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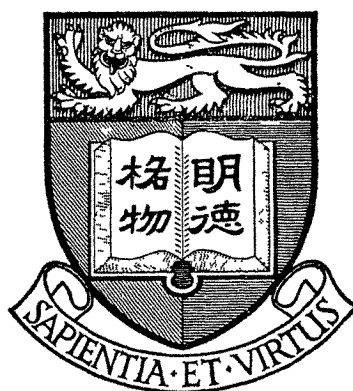
Faculty of Dentistry - University of Hong Kong

**Student's Guide**  
to the  
**5<sup>th</sup> Year Undergraduate Programme**  
in

**O**ral **R**ehabilitation

1997-98

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## Preface

It is hoped that you will find this guide helpful while you prepare for the scheduled teaching sessions in Oral Rehabilitation.

The details included here are (we think) correct at the time of printing but may be subject to changes in response to feedback on the course which we hope to receive from both students and staff.

We will try to let you know about any (as yet unforeseen) changes in the programme as soon as possible.

Please let us know your views on the course and on this guide.

*J.E. Dyson  
November 1997*

### **Contributors**

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# Scope of Oral Rehabilitation

Oral Rehabilitation is a new grouping of subjects within the undergraduate dental curriculum.

It is primarily concerned with the achievement and maintenance of oral health for individuals who have lost some (or all) of their natural teeth, associated structures or other oral and facial tissues.

**The undergraduate programme in Oral Rehabilitation extends from the 2<sup>nd</sup> to the 5<sup>th</sup> years of the BDS course and includes the following subject areas:**

- **removable prosthodontics**

the replacement of missing teeth (and other oral structures) by means of dentures (removable prostheses)

- **fixed prosthodontics**

the replacement of missing teeth *etc.* by means of bridges (fixed prostheses)

- **maxillofacial prosthodontics**

the replacement of missing maxillofacial structures by prostheses

- **gerodontology**

the dental care of elderly persons

- **implantology**

the replacement of missing teeth *etc.* by using devices which are surgically inserted into the bone and to which the prostheses are attached

- **occlusion**

the study of contacts between opposing teeth

- **craniomandibular disorders**

the study and treatment of disorders of function of the temporomandibular joint and associated parts of the masticatory apparatus

**Amongst other related subjects, the course will also cover relevant aspects of the following:**

- **infection control**

the prevention of transmission of infections between patients and between patients and dental personnel during the course of prosthodontic treatment

- **applied dental materials**

the application of dental materials to the practice of prosthodontic treatment

- **dental technology**

laboratory procedures relating to the practice of fixed and removable prosthodontics

# Teachers and teaching groups

## Full-time Teachers in Oral Rehabilitation

- Dr. M.G. Bothelo (*Coordinator for occlusion and bridge courses*)
- Dr. T.W. Chow (*Postgraduate Programme Director*)
- Dr. A.P.L.H. Dias (*3<sup>rd</sup> Year Course Coordinator,  
4<sup>th</sup> floor Clinic Director*)
- Dr. J.E. Dyson (*5<sup>th</sup> Year Course Coordinator,  
Undergraduate Programme Director, 4<sup>th</sup> floor Line Manager*)
- Dr. C.M. Leung (*2<sup>nd</sup> Year Course Coordinator*)
- Dr. H.N. Pow (*4<sup>th</sup> Year Course Coordinator*)

## 5<sup>th</sup> Year Group Teachers in Removable Prosthodontics

- 5.1 Dr. S.Y. Cheng
- 5.2 Dr. C.M. Leung
- 5.3 Dr. S.M. Pong
- 5.4 Dr. B.C. Wu
- 5.5 Dr. K.C. Yeung



## Overview of the 5<sup>th</sup> year programme

The 5th year undergraduate programme in Oral Rehabilitation includes:

- extended clinical experience in complete and partial removable prosthodontics clinics held on the 4<sup>th</sup> floor  
(due to a shortage of chairs on the 4<sup>th</sup> floor, some groups may need to be transferred to other clinics)
- extended clinical experience in fixed prosthodontics  
this will involve the treatment of patients requiring conventional and resin-bonded bridges (as well as other teaching) and will take place within scheduled Conservative Dentistry sessions.
- attendance on the Gerodontics Outreach Programme (AODTP sessions)  
students attend at least 2 outreach dental clinics held at various residential homes for the elderly (currently held each Wednesday afternoon).
- attendance on the combined Craniomandibular Disorder and Maxillofacial Prosthetics Clinic (AODTP sessions)  
students may attend this clinic as part of their AODTP quota (clinic currently held each Friday morning).

*No formal lectures or seminars are scheduled in the 5<sup>th</sup> year programme in Oral Rehabilitation. However, for revision purposes, 5<sup>th</sup> year students are welcome to attend morning or lunchtime lectures held for 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> year students providing that this does not interfere with their other commitments.*

## Aims of the 5th year programme

The 5<sup>th</sup> year course in Oral Rehabilitation provides opportunity for consolidation of the principles learnt in earlier clinical years and for additional clinical experience to be gained by treatment of slightly more complex cases. The aim is that the new graduate should be competent to carry out the prosthodontic (and related) care of patients in independent clinical practice and that he/she understands the need to continue to learn and to build on clinical experience throughout his/her career.

This is the final year of the course and therefore, on completion of the year, the student should have achieved all of the course objectives for the undergraduate programme in Oral Rehabilitation as set out in the following section.

# Overall objectives of the undergraduate programme in Oral Rehabilitation

The undergraduate programme in Oral Rehabilitation extends from the 2<sup>nd</sup> to the 5<sup>th</sup> years of the BDS curriculum and is designed to develop in the student a competence in achieving and maintaining oral health of individuals who have lost some (or all) of their natural teeth, associated structures or other oral and facial tissues. In particular it is intended to provide the student with a knowledge of the principles and practice of:

1. Assessment of occlusion and mandibular function of dentate patients.
2. Diagnosis and treatment planning for partially dentate and edentulous patients taking into account the inter-relationship between fixed and removable prosthodontics and other disciplines.
3. The clinical and laboratory use of dental materials relevant to fixed and removable prosthodontics.
4. Removable partial dentures prosthodontics.
5. Conventional and resin bonded fixed prosthodontics.
6. Complete denture prosthodontics.
7. Overdenture treatment.
8. Immediate replacement denture treatment.
9. Dental technology procedures related to fixed and removable prosthodontics.
10. The planning of minor surgical procedures related to the provision of prostheses.
11. Management of occlusal and temporomandibular joint disorders.
12. Infection control measures in fixed and removable prosthodontics.

and an understanding of the basic principles of:

13. Implants.
14. Prosthetic treatment of patients with congenital and post-surgical defects involving oral and maxillo-facial structures.
15. Precision attachments.
16. Sectional dentures.

By the end of the 5<sup>th</sup> year of the course the student is expected to be able to:

### 1. Assessment of occlusion and mandibular function of dentate patients.

- a) Describe the occlusal and mandibular functions of "normal" dentate individuals.
- b) Perform a basic clinical examination, and detect the presence of disturbances of temporo-mandibular joint function.
- c) Make impressions of dentate arches with correct vestibular and posterior extension.
- d) Pour and trim study casts.
- e) Make jaw relationship records to enable the casts to be mounted in a semi-adjustable articulator and to allow the articulator to be correctly adjusted.
- f) Mount casts in the articulator and make appropriate articulator adjustments.
- g) Assess the occlusion of articulated study casts and identify and describe occlusal contacts.
- h) Describe the design of occlusal overlay appliances, overlay dentures and their role in the management of occlusal problems and protection of the dentition.

## **2. Diagnosis and treatment planning for partially dentate and edentulous patients.**

- a) Obtain an appropriate history and carry out suitable extra-oral and intra-oral examination of partially dentate and edentulous patients with regard to their oral health and prosthetic needs.
- b) Plan and carry out (or when appropriate, refer for) further necessary diagnostic investigations.
- c) Identify conditions relevant to the management of patients requiring prostheses.
- d) Recognize and understand the significance of anatomical features, pathological, functional and psychological conditions (including those associated with aging) which may affect the provision or outcome of prosthetic treatment.
- e) Plan treatment to achieve and maintain oral health, setting out the prosthodontic and other items of treatment required in an appropriate order.
- f) Recognize those prosthodontic or other problems that are beyond the scope of their ability to treat and to arrange appropriate specialist referral.

## **3. The clinical and laboratory use of dental materials relevant to fixed and removable prosthodontics.**

- a) State the principal constituents, clinical applications and behaviour of the types of materials commonly used in fixed and removable prosthodontics.
- b) Explain the reasons for selection of particular types of material for particular applications in prosthetic treatment.
- c) Correctly handle the materials commonly used in fixed and removable prosthodontics and explain the underlying reasons for manufacturers' instructions.
- d) Recognize and account for errors, faults and discrepancies due to behavioral and structural aspects of materials used.

#### **4. Removable partial dentures prosthodontics.**

- a) Survey study casts and prepare appropriate cast cobalt chromium framework and acrylic denture designs (including provisional and transitional denture designs) for partially dentate patients.
- b) Design restorations for abutment teeth that provide for optimal placement of partial denture components.
- c) Plan and execute tooth preparation procedures necessary to accomplish the proposed denture design.
- d) Demonstrate an ability to provide appropriate motivational and post-insertion instructions to patients.
- e) Carry out all the clinical procedures associated with the construction of cast cobalt chromium framework and acrylic dentures.
- f) Carry out the clinical procedures associated with repairs, relining and modification (by artificial tooth addition [including immediate additions], clasp repair and addition etc.) of partial dentures.
- g) Recognize problems associated with design, aesthetic and functional aspects of existing partial dentures.

#### **5. Conventional and resin bonded fixed prosthodontics.**

- a) Determine when the restoration of an edentulous space with bridgework is clinically needed.
- b) Identify risk factors of the patient, their oral health and the abutment teeth with respect to suitability of providing a fixed prosthodontic appliance.
- c) Diagnose and plan treatment for a patient for whom the provision of a fixed bridge may be the treatment of choice.
- d) Describe the indications, contraindications, advantages and disadvantages of different forms of bridge design, e.g. fixed-fixed, fixed-movable, cantilever, resin bonded and conventional.
- e) The design considerations necessary for improving resistance and retention form of teeth for fixed prosthodontics.

- f) Select suitable teeth for abutments and retainers for both conventional and resin-bonded bridges.
- g) Select suitable designs of pontics.
- h) Design and construct connectors for both fixed and removable bridges.
- i) Carry out conventional bridge abutment preparation on teeth to receive a fixed bridge and the other clinical procedures for the provision of such restorations.
- j) Describe the laboratory procedures for the construction of conventional and resin bonded bridges.
- k) Advise patients on home care when a fixed appliance has been provided.
- l) Produce accurate study casts, face bow record, and jaw relationship records to mount the casts on the Denar articulator for the planning and provision of bridges.

## **6. Complete denture prosthodontics.**

- a) Assess the design, functional and aesthetic aspects of patients' existing complete dentures.
- b) Make an assessment of the expected prosthetic difficulties of complete denture provision, based on the history and examination of the edentulous patient.
- c) Identify the need for, and carry out modification of existing dentures (e.g. use of tissue conditioners, occlusal correction *etc.*) prior to construction of new dentures.
- d) Carry out all the necessary clinical and chairside procedures associated with the construction of complete dentures (including provision of appropriate patient instructions).
- e) Identify the need for, and carry out the clinical procedures of relining or rebasing complete dentures.
- f) Carry out the clinical procedures associated with the repair, border modification and occlusal correction of complete dentures.

- g) Identify pathological conditions associated with the wearing of complete dentures and to plan (and, if appropriate, carry out) suitable corrective action.
- h) Describe the rationale for, and techniques associated with, the use of replicas of existing dentures in the construction of new complete dentures.

## **7. Overdenture treatment.**

- a) Identify patients who would be appropriately treated by complete overdentures and provide appropriate counseling.
- b) Select suitable teeth for use as overdenture abutments.
- c) Carry out the preparation of teeth as domed overdenture abutments.
- d) Describe the advantages, disadvantages and use of precision attachments and magnets in overdenture treatment.
- e) Carry out the clinical procedures associated with the construction of complete overdentures on domed abutments.

## **8. Immediate replacement denture treatment.**

- a) Identify patients who would be appropriately treated by provision of partial or complete immediate replacement dentures.
- b) Carry out the clinical procedures (including cast trimming) associated with the construction, insertion and maintenance of partial and complete immediate replacement dentures (where few natural teeth are immediately replaced and alveolotomy is not required).
- c) Demonstrate an ability to provide patients with appropriate pre-treatment and post-insertion counseling.
- d) Describe the indications for, contraindications to, and procedures of alveolotomy and alveolectomy in the context of immediate replacement denture treatment.



## 9. Dental technology procedures related to fixed and removable prosthodontics.

- a) Describe the laboratory procedures related to the construction and maintenance of bridges, partial and complete dentures (including overdentures and immediate replacement dentures).
- b) Write clear laboratory instructions.
- c) Carry out chairside procedures appropriate to general clinical practice including:
  - Pouring casts
  - Mounting/remounting casts in a semi-adjustable articulator
  - Making adjustments to the positions of teeth in wax dentures or to the contours of trial wax-ups
  - Carrying out chairside occlusal and other necessary adjustments of prostheses

## 10. The planning of minor surgical procedures relating to the provision of bridges and dentures.

- a) Recognize anatomical and pathological conditions that require surgical treatment prior to construction of prostheses.
- b) Describe, in general terms, the minor surgical procedures which may be necessary prior to prosthesis construction.
- c) Counsel the patient on matters relating to pre-prosthetic surgery.
- d) Prepare appropriate records (study casts, surgical template or wax up of artificial teeth *etc.*) and write referral notes which will effectively communicate the intended treatment to the oral surgeon.

## **11. Management of occlusal and temporomandibular joint disorders.**

- a) Produce accurate study casts, face bow record, jaw relationship records and to mount the casts on the Denar or Dentatus articulator for the purpose of carrying out occlusal analysis.
- b) Carry out diagnosis and treatment planning for the purpose of achieving a 'functional' occlusion.
- c) Carry out occlusal adjustments to facilitate the provision of fixed or removable prostheses.
- d) Know how to identify a patient with undesirable functional or parafunctional tooth contacts.
- e) Describe the rationale of occlusal equilibration
- f) Describe the possible effects of undesirable tooth contacts on the teeth, periodontal tissues and temporomandibular joints.
- g) Know how to manage undesirable tooth contacts.
- h) Manage patient with acute craniomandibular dysfunction.

## **12. Infection control measures in fixed and removable prosthodontics.**

- a) Demonstrate an awareness of infection control problems in fixed and removable prosthodontics and a competence in standard infection control procedures.

## **13. Implants.**

- a) Describe the principles of osseointegration in relation to dental implants.
- b) Describe, in general terms, the restorative aspects and role of osseointegrated dental implants in fixed and removable prosthodontics.

**14. Prosthetic treatment of patients with congenital and post-surgical defects involving oral and maxillo-facial structures.**

- a) Demonstrate a basic knowledge of the role of the prosthodontist in the treatment of patients with congenital and post-surgical defects involving oral and maxillo-facial structures.

**15. Precision attachments.**

- a) Give a general description and classification of the various types of precision attachments.
- b) Demonstrate an understanding of the principal advantages/ indications and disadvantages/contraindications of precision attachments in fixed and removable prosthodontics.

**16. Sectional dentures.**

- a) Describe the general principles of sectional dentures.

# Clinical, course and attendance requirements

## Clinical requirements

In order to achieve the overall course objectives, and to demonstrate the necessary clinical competence to work in independent clinical practice, it is expected that by the end of the 5<sup>th</sup> year the student should have completed the treatment of **at least** the following number of cases:

5 patients requiring one or more partial dentures

1 or 2 patients requiring one or more resin bonded bridges

1 or 2 patients requiring one or more conventional bridges

5 patients requiring one or more complete dentures

(at least 3 of these should be patients requiring both upper and lower complete dentures. The remaining cases may include those requiring complete immediate replacement dentures, overdentures and/or complete dentures opposed by an arch of natural teeth [or an arch restored with a partial prosthesis]).

Attendance on at least 2 sessions of the Gerodontic Outreach Programme (within AODTP sessions) is also expected.

Before sitting for the final BDS (part 2) examination, the student should ideally have completed all treatment for the cases assigned to him/her. However, those patients requiring further treatment or follow-up should be appropriately reassigned after full discussion with the Group Teacher.

Towards the the end of the 5<sup>th</sup> year course each student's progress with respect to all the above requirements will be reviewed and confirmed before it can be considered that the course has been "satisfactorily completed" as required by the University.

## **Attendance requirements**

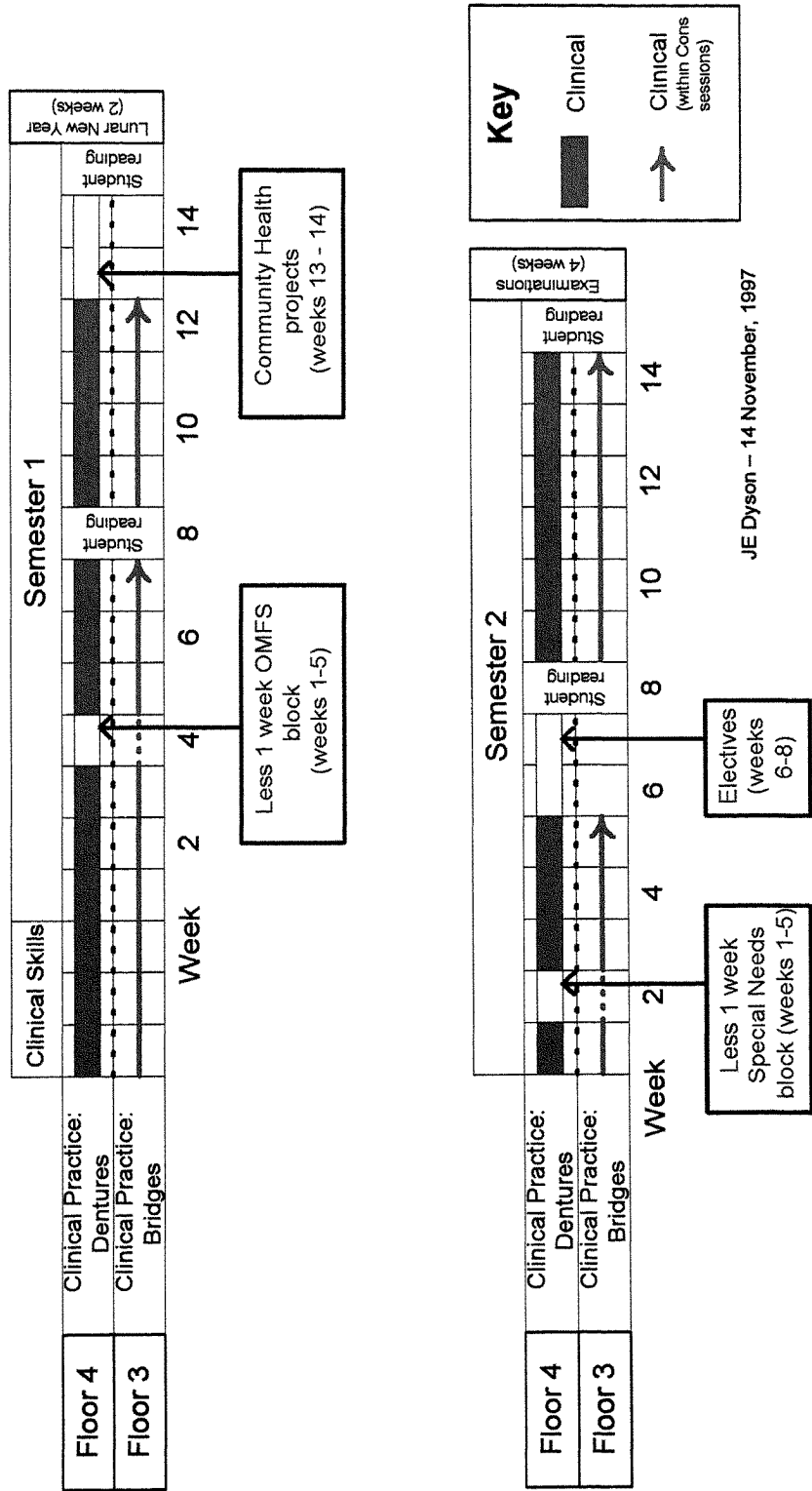
During the fifth year, students must continue to provide proper care and appropriate follow-up for all prosthodontic cases assigned to them during their clinical years.

Attendance on all assigned clinical sessions is expected except when released to attend AODTP sessions, Electives and the scheduled blocks (OMFS, Special Needs, and Community Health Project blocks) or when Faculty approval has been given for other absences.

Students should keep their Group Teacher informed of any such approved absences and should make all necessary arrangements to ensure that patients under their care are minimally inconvenienced by interruptions to their treatment.

# Timeline Chart of 5<sup>th</sup> Year Programme

## 5th Year Undergraduate Programme in Oral Rehabilitation 1997-98



## Recommended texts

### Removable prosthodontics

- McCracken's Removable Partial Prosthodontics  
McGivney and Castleberry, 9<sup>th</sup> edition. Mosby, 1995.
- Fenn, Liddelow and Gimson's Clinical Dental Prosthetics  
MacGregor, 3<sup>rd</sup> edition. Wright, 1989.
- Boucher's Prosthodontic Treatment for Edentulous Patients  
Zarb, Bolendar and Carlsson, 11<sup>th</sup> edition. Mosby, 1997.

### Fixed Prosthodontics

- Fundamentals of Fixed Prosthodontics  
Shillingburg, latest edition (? 3<sup>rd</sup>) Dental library acc. no. d17.62 s55.
- Planning and Making Crowns and Bridges  
Smith, 2<sup>nd</sup> edition. Dental library acc. no. d617.624 s6 d
- Periodontal and Occlusal Factors in Crown and Bridge Procedures  
Pameijer.
- Contemporary Fixed Prosthodontics  
Rosenstiel, 2<sup>nd</sup> edition.
- Resin-bonded Bridges – A Practitioner's Guide  
Tay. Dental library acc. no. d617.625 t2
- A Colour Atlas to Resin Bond Retained Prosthodontics  
Walker, Dimmer, Newsome and Ngai. Dental library acc. no. d617.62 w1
- Failure in the Restored Dentition. Management and Treatment  
Wise. Quintessence

### Cranio-mandibular disorders etc.

- Temporomandibular Disorders. Guidelines for Classification, Assessment and Management  
McNeill, Quintessence

## **Gerodontics**

- Textbook of Geriatric Dentistry  
Holm-Pederson and Loe. Munksgaard, 1996
- Gerodontology  
Barnes and Walls. Wright, 1994.

## **General Reading**

- Glossary of terms in fixed and removable prosthodontics  
Oral Rehabilitation, Faculty of Dentistry, University of Hong Kong
- Academy of denture prosthetics : Principles, concepts, and practices in prosthodontics.  
J Prosthet Dent 61(1) : 88-109, 1989.

## **Supplementary Reading**

- Dental technology.  
Blakeslee R.W. Mosby, 1980.
- Clinical removable partial prosthodontics.  
Steward K.L., Rudd K.D. & Kuebber W.A. St. Louis : Ishiyaku EuroAmerica, 1992.
- Partial removable prosthodontics.  
Kratovich F.J. Philadelphia : Saunders, 1988.
- Partial dentures.  
Neill D.J. & Walter J.D. Oxford : Blackwell, 1983.
- Removable denture prosthodontics.  
Grant A.A. Edinburgh : Churchill Livingstone, 2nd ed., 1992.
- Color atlas of removable partial dentures.  
Davenport J.C., Basker R.M., Heath J.R. & Ralph J.P. Mosby-Wolfe, 1988
- Removable partial prosthodontics : a case-orientated manual of treatment planning.  
Lechner S.K. & MacGregor A.R. Wolfe, 1994.



# Assessments and examinations

## Continuous assessments

At present the Faculty does not require that continuous assessments be given for the individual subjects in the 5<sup>th</sup> year. However, for the purposes of identifying students with problems and taking appropriate remedial action, internal continuous assessment grades will be given on your assigned Oral Rehabilitation sessions.

Grades will be given on an A, B, C, D and F scale. These grades correspond to the following comments.

A = excellent, B = good, C = satisfactory, D = weak, F = very poor

Grades on this scale will be given by your Group Teacher for each patient appointment.

Near the end of each Semester your Group Teacher and an additional full-time teacher will review your progress and your family of patients. They will then award overall grades (on the above scale) for “academic progress”, “practical ability”, “professional qualities” and will note your attendance on the teaching sessions and any problems which you have had. These assessments will be discussed with you and will be retained in the Oral Rehabilitation office until you have successfully completed the Final BDS part II examination.

If you disagree with the assessment grades given you should bring the matter to the attention of the Undergraduate Programme Director, Dr. J.E.Dyson.

## Final BDS Examination part II

The Final BDS Examination part II will be held in June 1998. It is a multidisciplinary examination and will include some questions which require a knowledge of the subjects covered in the Oral Rehabilitation course as well as their relationship to other clinical disciplines. Further details of this examination will be given to you at a later date.

## Guidelines for Clinical Practice on the 4<sup>th</sup> floor clinic

The following guidelines and instructions apply specifically to work carried out on the 4<sup>th</sup> floor clinic. Students working on other clinics (whether or not they are carrying out treatment for a patient under supervision of Oral Rehabilitation Staff) must comply with the instructions and orders that apply to that clinic.

These guidelines are formulated to:

- ensure the best possible conditions for patient treatment
- ensure the smooth running of the Oral Rehabilitation clinics
- help students to complete their clinical requirements on time

### General

Patients should be treated with care, politeness and consideration at all times.

Uniforms should be worn in the clinic at all times whether treating patients or carrying out bench procedures (such as treatment planning, surveying casts or designing prostheses).

Students should conduct themselves in the clinical areas in an orderly and professional manner. They should not congregate in treatment bays or other areas of the clinic in groups and should avoid conversing in a loud voice with each other or with supporting staff.

Treatment bays should be kept as clean as possible at all times.

### Attendance

Attendance at all scheduled clinical sessions is expected except when released to attend AODTP sessions, Electives and the scheduled blocks (OMFS, Special Needs, and Community Health Project blocks) or when Faculty approval has been given for other absences. Your Group Teacher should be kept informed of any planned absences.

Inability to attend for other reasons, such as illness or unavoidable personal circumstances, should be communicated to the Faculty office and to the Group Teacher (or, if he/she is unavailable, the Oral Rehabilitation office). The 4<sup>th</sup> floor receptionist should also be informed so that patients can be rescheduled or alternative arrangements made for their treatment.

The clinical work that should be completed by the end of the 5th year is set out in the "Clinical Requirements" section of this manual.

### **Allocation and referral of patients**

Patients treated on the 4<sup>th</sup> floor clinic should be allocated by Oral Rehabilitation staff from the waiting lists or after appropriate referral from other clinics. Patients referred from other clinics should have a formal request for the referral entered in the patient's records and this should be signed by the referring staff member. The 4<sup>th</sup> floor clinical teacher must be consulted before treatment is commenced.

Failure to follow these procedures may result in the case not being credited towards the student's clinical requirements.

Patients allocated to students on the 4<sup>th</sup> floor clinic should not be taken to other clinics for consultation or treatment without the agreement of the 4<sup>th</sup> floor Group Teacher and the appropriate referral being entered and signed in the patient's records.

### **Booking/cancelling appointments**

Students are advised to book patients appointments as early as possible. In most cases, each patient should have his/her next appointment arranged at the reception desk before leaving the Hospital. Other appointments should be booked through the 4th floor receptionists at least three (3) days before the attendance date. If telephone contact is not possible, the appointment will need to be sent by post and a period of more than 3 days may be necessary. The practice of students independently contacting patients at short notice is inconsiderate and is strongly discouraged. However, if exceptional circumstances make it necessary for a student to arrange or reschedule an appointment outside office hours the 4<sup>th</sup> floor

receptionist should be informed as soon as possible so that the appointment can be recorded, patient records retrieved from the records office, and a treatment bay reserved.

Similar procedures should be followed for cancellations of appointments. All cancellations must be recorded in the patients treatment records (see below) and the notes countersigned by the Group Teacher. It should be clearly stated in the records if the cancellation was at the request of the patient, the student or the Group Teacher. If there is doubt on this point the receptionist may verify the reason for the cancellation by contacting the patient.

Every effort must be made to see each patient at the appointed time. If a student is running late, the patient and the Group Teacher should be informed and an apology made to the patient.

### **Treatment bays and instruments**

Bays will be allocated by the receptionist and Senior Dental Surgery Assistant on a first come, first served basis. The bays allocated to the respective groups will be indicated on the whiteboard outside the large seminar room. Students are requested to occupy only those bays allocated to their group. Last-minute booking of appointments may mean that a treatment bay is not available during that session resulting in potentially serious inconvenience to the patient. In such a situation, the Group Teacher must be immediately informed. In no circumstances should a patient be asked to leave the Hospital without treatment.

Instrument kits, handpieces etc. are available from the 4th floor store and should be checked and signed for when taken out. After use, all instruments should be cleaned, blades removed from Stanley knives/scalpels and returned to the store. Please make sure that all instruments have been checked by the storekeeper before leaving the clinic. Students will be required to pay the replacement cost of any missing instruments.

## **Supervision**

Patients should not be treated without a supervising clinical teacher being present. If the teacher has not arrived within 15 min of the start of the session, the Secretary in the Oral Rehabilitation office must be informed.

## **Treatment**

No patient should be brought into the clinic without the patient's treatment folder or without the knowledge of the receptionist. The patient should be personally escorted to the treatment bay by the student. No treatment should be started without approval of the treatment plan by the Group Teacher. The treatment proposed for that session should be discussed with the teacher at the start of the session to avoid the wastage of time which may result from any uncertainty about the procedures required.

No more than two patients should normally be booked for each session. If a student wishes to see more than two patients on a session, the Group Teacher's approval should be obtained in advance and the receptionist informed accordingly. Receptionists have been instructed not to book more than two patients per session without the respective teacher's prior approval.

Students should, as far as possible, seek approval of treatment plans/prostheses design *etc.* during clinical sessions. Sufficient time should be allocated on normal clinic session for routine case discussions. Teachers have other duties to perform, and only in exceptional circumstances should requests be made for detailed case discussions to be held outside their normal teaching sessions.

## **Treatment records**

The following treatment records should be completed and countersigned by the Group Teacher immediately on completion of treatment.

- Patients treatment record (day sheet)
- Computer appointment sheet
- Laboratory prescription card (if required).

Teachers may have reason not to sign records that are produced at some later date.

Before discharging the patient the next appointment should be recorded on the day sheet and on the receptionist's appointment sheet. If laboratory work is required, this should also be noted on the laboratory card.

Treatment folders should not be retained by students. They may only be taken away from the clinic areas temporarily for the purpose of completing treatment details but should be returned to the reception desk before the end of the day.

No folder should, at any time, be kept in a locker or taken out of the hospital.

It should be remembered that treatment records are confidential documents and that there are legal obligations associated with their handling.

### **Discharge/Transfer**

Patients allocated in years 2 - 5 should be reviewed at regular intervals and discharged as "treatment completed" only towards the end of year 5. However, all allocated patients should either be discharged (as having had their treatment completed) or transferred to another student for continuing care before the Final BDS Part II examination. Failure to make these arrangements may result in the student concerned failing to be certified as having completed all clinical requirements before being permitted to sit for the examination.

The decision to discharge a patient who was originally allocated to a student from the clinic of another discipline should normally be determined by a teacher in that discipline even if a prosthesis was provided on the 4<sup>th</sup> floor clinic as part of the treatment plan.

### **Chairside assistance**

All students are encouraged to practice and become competent in preparing and mixing the materials used on the clinic. However, dental surgery assistants who are not otherwise occupied in their duties may be asked to provide help as required. Procedures such as the making of face-bow records or mixing of elastomeric impression materials (whilst attempting to maintain a dry field of operation) should not be attempted single handedly.

## **Disputes**

Part of a student's training involves learning to develop good interpersonal relationships with patients and other members of the dental team (such as dental surgery assistants, technicians, and reception staff). In most cases, interpersonal problems can be avoided by adopting a calm and professional approach in all discussions. However, if any disagreement or misunderstanding arises between a student and a patient or member of support staff, students should first discuss the problem with their teacher. They should not in any circumstances enter into an argument.

If any student has a problem in the course of their clinical work (or other aspects of study) which cannot be quickly resolved with the help of their Group Teacher they are encouraged to seek the advice of the Undergraduate Programme Director (Dr. J.E. Dyson) or the Clinic Director (Dr. A. Dias) without undue delay.

## **Clarification of Guidelines**

If any of the above guidelines are found to be unclear or if there is any reason for difficulty in complying with them, please contact the Clinic Director, Dr. A. Dias or the Undergraduate Programme Director/Line Manager, Dr. J.E. Dyson.

All clinical procedures carried out on the 4<sup>th</sup> floor clinic should be performed in accordance with the procedures set out in the latest edition of the *PPDH Infection Control Manual*.

Special procedures relating to the disinfection of impressions and equipment or appliances being transferred to or from the Dental Technology Laboratory are set out below.

### **Transfer of laboratory work and impressions**

Laboratory work (e.g. casts, dentures, custom trays and wax rims) and impressions, can be adequately disinfected by immersing in a solution of 0.8% sodium hypochlorite for an appropriate period of time. This solution must be discarded at the end of each session.

#### *From laboratory to clinic*

All laboratory work to be handled at the clinical appointment must be disinfected in sodium hypochlorite solution in the clinic before patient treatment commences.

#### *From clinic to laboratory*

Impressions and all items of laboratory work which have been in direct or indirect contact with the patient must also be disinfected in the same way before transferring to the laboratory.

#### *Surveyors and articulators*

These items cannot be disinfected. Therefore, for infection control purposes, chairside procedures involving in the use of these devices should be considered as equivalent to laboratory procedures. The laboratory work involved must be disinfected, and gloves must be changed both before and after the chairside procedure.



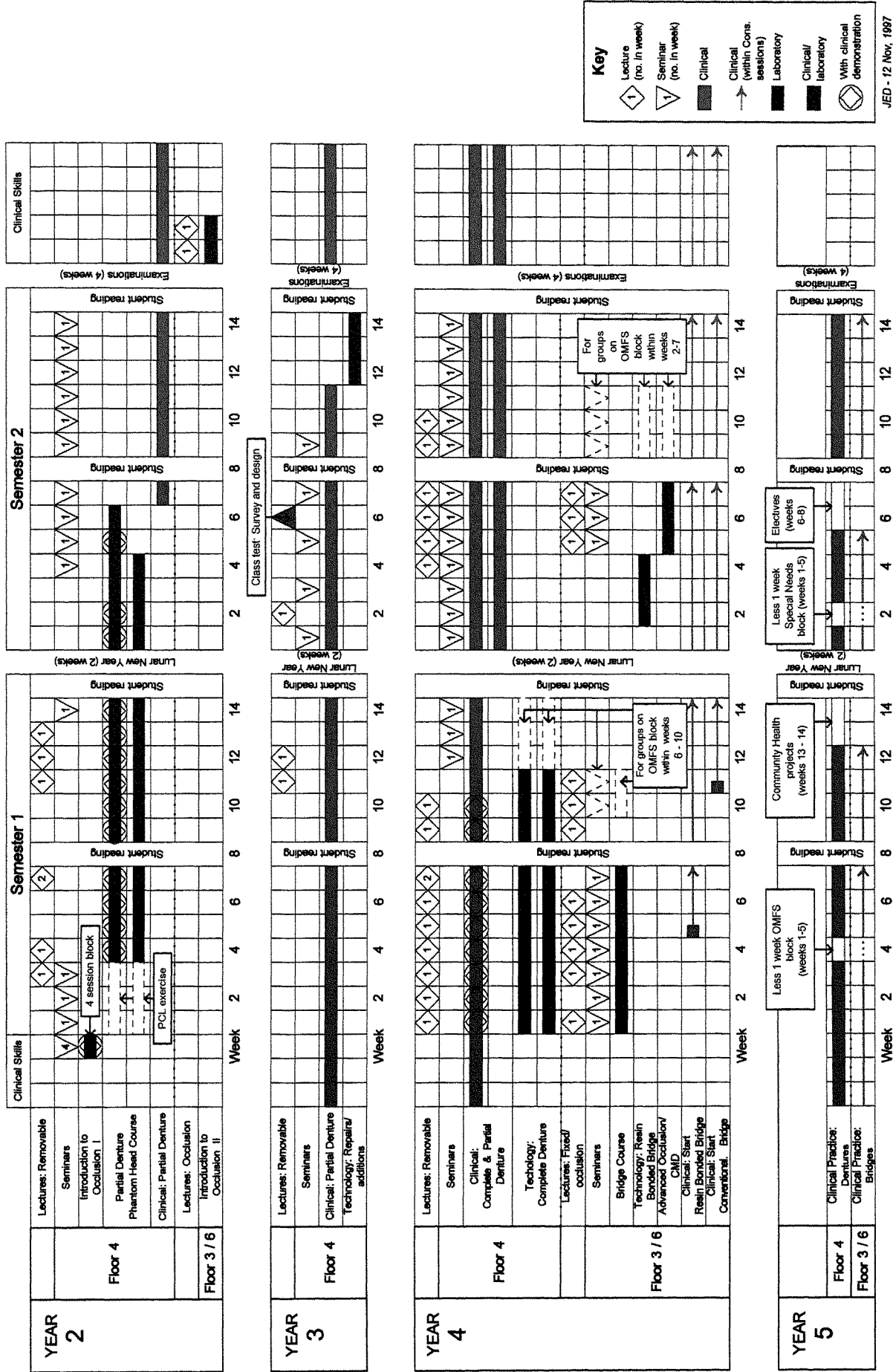
## **Hydrocolloid, plaster and polyether impressions**

- Rinse the impression under running water (avoid splashing) and shake off surface water.
- Dip the impression in sodium hypochlorite solution. (The impression and tray must be totally immersed in the solution but should be removed within 1-2 seconds).
- Rinse under running water and shake off surface water.
- Dip again in sodium hypochlorite solution.
- Cover the impression with gauze dampened with the sodium hypochlorite solution and leave for 10 minutes.
- Rinse well under running water and shake off surface water.
- Hydrocolloid impressions should be covered with gauze dampened with water and placed in a polythene bag.
- Attach a label indicating that the impression has been disinfected before dispatch to the laboratory.

## **All other impressions and items of laboratory work**

- Rinse under running water and shake off surface water.
- Immerse in sodium hypochlorite solution for 3-5 minutes.
- Rinse well again under running water.
- Attach a label indicating that the impression/appliance has been disinfected before dispatch to the laboratory.

# Undergraduate Programme in Oral Rehabilitation 1997-98



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