with an emergency, they are scheduled in Urgent Care Clinic based on the availability of emergency appointments and the severity of the dental issue. Walk-in patients are seen on a first-come, first-served basis. Depending on the severity and time of day, a patient may be referred elsewhere. Financial status does not affect the management of a dental emergency.

GENERAL INFORMATION

Patients presenting for emergency care must complete all necessary axiUm emergency treatment consents and acknowledgements.

All attempts are made to appoint patients with emergent needs (e.g., pain/bleeding/swelling) within 24 hours of contact with the UBSDM when clinics are in session. Other urgent treatment needs (e.g., treatment not requiring immediate attention such as denture sore spot, lost crown, fractured restoration, etc.) will be scheduled during regularly scheduled clinic hours through the Urgent Care Clinic within 48 hours of contact or with the assigned provider in the comp care clinic(s). If a patient with a dental emergency is a patient of the UBSDM but not currently assigned to a student/resident, they are seen in one of the practice groups or by a student assigned to the emergency/urgent care rotation.

SERVICES RENDERED DURING URGENT CARE APPOINTMENT

Following clinical evaluation and diagnosis with the attending faculty, patients can receive treatment in the Urgent Care Clinic or are referred to the appropriate clinic.

- Patients who require dental extractions are referred to the oral surgery clinic. The treating student escorts and then presents the patient to the oral surgery faculty for care by the students on the oral surgery rotation.
- Patients who require endodontic therapy are referred to the endodontic clinic. the treating student presents the patient to the endodontic faculty for determination of whether the patient can be seen in predoctoral or postgraduate endodontics clinic.

AFTER-HOURS EMERGENCIES

Dental emergencies that arise after hours Monday-Friday, weekends or on holidays are directed to the on-call UBSDM faculty at 1-866-244-9387. The faculty documents the patient's emergency in axiUm and requests the student/resident provider to follow up as needed via axiUm messaging.

IV. FINANCIAL

Section 4.1 CLINIC FEES

All care is provided on a fee-for-service basis. Students/residents have a responsibility in ensuring that patients meet their financial obligations.

The [Clinic Fee Schedule](#) is accessible on the UBSDM Intranet.

Clinic fees are subject to change without notice but are reviewed annually for possible adjustments. Any changes to the fee schedule will be communicated to all relevant parties through the Clinic Newsletter and/or email correspondence.

Section 4.2 ESTIMATES

Students/residents must provide patients with fee estimates when dental services or procedures are proposed and prior to their initiation. Fee estimates based on current fees are printed simultaneously with the electronically generated treatment plan.

- If services or procedures are delayed less than one year and a fee has increased, the student/resident must submit a discount form to ensure the patient's responsibility will be reduced to the cost on the original signed treatment plan.
- If more than one year has elapsed without a procedure starting, a new treatment plan must be created, and the patient will be responsible for the new fees. Prior to starting a service or procedure, the provider must review the fee with the patient. **Provide the patient with a copy of the new treatment plan at the time of approval.**

Section 4.3 PAYMENTS

Patients are expected to pay the balance due on current treatment progress plus any outstanding previous balance at each appointment, even if they have dental insurance (except Medicaid). For treatments that require multiple appointments (i.e., dentures, fixed prosthetics), patients are charged a percentage of the total fee at various stages of treatment with final payment due upon completion.

Accepted forms of payment include cash, personal check, money order and credit cards (Mastercard, Visa, American Express and Discover). Additional fees are charged for any check returned due to insufficient funds.

Patients receive a copy of these policies in the Patient Information Booklet; however, they should be reminded of these policies prior to beginning treatment.

Patients must complete payment for all previous treatment before initiation of new treatment. Large balances and poor payment history may prevent or delay treatment and could also result in referral to a collection agency and/or clinic discharge. The patient is responsible for all fees associated with the collection process.

FIXED/REMOVABLE PROSTHODONTICS

In advanced education/postgraduate clinics, patient must pay two thirds of the total cost **PRIOR** to initiating any removable prosthesis or before any teeth are prepared for fixed restorations, including abutments and crowns for implant cases. An authorization stamp from the Welcome Center indicating two thirds has been paid is required before lab work can be sent out for processing. The final third is due upon completion or at the time of insertion.

- In the predoctoral clinics:
 - Fixed procedures must be paid in full **PRIOR** to the tooth preparation.

- For definitive removable procedures, two-thirds of total cost is due **PRIOR** to starting. The final third is due upon completion or at time of insertion.
- Interim dentures must be paid in full **PRIOR** initiating fabrication.

IMPLANT SURGERY

Implant and associated surgical procedures require prepayment prior to scheduling the surgery. Providers must ensure there is a credit on the account for the current required prepayment amount before beginning any implant procedures. Additional materials or supplies required during the surgery are payable at the time of suture removal. Additionally, all previously completed treatment, plus any other newly provided treatment, must be paid in full for surgery to be scheduled.

Section 4.4 PAYMENT PLANS

ORTHODONTICS

Payment plans are only offered in the orthodontic clinic, based on the type of treatment being offered. A down payment is also required on orthodontic services.

Section 4.5 CHARGES AND PAYMENTS FOR DENTAL PROCEDURES

All charges are recorded electronically through the electronic patient checkout process. To ensure proper processing of the electronic patient checkout and payment by your patient, all treatment information should be entered with the appropriate CDT code (D-code) and corresponding progress note for rendered treatment that is approved by faculty prior to the completion of the appointment and before the patient leaves the clinic. This is imperative for RVUs (predoctoral students) or procedural accomplishments (residents/advanced education students) to be credited to the treating provider for services rendered. Only when the codes of treatment rendered are fully approved by the attending faculty at the patient approvals screen will these RVUs or procedural accomplishments be credited.

Upon completion of the appointment, the student/resident provider should escort the patient to the patient manager to schedule their next appointment. Student/resident should remain with the patient until the next appointment is made. Should there be an outstanding balance from the day's visit, the patient manager will then direct the patient to the Welcome Center to make a payment. (The student/resident should accompany patient to make payment.) If payment is due prior to the appointment, it will show up as an alert in the upper right-hand corner of the Patient Checkout screen. Any payment due after rendering treatment appears at the bottom of the Patient Checkout screen upon reaching the Ready for Supervisor screen.

PATIENT IN ARREARS

Patient records are routinely reviewed for accuracy and the medical necessity of the charges. Any patients with account balances greater than 60 days on completed treatment are considered delinquent and the patient chart is flagged in arrears. Appointments for these patients can only be scheduled for emergencies or to complete a multi-appointment procedure that is already in progress. Payment must be made prior to the subsequent appointment to release the patient record from the in-arrears status by the Welcome Center. If the required payment is not made, the appointment will be canceled. At the time payment is made, the Welcome Center staff will inform the patient that failure to bring or keep their account current may prevent future treatment and will result in their account being turned over to a collection agency.

Payment must be made before any new treatment can be scheduled.

If an account continues in arrears, the patient will receive a collections warning letter advising them that their balance must be paid in full within 30 days. If the account is not paid in full by the indicated date,

the account may then be referred to a collection agency. The patient **CANNOT** receive any treatment at the UBSDM until they have paid the collection agency in full for the referred balance plus any fees assessed by the collection agency. At that time, the patient may be given a second opportunity to resume treatment. Discharged patients will not be reinstated to the UBSDM if they are sent to collections over \$500 or have gone to collections twice, if any debt was deemed uncollectable by the agency, if the patient has filed for bankruptcy and the UBSDM lost more than \$500, or the patient has filed for bankruptcy more than once.

Section 4.6 STUDENT FINANCIAL RESPONSIBILITIES

As part of practice management, students/residents play a role in the billing and collection of patient fees by ensuring patient compliance with established procedures for fee collection. Case completion is achieved when both the patient's dental care is completed and paid. Students/residents who submit charges for a patient's dental treatment after the treatment has been completed or who fail to submit charges may not receive academic credit or procedural accomplishments for postgraduate students/residents.

To accomplish this, students/residents must:

- Be aware of the patient's account balance on the Patient Card in axiUm and remind them of any balances before each appointment.
- Accurate treatment documentation must be completed prior to the Electronic Patient Checkout process. Failure to do so may result in loss of clinic privileges and/or Judicial Council review.
- **Obtain the patient's signature on all documents that assure payment for services rendered and ensure patient has copies of all such documents.**
- Not provide treatment to delinquent patients. Delinquency is evident by an **ARREARS** or **COLLECTIONS** notice on the Patient Card. Unpaid balances of assigned patient accounts and/or delinquent patient accounts will prevent a provider from starting new treatment and it could also lead to revocation of RVUs for dental students or procedural accomplishments for post-graduate students/residents.

Section 4.7 PATIENT FINANCIAL RESPONSIBILITIES

Patients must always keep their accounts current as noted in the agreement they initially signed. No future appointments can be made until the account is brought up to date. Patients unable to meet their financial obligations or have financial concerns should contact the billing department as soon as possible (Monday-Friday, 8:30 a.m. to 3:30 p.m.) at 716-829-3226. Failure of a patient to bring their account current after three months will result in a patient being discharged from the UBSDM and a referral to a collection agency may be made. Patients are responsible for all fees associated with the collections process, including collection fees, late fees and attorney fees.

These policies are described in the Patient Information Booklet that all patients receive after scheduling their new patient screening appointment. Routine treatment is stopped if a patient fails to meet payment obligations. A billing statement is sent out monthly for patients with a balance on their account.

Section 4.8 DISCOUNTS

Discounting procedures are case-dependent, and not every discount form will be approved. Therefore, **students/residents and/or faculty should never promise patients a discount.** Treatment must be entered into the patient's treatment plan. Discount forms must be turned completed with:

- A detailed description of the request.
- All appropriate CDT (D-codes) and sites are listed that are intended for discounting.
 - Attending faculty signature for procedures under \$50.

- Any procedures intended for discounts of \$50-\$500 are signed by the group director or program director.
- Any procedures over \$500 must be signed by the group director or program director before review with the senior director of clinical operations.

The completed discount form is delivered to the secure locked box outside of Welcome Center in 102 Squire. Every form is reviewed by a billing specialist and, if necessary, the billing manager and/or the associate dean of clinical affairs. Student and resident providers will be notified by axiUm message if the patient discount is rejected.

Section 4.9 ACCOUNT REFUNDS

Patients who believe they are entitled to a refund often make their student/resident aware of the circumstances. Students/residents are not to comment or make promises to return payment to the patient. Patients should be directed to the billing department at 716-829-3226 regarding refund requests. Student/resident providers will be contacted by axiUm message if further information is required.

When treatment is suspended, there are varying amounts that can be refunded at 50% of total fee if they are started but not completed. Dentures and bridges are refundable until secondary impression. At that point, a 50% refund of the total fee is allowed. There are no refunds after fabrication. Under very rare circumstances, refunds may be allowed for interims. For predoc crowns, there are no refunds once the tooth is prepped. For postgrad crowns, full refunds are not allowed. Patients will be allowed a 67% or 33% refund of the full fee based on the status of the treatment.

Section 4.10 DENTAL INSURANCE

MEDICAID and MEDICAID MANAGED CARE (MMC) DENTAL INSURANCE

Patients eligible for Medicaid and Medicaid Managed Care Programs (as administered by Dentaquest, Healthplex, and/or Liberty) should inform the UBSDM of their status and provide their Medicaid ID # and/or managed care (MMC) plan insurance card prior to their screening appointment. Patients later obtaining coverage or losing Medicaid or MMC plan coverage must notify the billing department or Welcome Center immediately, as Medicaid and MMC plans do not permit retroactive claims. Patients who lose Medicaid status are financially responsible for treatment performed while ineligible. Medicaid and MMCs do not cover all dental procedures. In addition, patients residing in a county other than Erie may not be covered at the UBSDM, as we may not participate with their managed care Medicaid plan.

DAILY PROCEDURES FOR MEDICAID PATIENTS

- Medicaid coverage is verified two days prior to each visit through the ePaces system and managed care websites. All patient accounts are checked for coverage. If there is no Medicaid listed in axiUm, coverage is checked by patient name, date of birth and Social Security number if offered. If the SSN is not available, the patient will be treated as self-pay until they provide proof of insurance. Possession of a Medicaid card issued by the Department of Social Services does not guarantee eligibility.
- Patients not eligible on the day of their scheduled appointment can personally pay for the scheduled treatment or reschedule the appointment. Patients must address eligibility concerns directly with their caseworkers. The billing department and Welcome Center staff cannot call caseworkers to verify eligibility or assist with coverage.
- Patients should be informed each time a noncovered procedure will be performed so they are prepared to pay at the time of the appointment. If the treatment plan changes, it must again be

reviewed by the appropriate staff based on the warning message you receive in axiUm to ensure new procedures are reviewed for coverage.

APPROVAL OF TREATMENT PLANS

- Treatment plans for direct Medicaid and Medicare patients **must be reviewed** by the Prior Authorization Coordinators **before treatment begins**. For procedures that are conditionally covered by insurance, it is no longer necessary to review the treatment plan with the insurance coordinator or a DCC prior to approval. Instead, a warning indicating that an insurance preauthorization is required will display during treatment planning. The Treatment Plan Contract will show this status for the patient prior to signing, and a Pre-Auth status of “Required” will appear in the Comp Tx Plan view of the Treatment History. All treatment plans **must be approved and signed before the patient leaves**. Insurance preauthorization **cannot be submitted** without the patient’s signature on the treatment plan. Provide the patient with a copy of the approved and signed treatment plan.
- Using the Medicaid guidelines, Medicaid coverage is determined based upon a review of the treatment plan, current radiographs and mounted models. A contact note is added to axiUm to indicate that a Medicaid review was done and will include what treatment will be covered along with any other additional information relevant to Medicaid coverage.
- The Prior Authorization Coordinators will review all preauthorization requests in the system daily without the need for sending them a message in axiUm. Messages regarding a new preauthorization request should only be sent to the prior authorization coordinators in the case of emergent care.
- Upon receipt of review by the prior authorization coordinators, the student/resident provider should review the treatment plan with the patient. Discussion should include the procedures that are covered and the procedures that may not be covered, for which the patient would be financially responsible. When approved by the patient, he/she must sign the treatment plan in all designated locations. It is critical the patient signs the treatment plan prior to rendered services to ensure all legal waivers are completed and prior authorization has been reviewed by the patient’s insurance company. The Denial Consent Waiver should also be signed by the patient which denotes the patient’s understanding of their financial responsibilities.

OTHER DENTAL INSURANCE

UBSDM does not participate in any dental insurance plans except for Medicaid and some Medicaid Managed Care Plans (MMC) and Medicare Advantage plans through Healthplex, Liberty and DentaQuest. Patients with other dental insurance are responsible for payments at the time dental care is provided. As a courtesy, the UBSDM provides a summary of the procedures completed for the patient to submit to their insurance company **after payment is made in full**. While patients may have dental insurance, the particular insurance plan may not pay for treatment performed in a student clinic. The patient should check with their employer, union or insurance carrier.

- The UBSDM does not accept direct payment from private insurance companies. If the patient has dental insurance, they are still required to make payment at the time of service. Upon the patient’s request and once a group of procedures are completed, the UBSDM will provide the patient with an insurance form they can submit to their insurance company for direct reimbursement.

- It is the patient's responsibility to request an insurance form. The Welcome Center can print forms immediately for patients at the time of payment. For more complex situations or telephone requests, forms will be printed and mailed by the billing department. A standard ADA Uniform Claim Form will print from axiUm. If any questions arise, the student/resident will be notified. Due to mail processing at the UBSDM, it typically takes 7-10 days for patients to receive mailed forms.
- The UBSDM does not accept or complete forms for No-Fault or Worker's Compensation. It is recommended those patients seek care elsewhere.

Section 5.1 QUALITY ASSURANCE PLAN (QAP) FOR CLINICAL ACTIVITIES

The UBSDM implements a robust Continuous Quality Improvement Plan (CQIP) to consistently evaluate clinical performance, monitor patient care delivery, and ensure alignment with both state regulations and the Commission on Dental Accreditation's (CODA) accreditation standards. This plan systematically identifies performance gaps, analyzes root causes and drives corrective actions to enhance patient care.

Guided by New York State Department of Health regulations (Title 10, Section 751.8) and CODA's accreditation Standard 5-3, the CQIP establishes measurable benchmarks, ensures ongoing audits, and fosters evidence-based interventions to maintain excellence in patient-centered care. Through regular reviews of patient records, clinical audits, and peer evaluations, the UBSDM's CQIP strengthens the school's commitment to safe, effective, and high-quality dental education and clinical services.

VI. ACADEMIC

Section 6.1 ENCOUNTERS AND EVALUATIONS

Faculty evaluation of students/residents and their progress is a major component of grade calculations in comprehensive care clinic courses - CLD831, 832, 841 and 842 (DDS), and clinical grades (advanced education). An encounter is generated each time a faculty member electronically approves the CDT code for the treatment provided during each appointment.

Section 6.2 RELATIVE VALUE UNITS (RVU) (DDS PROGRAM)

Clinical productivity is a quantitative measure of predoctoral student accomplishment and is recorded using Relative Value Units (RVUs) and completed CDT codes. All diagnostic and treatment procedures have been assigned a relative value and are tracked using CDT codes defined by the American Dental Association (ADA) or UBSDM internal codes identified with a prefix of U. Students receive credit for patient procedures performed after documenting the procedures through the Electronic Patient Checkout Process in axiUm and having it approved by a faculty member. Students also must complete a Daily Self-Evaluation Rubric in axiUm.

Clinical Daily Evaluation (CDE)		
Description: The Clinical Daily Evaluation is used to assess student performance during comprehensive patient care, identifying areas for development to support readiness for competency assessment.		
	Satisfactory (S)	Unsatisfactory (U)
Clinical and Management Skills		
<i>Patient assessment</i>	Reviews medical history and identifies complicating factors to care, elicits patient concerns, appropriately manages urgent conditions to optimize comfort and clinical outcomes, and initiates referrals when indicated.	Fails to review medical history or identify complicating factors to care, does not elicit patient concerns, inadequately manages urgent conditions to support comfort and outcomes, and fails to initiate referrals when indicated.
<i>Preparation and knowledge</i>	Demonstrates a clear understanding of procedure objectives and steps, with materials prepared and organized.	Shows limited understanding of procedure objectives and steps, with materials inadequately prepared or disorganized.
<i>Pain and anxiety management</i>	Recognizes and manages patient discomfort using communicative strategies and/or pharmacological modalities, including the administration of local anesthetic when indicated.	Fails to recognize or manage patient discomfort using appropriate communicative strategies or pharmacological modalities, and/or fails to achieve profound anesthesia.
<i>Procedural skills</i>	Demonstrates technically accurate and appropriate execution of the procedure, avoiding iatrogenic harm and ensuring functional and esthetic outcomes.	Fails to demonstrate technically accurate and appropriate execution of the procedure, resulting in iatrogenic harm and/or compromising functional and esthetic outcomes.
<i>Infection control</i>	Uses barriers and PPE properly, provides eye protection for the patient, and washes or sanitizes hands before and after gloving.	Fails to properly use barriers or PPE, neglects to provide eye protection for the patient, and/or does not wash or sanitize hands before and after gloving.
<i>Post procedure guidance</i>	Provides appropriate post procedure instructions, including treatment outcomes, prognosis, necessary follow-up, plan of care, and recommended recall interval.	Fails to provide appropriate post procedure instructions, excluding treatment outcomes, prognosis, necessary follow-up, plan of care, and recommended recall interval.
<i>Utilization of clinic period and timely completion of treatment</i>	Works efficiently and completes all procedural steps within the anticipated time.	Works inefficiently and/or requires faculty to complete some or all the procedural steps.
<i>Legal and regulatory compliance</i>	Demonstrates adequate understanding and compliance with legal and institutional policies, including HIPAA/OSHA guidelines and axiUm requirements.	Demonstrates limited understanding or fails to comply with legal and institutional policies, including HIPAA/OSHA guidelines and axiUm requirements
<i>Complete and accurate records</i>	Demonstrates adequate skill in documenting all relevant information and consents, including appropriate signatures.	Inadequately or incompletely documents relevant information and consents, including appropriate signatures.

Professional and Behavioral Skills		
<i>Communication skills</i>	Demonstrates effective and professional communication with patient, faculty, and staff, using appropriate verbal and non-verbal skills, culturally responsive strategies, and individualized behavior guidance techniques.	Fails to demonstrate effective and professional communication with patient, faculty, and/or staff, exhibiting inadequate verbal and non-verbal skills, limited cultural awareness and/or ineffective or absent behavior guidance techniques.
<i>Critical thinking and problem solving</i>	Uses substantive evidence to formulate, communicate, and apply appropriate clinical decisions.	Fails to use substantive evidence in formulating, communicating, and/or applying clinical decisions.
<i>Ethical decision making and professional responsibility</i>	Demonstrates consistent ethical reasoning in clinical care, upholding patient autonomy, confidentiality, and professional conduct, while prioritizing patient welfare in all decisions.	Fails to demonstrate consistent ethical reasoning in clinical care, neglecting patient autonomy, confidentiality, and professional conduct, while disregarding patient welfare in decision making.
<i>Educational attitude</i>	Accepts learning opportunities and challenging tasks willingly, responds positively to feedback, demonstrates eagerness to learn, and asks relevant questions	Avoids learning opportunities and difficult tasks, reacts defensively to feedback, shows minimal eagerness to learn, and does not ask relevant questions.
<i>Professional appearance</i>	Adheres to the UBSDM published dress code.	Does not adhere to the UBSDM published dress code.
<i>Self-assessment</i>	Actively evaluates progress and identifies strengths and/or opportunities for growth in knowledge and skills.	Does not actively evaluate progress, identify strengths, and/or recognize opportunities for growth in knowledge or skills.
Performance Criteria		
<p>Satisfactory (S): Performance or behavior that demonstrates judgment and skill appropriate to the student's level of training.</p> <p>Unsatisfactory (U): Performance or behavior that needs significant improvement to reach a level appropriate to the student's level of training. **</p> <p>**An unsatisfactory assessment in any category results in an overall unsatisfactory performance on the CDE.</p>		
Remediation		
Review of errors with grading faculty and self-study specific to area of weakness.		

Section 6.3 STUDENT/RESIDENT CLINIC ATTENDANCE

Student/resident attendance at all assigned clinics and rotations is mandatory. While attending clinic, students/residents are expected to use the time productively. Absences for illness, religious holidays and attendance at meetings should be reported using Formstack.

- **Notification:** Three weeks advance notice prior to the first date of absence is required. If the Permission from the rotation director is required for absences involving time during a rotation assignment (emergency/urgent care, pediatric dentistry, screening, OMFS, radiology, special needs, etc.). The time-off request should not be assumed to be automatic. Many rotations require students to switch with a classmate to ensure there is an adequate number of students to treat the scheduled patients.
- All clinical and rotation requirements remain are enforced. **No adjustments will be made to quantitative or qualitative educational standards and no compromise to patient care will be tolerated because of interviews or excused absences.**

GENERAL ABSENCE (NON-INTERVIEW RELATED – D3 & D4)

Personal days of absence only apply to the comprehensive care clinics and not the clinical rotations. Students must notify the individual rotations of any planned absence (e.g., interviews) at least three weeks in advance. Any unplanned absence (e.g., illness) must be reported directly to the rotation director as soon as possible. Any absence from a rotation must be made up per the policy of the respective rotation.

Students may be permitted to attend dental conventions or other external meetings as official representatives of the UBSDM; these are considered excused absences. Students who wish to be considered for such activities must be in good academic standing and must submit a written request to their respective group director describing the activity. The request will be reviewed and acted on by the group director.

Note: Students cannot schedule and treat patients when they are not assigned to clinic. The only exception is when an assigned patient requires emergency or follow-up care that cannot be managed by another student or within the student's assigned clinic time. When this is necessary, only the emergency (e.g., recement a provisional crown) or the follow-up treatment (e.g., transitional denture adjustment) may be performed. Students must get permission from the group director and report the extra clinic session in axiUm within scheduling and to the rotation coordinator.

Section 6.4 ALTERNATIVES TO ASSIGNED PATIENT CARE (DDS PROGRAM)

When assigned patients cannot be scheduled, students are still required to productively use available clinic time. Students who experience disappointments, cancellations or who cannot schedule an assigned patient must follow the protocol described below.

- Report their availability to the senior dental assistant at the start of a clinic session (9 a.m./1 p.m.) and be prepared for assignment to:
 1. New patient screening.

2. Assist a fellow student performing a restorative procedure. Students will put their name next to the procedure/student on the schedule. The student is required to stay until the procedure is complete.
3. Assist a periodontal surgery.
4. Assist an implant surgery.
5. Perform limited laboratory procedures that must be assisted by a faculty member (no RVUs).
6. Attend the OMFS and/or Urgent Care Clinic.
7. Assist the Tuesday/Thursday AM/PM postgrad perio clinic (4-D4 students/session).
8. Attend endodontic screening.
9. Attend recall clinic (D3 students only, Monday/Wednesday/Friday).

If all clinical coverage is met for that session, the student must sign out with the senior dental assistant and remain in Squire Hall to be responsive if paged by the overhead paging system. If the student is in an area of Squire Hall not serviced by the overhead paging system, it is the student's responsibility to inform the senior dental assistant of his/her location and of a contact number. When contacted, the student must report to the senior dental assistant immediately. If a clinic emergency arises and you cannot be reached and/or are unresponsive to the page, you will be marked absent.

In summary, when assigned to the clinic, a student is expected to be active in the clinic, whether their own patient is available for treatment and the assigned activity are counted toward the assist/screening RVU requirements outlined in the CLD831/832/841/842 syllabi.