



**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, UNITED STATES ARMY DENTAL COMMAND**  
**2050 WORTH ROAD**  
**FORT SAM HOUSTON, TEXAS 78234-6000**

REPLY TO  
ATTENTION OF

MCDS

25 March 2004

MEMORANDUM FOR All U.S. Army Dental Command Personnel

SUBJECT: U.S. Army Dental Command (DENCOM) Policy 04-07,  
Training Affiliations

1. REFERENCE:

- a. Title 5, Section 3111.
- b. AR 351-3, Professional Training Programs of the Army Medical Department.
- c. AR 40-66, Medical Record and Quality Assurance Administration.
- d. AR 40-68, Quality Assurance Administration.
- e. AR 611-201, Enlisted Career Management Fields and Military Occupational Specialties.

2. SCOPE: This policy applies to all DENCOM facilities and all personnel assigned to or working in those facilities.

3. ASSUMPTIONS: Army dentistry, military training programs and civilian education benefit from an exchange of information and clinical expertise. Training affiliation programs can improve this exchange, reflect favorably on military dentistry, and serve to enhance recruiting efforts. Because the Army is responsible for health care provided in its facilities, training affiliation programs could expose the United States Government to additional liability risks.

4. POLICY:

a. Application of this policy will include, but not be limited to, agreements that involve the United States Army Special Operations Command (USASOC) or civilian educational institutions.

b. DENCOM policy supports the concept of training affiliations for sustainment training of Special Forces medics, externship programs involving dentistry or dental hygiene

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students, and dental learning experiences provided to students in the Health Professions Scholarship Program.

c. All training affiliation agreements with non-Federal entities will strictly adhere to AR 351-3, Chapters 14 and 15.

d. Appropriately privileged dentists will directly supervise all patient care activities of trainees that occur in DENCOM facilities.

e. Dental commanders will:

(1) Ensure that training affiliation programs serve the best interest of the Army, and do not detract from the Army's dental or training mission.

(2) Screen prospective trainees to ascertain their qualifications and suitability for the program.

(3) Coordinate with participating organizations or institutions to prevent conflict of schedules and activities.

(4) Ensure trainees receive orientation training regarding medical/dental records, infection control, hazard communication, quality assurance, customer focus programs, and safety.

(5) Ensure that involvement of trainees in patient care remains consistent with all quality assurance guidance, policies, and regulations.

(6) Ensure that the appointed supervising and alternate supervising dentists are fully informed as to their responsibilities.

f. Dental student trainees: Annual duty training (ADT) periods for Health Profession Scholarship Program (HPSP) students and dental externship programs afford the Dental Corps with a unique opportunity to enhance our recruiting and retention efforts. It is to the advantage of the Dental Corps to ensure that these dental students have comparable learning experiences regardless of the training site. Since dental students have a well-founded didactic background, their scope of allowable procedures can be more comprehensive than for other categories of trainees. The following guidance for allowable procedures is subject to the DENTAC commander's approval based upon an assessment of each dental student's skill level, the

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availability of resources, written consent of the patient, and the provision of direct supervision by a dentist for all clinical procedures:

(1) Dental students with minimal or no prior clinical experience in direct patient care (i.e. students between the 2nd and 3rd year of dental school) may perform: routine examinations, radiographs, prophylaxis, supragingival scaling with hand instruments, rubber dam placement, alginate impression, jaw relations, hand instrument excavation of caries, single surface temporary restorations, sealant application, observation and/or assisting during exodontia and periodontal surgery procedures, suture removal, localized osteitis treatment, assisting with orthodontic treatment plan analysis, fabrication/cementation of single crown temporary restorations, pouring/trimming models, fabrication of custom trays and vacuum templates, simple articulation of models, and simple denture repairs. Experience in the hospital oral surgery area as a supplemental dental assistant is also encouraged.

(2) Students with more advanced experience in direct patient care (i.e. students between the 3rd and 4th year of dental school) may perform: all of the procedures listed in item 4.f.(1), participation in treatment planning boards, preparation/restoration of simple one or two surface cavities, root desensitization, supragingival scaling with ultrasonic scaler, retraction cord placement, final impression, adjustment and final cementation of single crown, endodontic diagnostic test, anterior endodontic cleanse/shape/obturation, simple orthodontic procedures, routine denture adjustments, die preparation for fixed prosthetics, and custom staining of porcelain crowns. Administration of local anesthesia may be trained by allowing directly supervised students to perform the procedure on fellow trainees and selected patients with their full consent.

g. Other trainee categories (i.e. dental hygiene students, Special Operations personnel): These trainees may gain hands-on experience by performing simple reversible procedures on each other under the direct supervision of a dentist. Treatment of non-trainee patients may be permitted only after careful selection and written consent of the patient. Suggested clinical procedures are oral examination, alginate dental impression, prophylaxis using hand instruments and rubber prophy-cup, and topical fluoride treatments. Dental hygiene students who

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demonstrate advanced capability may use ultrasonic scalers on selected patients. Training of truly irreversible procedures will be provided only when mission requirements dictate a more complex level of skills (e.g. Special Operations). When this is necessary, training will be accomplished through observation and/or "hands-on-hands" training with procedures limited to only those absolutely necessary for accomplishment of the mission (hand excavation of caries, placement of sedative (IRM) restorations and simple extraction of non-impacted teeth).

h. In all cases, but within the above parameters, the level and scope of dental care a trainee may provide will be determined on an individual basis by the supervising dentist based upon the trainee's level of training and demonstrated competence. Under no circumstances will a trainee treat a patient without written consent of the patient and without direct supervision by a dentist. The safety and welfare of our patients will remain paramount.

Signature Authenticated by ApproveIt   
Approved by: sidney A. Brooks,  
on: Friday, 26 March, 2004 at 11:44:22  


SIDNEY A. BROOKS  
Colonel, Dental Corps  
Commanding