

COMPETENCY ASSESSMENT HOSPITAL CORPSMAN DENTAL ASSISTANT

A. HOSPITAL CORPSMAN

1. NAME	2. POSITION (Position Description Title)	2. WORKSPACE
4. PATIENT POPULATION SERVED (Check all that apply to this employee)		
<input type="checkbox"/> Neonate: Birth - < 30 days	<input type="checkbox"/> Infant / Toddler: 1 mo - < 2 yrs	<input type="checkbox"/> Pre-School: 2 - < 4½ yrs
<input type="checkbox"/> Young Child: 4½ - < 7 yrs	<input type="checkbox"/> Older Child: 7 - < 13 yrs	<input type="checkbox"/> Adolescents: 13 - < 18 yrs
<input type="checkbox"/> Adults: 18 - < 65 yrs	<input type="checkbox"/> Older Adult: 65+	<input type="checkbox"/> N / A

B. DENTAL ADMINISTRATION

SELF ASSESSMENT CODES: 1 = Never Done 2 = Need Practice	EDUCATIONAL ACTIVITY CODES: 3 = Experienced N/A = Not Applicable C = Course / Class I = In-Service	VERIFICATION METHOD CODES: D = Documentation Review O = Observation by Supervisor or Designee S = Simulation T = Test or Exam V = Verbalization
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1. PERFORMANCE CRITERIA	2. SELF ASSESSMENT	3. EDUCATION ACTIVITIES (Activity, code, and date completed during orientation)			4. VERIFICATION (Completed during orientation)		
		ACTIVITY	CODE	DATE	METHOD	DATE	INITIALS
(a) Define the terms and acronyms associated with dental administration							
(b) Define customer service							
(c) List priority and eligibility of care							
(d) State and demonstrate the use of dental forms							
(e) Define the types of dental examinations and classifications							
(f) State the approved abbreviations for selected dental terms							

COMMENTS

C. DENTAL RADIOLOGY

(a) Define terms used in dental radiology							
(b) Describe and demonstrate dental radiology safety for patient and assistant							
(c) List and demonstrate dental radiology equipment and their function							
(d) Describe and demonstrate various dental radiographs and exposure techniques							
(e) Describe and identify exposure landmarks for intraoral radiograph							
(f) Describe and demonstrate radiographic infection control procedure							
(g) List and demonstrate the use of darkroom equipment, radiograph mounting procedures and identify faulty radiographs							

COMMENTS

A1. NAME	A2. POSITION (Position Description Title)	A2. WORKSPACE
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D. INFECTION CONTROL

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		ACTIVITY	CODE	DATE	METHOD	DATE	INITIALS
(a) List infection control terms and definitions							
(b) Define bloodborne pathogens and their risks to dental personnel							
(c) List transmission modes and defenses against bloodborne pathogens in a dental environment							
(d) Define and demonstrate universal precautions							
(e) List and demonstrate barrier techniques and personal protective equipment (PPE)							
(f) State and demonstrate infection control procedures in the Dental Treatment Room (DTR)							
(g) Verbalize and demonstrate hazardous material precautions and sharps disposal procedure							

COMMENTS

E. STERILIZATION AND DISINFECTION

(a) List Central Sterilization Room (CSR) terms and definitions							
(b) State the purpose of the CSR							
(c) Describe and demonstrate use of CSR and equipment							
(d) Describe and demonstrate processes performed in the CSR							
(e) Describe and demonstrate sterilization quality assurance							

COMMENTS

F. CHAIRSIDE ASSISTANT

(a) Define key terms for examinations							
(b) List and demonstrate the steps for the DTR, patient, and dental assistant preparation							
(c) Describe and demonstrate dental examination assisting procedures							
(d) List and demonstrate the steps for assisting in anesthesia delivery							
(e) Describe and demonstrate post-treatment procedures							

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F. CHAIRSIDE ASSISTANT (Continued)							
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		ACTIVITY	CODE	DATE	METHOD	DATE	INITIALS
(f) List and demonstrate the steps to verify dental records							
(g) Define DTR equipment terms							
(h) List DTR equipment and demonstrate the function of each item							
(i) State and demonstrate procedures for performing DTR equipment safety and operational checks							
(j) State and perform DTR room basic equipment maintenance							
(k) State and perform the DTR room securing techniques							
(l) Define key terms in four-handed dentistry							
(m) Explain and demonstrate positions and operating zones for four-handed dentistry							
(n) Explain and demonstrate transfer and grasp techniques							
(o) Define terms related to dental materials							
(p) List the bases and liners used in dentistry and state their function							
(q) List glass ionomer and restorative resin materials and state their function							
(r) State the properties of amalgam and its function							
(s) State material and safety hazards							
(t) Define terms related to the rubber dam							
(u) List benefits of the rubber dam							
(v) List rubber dam instruments and materials							
(w) State and assist with rubber dam application							
(x) State and assist with rubber dam removal procedures							
(y) Define terms associated with cavity preparation, pulp preparation, and matrix application							
(z) Describe and assist with procedures for cavity preparation							
(aa) Describe and assist with procedures for pulp preparation							
(ab) Describe and assist with the procedure for assembling the matrix and retainer and band							

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F. CHAIRSIDE ASSISTANT (Continued)

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(ac) Describe and assist with the procedure for matrix application for composite restorations							
(ad) Define terms associated with amalgam restorations							
(ae) State and assist with procedures for amalgam trituration							
(af) State and assist with procedures for placing amalgam							
(ag) State and assist with procedures for carving and finishing amalgam restorations							
(ah) State indications and characteristics for composite resins							
(ai) State instruments, equipment, and materials necessary for composite restorations							
(aj) List steps and assist with placement of composite restoration							
(ak) List steps and assist in finishing composite restoration							

COMMENTS

G. EVALUATORS

1a. NAME	1b. INITIALS	2a. NAME	2b. INITIALS
3a. NAME	3b. INITIALS	4a. NAME	4b. INITIALS

H. SUPERVISOR'S SUMMARY STATEMENT

Employee **meets or exceeds** performance criteria for competency areas identified above.

1a. NAME	1b. SIGNATURE	1c. Date
2a. NAME	2b. SIGNATURE	2c. Date

I. EMPLOYEE'S STATEMENT OF UNDERSTANDING

I am allowed to perform only those skills for my skill level/scope of practice and only after my competence has been verified and documented.

1a. SIGNATURE	1b. Date
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