



Student Handbook

جامعة الدمام
UNIVERSITY of DAMMAM
كلية طب الأسنان
COLLEGE OF DENTISTRY

2015-2016

Prepared by:
Vice Deanship for
Quality and Development

Student Handbook

College of Dentistry

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Vice Deanship for
Quality and Development

2015 - 2016

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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President's Message |

“The Name of Allah, Most Gracious, Most Merciful”

The University of Dammam is dedicated to expanding and reinforcing its commitment to achieve outstanding professional quality in oral health, advanced dental procedures and community services that will contribute towards improving the oral health status of the population.

Students are nucleus of university and college's program and activities.

I expect students to actively participate in teaching and learning process to acquire optimum knowledge and clinical competence to serve the community and lifelong learning as well.

College of Dentistry is the first college in the university to develop and provide a handbook to its student orienting them with different functionalities of the college and policies & procedures governing students' affairs. This student handbook will help them understand and resolve various issues that they may come across during their campus life and guiding them to seek appropriate help and consultation when needed. I congratulate and commend the Dean, College of Dentistry and his team who first time published a very informative “Student Handbook” for the students of the College of Dentistry as a directive pathway of the program.

I wish the best to you for your endeavors and look forward to ensure that your undergraduate experience at the college is deeply rewarding.

Dr. Abdullah M. Al Rubaish

President

Dean's Message |

“The Name of Allah, Most Gracious, Most Merciful”

We want our students to be exposed to sound knowledge, core competence, practical experiences and high quality professional skills throughout their collegiate experience to help prepare them for success personally and professionally in a culturally diverse environment.

The curriculum delivers knowledge to the student for basic, clinical and professional subjects along with clinical training in the dental clinics. Students may come across various issues and challenges during campus life. They are always facilitated at different levels by faculty and administration.

To create a campus community awareness that mirrors the changing demographics of BDS program, the Vice Deanship for Quality & Development at College of Dentistry published this “Student Handbook” that contains necessary information about university and the college policies & procedures governing the administration and program. The curriculum is a tool for effective teaching and learning professional skills and competencies. In the handbook, students are provided concise information for all courses in the BDS Program to understand the contents and objectives of the courses.

Supervisor General for Vice Deanship for Quality & Development Message |

Students at College of Dentistry are very fortunate to have direct access to the college administrators and opportunities to participate and share their opinion and efforts for program improvement through Dean's and Student's Advisory Committee.

I would like to thank the team of Vice Deanship for Quality & Development and Vice Dean for Academic Affairs and all those who undertook the arduous task for preparing a very informative "Student Handbook" for the students of College of Dentistry.

I wish the best to you for your endeavors and welcome your suggestions to improve this handbook for future editions according to your academic needs and personal development.

Dr. Fahad Al Harbi
Dean

The new millennium economic climate demands that college graduates are disciplined, eager, and prepared. A degree from the College not only allows our alumni to meet the challenges of the 'living-world' but exceed expectations and rise through the ranks of academia, corporate sector, the non-profit world, and a variety of other fields and industries. Therefore, you should routinely engage your academic advisor to help you identify academic and extra-curricular options that will help you in reaching your future goals.

How, what and why to learn are the day-to-day classroom questions for each student, but there are a lot of questions related to the access of learning resources, examination, grading, access of technical services and facilities in campus life.

Student Handbook is a complete reference document covering important policies & procedures as well as how each student takes advantage of the academic, extracurricular and social opportunities available here depends, in large measure, on the student's own initiative. Students at College of Dentistry should learn to take responsibility for planning their own lives as undergraduates.

I would like to thank the faculty of dentistry and my team of Vice Deanship for Quality & Development, College of Dentistry for their contribution in compilation and development of the handbook.

I wish you the best for all endeavors and an aggressive approach towards learning new things and concepts in life-long learning.

Prof. Maha M. Abdelsalam
Supervisor General
Vice Deanship for
Quality & Development

▶ History, Mission, General
Organization, Governance |

- University of Damman
- College of Dentistry

Introduction

The University of Dammam began as the Dammam Campus of King Faisal University (KFU) which was established through Royal Decree No. H/67, dated 7 August 1975, following the Council of Ministries ordinance No. 1964/20/11/1394. The main campus of KFU was in Al – Hassa of Eastern Province. It was named and officially inaugurated by His Majesty, King Khalid Bin Abdul Aziz on 24 May 1977.

At that time the Dammam Campus of KFU had two Colleges: Medicine and Medical Sciences and Architecture and Planning as well as three centers i.e. English Language, Computer and Publication & Translation.

The Dammam campus was then separated and established as an independent university , named as “University of Dammam” in 2009 through Royal Decree Number A/18/1, dated 15/9/1430H, corresponding 5/9/2009. UOD covers 6 cities: Dammam, Jubail, Khafji, Khobar, Nu”Airiya and Qateef. Currently, UoD consists of 24 Colleges, 123 Departments, 1,414 faculty members and 24, 950 students.

University of Dammam has four clusters of colleges.

1. Colleges of Health
2. Colleges of Arts and Humanities
3. Colleges of Engineering
4. Colleges of Sciences and Management

Further details of the University and colleges can be seen at:

<http://www.uod.edu.sa/DU/en/index.htm>



Prof. Abdullah M. Al Rubaish
President
University of Dammam

Prof. Abdullah M. Al Rubaish is the President of the University of Dammam and served as Vice President of King Faisal University, Dammam for two and half years. With the establishment of the University of Dammam in 2009, Prof. Al Rubaish was given the responsibility for leading and developing the newly created university as its first President. Acknowledging his devotion and untiring work for university development, Saudi Government extended services of Prof. Al Rubaish as the University President for second term.

Prof. Al Rubaish graduated from King Faisal University, College of Medicine (1984) and is currently Professor at the College of Medicine, University of Dammam and Supervisor General, King Fahad Hospital of the University. He also served as the Dean, College of Medicine, King Faisal University for three years. He has on his credit Fellowship (1990) and Arab Board (1991) in Internal Medicine and Fellowship in Pulmonary Medicine (1994) from University of Alberta, Canada.

Prof. Al Rubaish had published about 37 refereed scientific researches from 1995 – present. He is also a member of many national and international professional organizations and bodies.

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Dr. Fahd Al Muhanna
Vice President
University of Dammam

Dr. Fahd Abdulaziz Al Muhanna is currently the Vice President of the University of Dammam. He has served at other senior administrative positions as well like General Supervisor and Chief Executive Officer of King Fahad Specialist Hospital, Dammam, Dean, College of Medicine – King Faisal University and Supervisor General, King Fahad Hospital of the University, Dammam.

Prof. Al Muhanna earned his MBBS degree from King Saud University, Riyadh (1980) and Fellowship in Internal Medicine (1988) and Arab Board of Internal Medicine from Damascus (1987).

As Vice President and Chief Executive Officer of the University, Prof. Al Muhanna is dedicated to the University's mission and is responsible for providing institutional direction and leadership to administrative areas in creating and managing comprehensive, contemporary services. He participates in institutional long, medium, and short range planning, and ensures that the institution uses sound administrative management practices and procedures in all of its activities. He serves on many national and international professional organizations and bodies.

Prof. Al Muhanna has 45 published refereed scientific Researches from 1985 to present. He has 8 scientific publications (Books, translations, biographies, chapters in books, verification of manuscripts, data collection, etc.) from 1996 to 2008.

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Dr. Ghazi Abdulrahman Alotaibi
Vice President For Academic Affairs
University of Dammam

Dr. Ghazi Abdulrahman Al Otaibi is currently the Vice President for Academic Affairs in University of Dammam. He is also an Associate Professor in the College of Applied Medical Sciences, Respiratory Care Department.

Dr. Ghazi got his PhD in Health Sciences majoring in Respiratory Care from University of Medicine and Dentistry of New Jersey in USA with special interest in mechanical ventilation. He also holds a postgraduate diploma of medical education from University of Dundee in UK in 2009.

He is member of many national and international scientific organizations.

He has more than 20 scientific papers that have been published in national and international journals.

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Introduction

The College of Dentistry (CoD) located at King Faisal Road Dammam - 32214 was established in year 2001- 2002 under the patronage of King Faisal University, Dammam through guidance Royal No. 7/b/11155 and date 26/7/1415 e, 14/12/2001G corresponding to 10/10/1423H with the consent of the Custodian of the Two Holy Mosques.

It is the first Dental College in the Eastern Province and was third dental educational institution in the Kingdom of Saudi Arabia at the time of its establishment. Dammam campus of King Faisal University was separated and an independent University of Dammam (UoD) was established in 2009. The College of Dentistry was included in the health cluster colleges of the university (CoD-UoD).

The college started its classes in a small campus which was gradually developed and more buildings were added in it to fulfil the increasing number and needs of the students and faculty. Dental clinics and laboratories were established simultaneously while adding class rooms and auditorium to this campus. A new customized campus for male students has been built in the new University City where administration, male faculty and staffs and male students have been shifted in June 2014. While a new campus is also being built for female students in the University City which is expected to be complete by 2016. Till then, female students will have their classes, labs and clinics in the campus 1 which now houses offices for Dean, Vice Deans for Clinical Affairs, Quality and Development, Female Students Affairs and female faculty members.

The College of Dentistry is fortunate to have a diversified faculty staff, bringing education and teaching experience from different parts of the world to enrich the teaching and learning experience of students in the college. Among faculty, there are 35 staffs holding Ph.D. and 32 Masters and remaining have other qualifications.

Facilities

1. Class Rooms

The College has capacious class rooms with Smart Board and audio-visual facilities for active and interactive teaching and learning.

2. Dental Clinics

Campus 1 has 108 dental clinics, 9 for specialists, 14 for interns and 85 for students. All clinics are fully equipped with state of art dental chairs and most with the digital radiology facility. Campus 2 has 240 dental clinics with more advanced facilities.

3. Dental Laboratories

3.1. Phantom Laboratory

3.2. Prosthodontic Training Laboratory

3.3. Clinical Laboratory

3.4. Pathology and Oral Simulation

3.5. Biomaterial Research Laboratory

3.6. Prosthodontic Research Laboratory

3.7. Oral Biology Research Laboratory

3.8. Micro CT Lab

4. Library

Students are provided with text books, journals, online books and search engines in the College Library with adequate space for sitting. Students in the new campus 2 will benefit from Central Library of the University located near to the College campus.

5. Computer Laboratory

The old campus has a computer laboratory with 22 computer stations. Students can complete their assignments and access online books while sitting there.

6. Extra-Curricular Activities.

Student Activity Committee organizes different extra-curricular activities for students. Campus has a playground for lawn tennis, soccer and facilities for playing volley ball, badminton and table tennis. The playground also has a jogging track. The old university campus has a gymnasium with indoor exercise and different fitness facilities including a swimming pool.



► Vision

To be recognized internationally for excellence in dental education, research and community service.



► Mission

To achieve outstanding professional quality in oral health by graduating dentists committed to serving the community and primed for lifelong learning and research.

► General Organizations

Program Goals

- To ensure graduates will excel and lead the future of oral health.
- To conduct research for the benefit of education, patient care and scientific discovery.
- To provide state - of - the art facilities for dental education and patient care.
- To promote the oral health of the community at large.

Strategic Goals

The college has developed a strategic listing of 11 goals which function to serve the students, patients, community, faculty, and staff of the College of Dentistry (CoD). The goals themselves focus on bolstering the educational, scholarship, and service outcomes of the College so as to train a better graduate and provide better care for the patients in the Eastern Province. The goals also aim to position the College as a leader within Saudi Arabia, the region, and beyond. The strategic goals are aligned with and provide a framework for achieving the program goals.

Goal 1

Create an environment of quality dental education, services, research and scholarly activities in dental and oral health for the community at large and beyond.

Goal 2

Build an effective organizational model for management and administration of the College to ensure quality and accountability at all levels.

Goal 3

Promote a culture of quality in all professional activities to ensure standardization and achievement of the defined goals and objectives.

Goal 4

Build an environment to support realization of academic and career goals of the students.

Goal 5

Establish a vibrant and interactive campus environment to support enjoyable active learning and training of the students and their personal development as a good human being and a professional.

Goal 6

Create and support a culture for knowledge acquisition by establishing contemporary library services and related learning resources utilizing IT.

Goal 7

Develop the College into a modern academic facility in the nation and region, complete with the latest equipment and related infrastructure to serve high quality teaching and learning, research and service programs.

Goal 8

Develop and implement a robust financial planning and management system to support the College vision, mission and goals.

Goal 9

Build up the human resource capacity of the College to support its teaching, research and service missions more effectively and efficiently.

Goal 10

Create and strengthen a culture for research of highest ethical standards and scholarly activities to promote the College's research status in the region and internationally to strengthen its role in the advancement of the related fields.

Goal 11

Develop and strengthen relationships with the community and other stakeholders and seek partnerships to meet challenges in the dental, oral health and related industries.

► Administration



Dr. Fahad Ahmed Al Harbi
Dean
College of Dentistry

Dr. Al Harbi attained B.D.S. (with honors) from King Abdulaziz University (1995), C.A.G.S in Prosthodontics (2000), M.S.D. (2001) from Boston University, and Board Certification Diplomat and Fellowship. Dr. Al Harbi acquired Doctor of Science in Dentistry from Boston University in 2005.

Dr. Al Harbi is serving as Associate Professor in the Department of Substitutive Dental Sciences. He has also served the College as Vice Dean for Academic Affairs and Chairman of the Substitutive Dental Sciences Department at the College of Dentistry.

Dr. Fahad Al Harbi is strongly committed and devoted to his tasks and responsibilities as the Dean of the College. The university administration has entrusted its confidence on Dr. Al Harbi's leadership skills and accomplishments and extended his services for third term as the Dean of the College.

Dr. Al Harbi is affiliated with several dental associations. He serves as an examiner and a member on the board of directors for the Saudi Prosthodontics Specialty Board. He lectured at several national and international conferences. He is involved in multiple clinical dental research projects.

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Dr. Asim Al Ansari
Vice Dean for Academic Affairs
College of Dentistry

Dr. Asim Al Ansari obtained his Bachelor of Dental Surgery (BDS) from King Saud University (1990) and Master of Dental Sciences (MDS) in Prosthodontics, from Lund University, Centre for Oral Health Sciences in Maim, Sweden (1998). In 2002, he obtained Certificate of Advanced Graduated Study and Doctor of Science in Dental Public Health from Boston University School of Dental Medicine, Boston, USA.

Dr. Asim Al Ansari is currently serving the College as Assistant Professor in the Department of Preventive Dental Science and as the Vice Dean for Academic Affairs. He is also chairing the Curriculum Committee and the Examination Committee.

Dr. Al Ansari has several presentation and publications in the field of Dental Public Health and Evidence-Based Dentistry at the national and international levels. He is also an elected Director in the Saudi Dental Society.

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Dr. Aws Saleh ArRejaie
Vice Dean for Clinical Affairs
College of Dentistry

Dr. Aws Saleh ArRejaie earned his degree of Bachelor of Dental Surgery from King Saud University (2003). He then became a Research fellow at Boston University from July 2005-July 2010 and completed his Certificate of Advanced Graduate Studies (Prosthodontics) from Henry M. Goldman School of Dental Medicine, Boston University in Sept, 2009 and finished Doctor of Science in Dentistry (Prosthodontics) at the same school in July 2010.

Dr. ArRejaie is currently serving the College as the Vice Dean for Clinical Affairs and has his academic responsibilities as Assistant Professor and Chairman of the Substitutive Dental Sciences Department at the College of Dentistry in the Substitutive Dental Sciences Department of the College.

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Dr. Emad Al Shwaimi
Vice Dean for Postgraduate Studies & Scientific Research

Dr. Emad Al Shwaimi earned his BDS from King Saud University (2001) and then had training in Endodontic from Columbia University, New York, USA (2006). He was awarded Fellowship by the Royal College of Dentists of Canada in September 2006 and Doctorate Medical Sciences in Oral Biology from Harvard University, Boston, USA (2009).

Dr. Al Shwaimi is serving the College as an Associate Professor and Chairman, Restorative Dental Sciences Department and Certified Supervisor for postgraduate students in Endodontics by the Saudi Commission for Health Specialties. He has recently been given the responsibility of Vice Dean for Postgraduate Studies & Scientific Research at the College of Dentistry, University of Dammam. He was awarded with many clinical and academic awards including “Alvin Krakow Award for Postdoctoral Endodontics” from Harvard University, also got the 1st place for best research presented in the annual meeting of the American Association of Endodontists, Orlando, USA. Moreover, in April 2010 he earned “The Young Researcher Award” at AEEDC conference in Dubai, UAE.

Dr. Al Shwaimi has published many scientific papers nationally and internationally, and gave many speeches around the globe. He serves as an Associate Editor for the Saudi Endodontic Journal.

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Dr. Jehan Al Humaid
Vice Dean for Female Student Affairs
College of Dentistry

Dr. Al Humaid received her dental degree from King Abdul-Aziz University (2003). She joined the University of Dammam, College of Dentistry, as a Teaching Assistant at the Preventive Dental Sciences Department, Pediatric Dentistry Division. She earned her Doctor of Science in Dentistry (DScD) in Dental Public Health from Boston University (2011). Furthermore, she completed her Certificate of Advanced Graduate Studies (CAGS) in Pediatric Dentistry at Tufts University School of Dental Medicine, Boston, Massachusetts, U.S.A. (2013).

Dr. Al Humaid is now serving the College as Assistant Professor in Preventive Dental Science Department, Chair Person of Department of Dental Education and Vice Dean for Female Student Affairs.

As Chairman of Dental Education, Dr. Jehan worked and organized Annual Dental Symposiums and continuous dental education lectures attended by dentist all over the Kingdom.

She is also a member of scientific and professional organizations nationally and internationally.

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Prof. Maha Abdelsalam
Supervisor General, Vice Deanship for
Quality & Development

Prof. Maha M. Abdelsalam received her B.D.S degree in 1979 from Alexandria University, Egypt, Masters (1984) and Doctoral degree (1988) from University of California, San Francisco, U.S.A. Further, she received postdoctoral certificates in oral medicine clinical rounds and postdoctoral AIDS clinics.

Prof. Abdelsalam started her academic career from Alexandria University, Egypt in 1988. She joined King Abdul Aziz University, Jeddah Saudi Arabia in 1992 and served as Assistant Professor and later Head of Oral Pathology Department till 2002. She again joined in Alexandria University, Egypt as Professor, Department of Oral Pathology and later College of Dentistry, University of Dammam in 2011.

Prof. Abdelsalam has more than 25 publications and supervision of more than 10 theses. She has been holding 8 competitive grant researches as principal investigator. In addition to her academic responsibilities as Professor in the Department of Biomedical Dental Sciences, she is designated as Supervisor General of Vice Deanship for Quality & Development in the College of Dentistry to lead the quality agenda of the College. She is member of many committees at college and in university as well.

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Dr. Badr Al Jandan
Chairman, Biomedical Dental Sciences Department

Dr. Badr Al Jandan received Bachelors of Dental Science degree from King Saud University (1998). He completed multidisciplinary dental residency Program at the Montreal General Hospital, Montreal, Quebec and Oral & Maxillofacial Surgery Residency Program at the McGill University Health Center (MUHC), followed by a Clinical Fellowship Program in Orthognathic Surgery and Dental Implantology at the MUHC. In addition Dr. Al Jandan has completed a Master's of Science program at the Faculty of Dentistry, McGill University, Montreal, Quebec. Dr. Al Jandan is a Diplomate of the American Board of Oral and Maxillofacial Surgery, in addition to being a Fellow of The Royal College of Dentist Of Canada.

Dr. Al Jandan is serving the College as Associate Professor and Chairman of the Biomedical Dental Science Department and as consultant Oral and Maxillofacial Surgery and Head of dental clinics at King Fahad Hospital of the University, Al Khobar. Furthermore, Dr. Al Jandan is an adjunct professor at the Faculty of Dentistry, McGill University, Montreal , Canada.

He has served as Chairman of Scientific Research Committee at the College of Dentistry- University of Dammam and has many publications on his credit.

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Dr. Adel Sulaiman Al Agl
Chairman, Preventive Dental Sciences Department

Dr. Adel Al Agl is currently Associate Professor and Chairman of Preventive Dental Sciences Department at the College. He received his B.D.S. from King Abdulaziz University, Jeddah Saudi Arabia (1995). He then went on to earn a C.A.G.S in periodontics from Tufts University, School of Dental Medicine, Boston, Massachusetts, U.S.A.

Dr. Al Agl joined King Faisal University, Dammam in 1997 as demonstrator. In 2005, he resumed his academic position as Assistant professor, Preventive Dental Sciences Department and become Chairman of the Department in 2006. He has served as Medical Director, Acting Vice Dean for Academic Affairs and Vice Dean for Quality & Development in the College of Dentistry, University of Dammam.

Dr. Al Agl earned Dr. Sulaiman Al Gazlan Award for Excellence in the Health Services and the Medical Field and Post-Doctoral poster presentation award. He has organized annual dental symposiums, professional development workshops and interactive courses in the College. He is the reviewer of Saudi Journal of Medicine & Medical Sciences and has many scientific publications on his credit.

Dr. Al Agl has served as chair and member of many college and university committees and representing college in many professional committees and forums including Saudi Dental Society.

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Dr. Faisal Abdullah Alonaizan
Medical Director
Assistant Professor RDS Department

Dr. Alonaizan attained his BDS from King Saud University, Riyadh (2007). He completed his specialty training in Endodontics (2011), and a Master Degree, Craniofacial Biology at University of Southern California, USA. Dr. Alonaizan is also a fellow in the Royal College of Dentists of Canada (2011).

Dr. Alonaizan is serving as Medical Director and an Assistant Professor at Restorative Dental Sciences Department.

As Medical Director, Dr. Alonaizan is responsible for oversight of clinical practices, regulatory compliance, safety and standards of care, and the administrative practices relevant to the clinic. He also supervises the dental staff of the college and evaluates the staff to insure performance goals related to production, clinical quality and regulatory compliance are met.

Dr. Alonaizan is affiliated with several dental organizations, namely, American Association of Endodontists, Southern California Academy of Endodontics and Saudi Dental Society.

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Dr. Ahmad Al Thobaity
Clinical Laboratory Director
Assistant Professor SDS Department

Dr. Ahmad Al-Thobity receives his Bachelor of Dental Medicine and Surgery (BDS) at the College of Dentistry, King Abdulaziz University, Jeddah Saudi Arabia. (2007). He then received his Certificate of Advanced Graduate Studies in Prosthodontics and Master of Dental Science degree (MDS) at Rutgers University, The State University of New Jersey, USA on October 2013. In addition, he earned the Fellowship of Royal College of Dentists of Canada (FRCDC) at The Royal College of Dentists of Canada, September 2015.

Dr. Ahmad holds academic position as Assistant Professor in Substitutive Dental Sciences Department in the College of Dentistry. As Laboratory Director he supervises activities of dental technicians in dental laboratories where they are engaged in making, repairing removable complete or partial dentures, crowns, inlays, and bridgework in the productive laboratories. He continuously studies processing methods for defining reasons for production difficulties. He is also instituting measures or approves suggestions to improve efficiency of operation working conditions. In addition, Dr. Al-Thobity supervises on student educational activities in the different educational laboratories as the Phantom lab, Prosthodontic lab, Orthodontic/ Pedodontic lab, ...etc.

He is also the Director of Continuous Education and Skills Development Unit of the Vice Deanship for Quality and Development.

He is also a member of different Scientific and Professional organizations here and abroad.

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Dr. Reem Abualsaud
Laboratory Director- Female Section
Assistant Professor SDS Department

Dr. Reem Abualsaud received her Bachelor of Dental Surgery from King Saud University, Riyadh, Kingdom of Saudi Arabia in 2006; and Doctor of Science in Dentistry from Boston University, Boston, USA in 2015.

Dr. Reem holds academic position as an Assistant Professor in Substitutive Dental Sciences Department in the College of Dentistry, University of Dammam.

As a laboratory director on the female campus, she is responsible for overlooking and supervising the functionality of student and support labs. She works and oversees the delivery of the fixtures, along with tasks like training new hired technicians, planning and distribution of technicians' workload, and keeping track of inventories and requisition of supplies for the laboratory.

Dr. Reem is also a member of different organizations and societies here and abroad.

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Dr. Eman Bakhurji
Internship Program Director
Assistant Professor PDS Department

Dr. Eman Bakhurji received her Bachelor of Dental Surgery (BDS), King Saud University, Riyadh, Saudi Arabia (2007). She then received her Pediatric Dentistry specialty, Boston University Boston, USA (2012), Diplomate of the American Board of Pediatric Dentistry Boston, USA (2013), Candidate of the American Board of Dental Public Health, Boston, USA (2014), and Doctor of Dental Sciences in Dental Public Health (DScD) Boston University Boston, USA (2015).

Dr. Eman holds an academic position as an Assistant Professor in Preventive Dental Sciences Department in the College of Dentistry.

As the Internship Director she is committed to educating students to become successful members in the field of dentistry. She organizes didactic, clinical and research activities for the students. She is responsible for following up the students' performance and assessment, while they are at external facilities for their extended training. She serves as a liaison between other hospitals and business/organizations in the area that participate in our student Internship programs. In addition, she maintains effective business relationships with extern work sites while incorporating professionalism, respect, integrity, and compassion in all that they do.

Dr. Eman is also a member of different organizations, committees and societies here and abroad.

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Dr. Yousef Al Yousef
Alumni Affairs Unit Director
Assistant Professor PDS Department

Dr. Yousef Al Yousef received his Bachelor Degree of Dental Surgery from King Saud University (2002) and Certificate in Pediatric Dentistry (2008), Masters' Degree in Public Health (2008), PhD in Oral Sciences (2011) and Diplomate, American Board of Pediatric Dentistry (2012) from University of Iowa, Dows Institute, Iowa, USA.

Dr. Yousef holds academic position as Assistant Professor, Preventive Dental Sciences Department in the College of Dentistry.

As the Alumni Affairs Unit Director he is responsible to:

1. Establish strategic plan and work policy for the committee
2. Establish database for graduates and alumni
3. Survey and analyze alumni satisfaction and discuss results with concerned departments.
4. Keep constant communication with graduates and alumni
5. Encourage alumni to participate in college activities whenever possible
6. Organize events to illustrate the college achievements and current activities to alumni
7. Encourage alumni to support for college, financially and publicly

He is a member of different Scientific and professional societies and organizations here and abroad.

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Academic Departments

Biomedical Dental Sciences Department
Dental Education Department
Preventive Dental Sciences Department
Restorative Dental Sciences Department
Substitutive Dental Sciences Department

Academic Departments

Biomedical Dental Sciences Department (BDS)

This includes the following divisions:

- Oral Biology Division: Covers the study of the basic biological characteristics of the oral tissues and peri-oral areas in health and disease.
- Oral Pathology Division: The students will be orientated with the different oral diseases which affect humans generally and, in particular, the jaw bones and the surrounding tissues. The students will also learn the diseases characterized by the appearance of oral or facial symptoms which affect the body in general.
- Oral Radiology Division: In this division, students learn the physics of radiation, how to take radiographs, and how to interpret them.
- Oral Diagnosis Division: This division aims to teach and train students in modern techniques used in the diagnosis of oral diseases.
- Oral Medicine Division: The students are trained in the clinical skills necessary for the examination, diagnosis, and treatment of different oral diseases.
- Oral and Maxillofacial Surgery: The students are trained in the clinical skills necessary for tooth extraction. They are also trained to apply different surgical techniques to manage aesthetic and prosthetic situations, trauma, and tumors.

Biomedical Dental Sciences Faculty

Name of Faculty Member	Position	Specialty
Dr. Badr Abdulrahman Al-Jandan	Associate Professor and Chairman, BDS Department	Oral & Maxillofacial Surgery
Prof. Maha Mohammed Abdelsalam	Professor	Oral Pathology
Dr. Aiman Abdulmajeed Ali	Associate Professor	Oral Medicine
Dr. Hesham Fathi Marei	Assistant Professor	Oral & Maxillofacial Surgery
Dr. Haytham Ahmed Al-Mahalawy	Assistant Professor	Oral & Maxillofacial Surgery
Dr. Adel Abdelhadi Ibrahim	Assistant Professor	Oral & Maxillofacial Surgery
Dr. Suhayla Mubarak	Assistant Professor	Oral Radiology
Dr. Dina Ahmed Khairy	Assistant Professor	Pathology
Dr. Faraz Mohammed Jaffer Kasti	Lecturer	Oral Pathology
Dr. Faiyaz Ahmed Syed	Lecturer	Oral & Maxillofacial Surgery
Dr. Nagaraju Tanneru	Lecturer	Oral & Maxillofacial Surgery
Dr. Suhaib Shujaat Ali Khan	Lecturer	Oral & Maxillofacial Surgery
Dr. Mohammed Osman Gameel	Lecturer	Oral Medicine
Dr. Fairozekhan Arishiya Thapasum	Lecturer	Oral Medicine & Radiology
Dr. Faheem Muzaffar Mir	Lecturer	Oral Radiology & Oral Medicine
Dr. Suresh Chandrasekharan	Lecturer	Oral Medicine & Oral Radiology
Dr. Imran Farooq	Lecturer	Oral Biology
Dr. Hatem Mustafa Abuhashish	Lecturer	Pharmacology
Dr. Siema ElJack	Lecturer	Oral Pathology
Dr. Sonali Sharma	Lecturer	Oral Medicine and Radiology
Dr. Asim Mustafa Khan	Lecturer	Oral Radiology
Dr. Saquib Ali	Lecturer	Oral Biology
Dr. Doaa Mostafa Aleraky	Lecturer	Microbiology
Dr. Majed Mohammed Al Farea	Demonstrator	
Dr. Ammar Ghadeer	Demonstrator	

Department of Dental Education

The Department of Dental Education provides the faculty with useful counseling that includes evaluation of teaching methods and materials, improvement of teaching skills, and the design of systems for assessing students' achievements. It also provides students with learning resources and helps them to enhance their studying skills.

The Department of Dental Education aims to provide an academic base and focus for educational activities within the college, including teaching, research, student evaluation, faculty development, and the review of the curriculum.

The Department of Dental Education is mandated to support the educational planning and development in the College, improving all facets of the pedagogic process, maintaining faculty development, assisting in continuing education activities, and promoting effective study methods as well as independent learning for undergraduate students.

The Department ensures that the educational needs of the community are fully provided for, by means of the four following processes:

- Review of curriculum for revision and updates.
- Evaluation and assessment development.
- Career and professional development.
- Continuous dental education.

Dental Education:

Name of Faculty Member	Position	Specialty
Dr. Jehan Ahmed Al Humaid	Assistant Professor, Chairman, Dental Education, Vice Dean for Female Student Affairs	Dental Public Health
Dr. Ahmed Abdullah Al Kuwaiti	Assistant Professor	Medical Education
Dr. Shazia Sadaf	Lecturer	Dental Education
Dr. Abdulrahman Al Sulaimi	Demonstrator	Dental Education

Preventive Dental Sciences Faculty:

Name of Faculty Member	Position	Specialty
Dr. Adel Sulaiman Al Agl	Associate Professor & Chairman, Department of Preventive Dental Sciences	Periodontics
Prof. Khalid Almas	Professor	Periodontics
Dr. Khalid Hassan	Associate Professor	Periodontics
Dr. Maha Mohamed ElTan-tawi	Associate Professor	Dental Public Health
Dr. Asim Al Ansari	Assistant Professor	Dental Public Health
Dr. Khalifa Sulaiman Al-Khalifa	Assistant Professor	Dental Public Health
Dr. Eman Bakhurji	Assistant Professor	Pedodontics
Dr. Azza Mahmoud Tag eldin	Assistant Professor	Pedodontics
Dr. Yousef Mohammed Al-Yousef	Assistant Professor	Pediatric Dentistry/Dental Public Health
Dr. Jehan Ahmed Al-Humaid	Assistant Professor	Periodontics
Dr. Essam Abd El Alim Nassar	Assistant Professor	Orthodontics
Dr. Naif Nasser Al-Masoud	Assistant Professor	Orthodontics
Dr. Steph Smith	Lecturer	Periodontics
Dr. Balgis Osman Gaffar	Lecturer	Dental Public Health
Dr. Muhammad Ashraf Nazir	Lecturer	Dental Public Health
Dr. Sumit Bedi	Lecturer	Periodontics
Dr. Mohammad Al Qranei	Demonstrator	
Dr. Osama Al Sulaiman	Demonstrator	

Preventive Dental Science Department (PDS)

This department includes the following divisions:

- Dental Public Health and Community Dentistry Division: It aims to qualify the students to meet the needs of the community, particularly those related to oral health in accordance with the community's social and cultural circumstances. The Division organizes and conducts outreach programs and symposia, which are held in health centers, community service centers and facilities. This division also provides oral health care education and treatment for residents of social care homes.

The College provides many activities in this field, such as:

- Periodic educational and scientific lectures.
- Training courses.
- Orthodontic Division: This division teaches students the basics of orthodontics and the diagnosis of disorders and malformations of teeth, as well as maxillofacial deformities.
- Pediatric Dentistry Division: It teaches students the normal growth of the teeth, and oral structures and their pathological disorders; teaches students preventive and therapeutic techniques for inherited and acquired dental problems in children.
- Periodontics Division: It teaches students the supporting structures of the teeth (periodontium) and the recognition of pathological changes resulting from local and systemic causes. Also included is the effect of a diseased periodontium on systemic health.

Restorative Dental Sciences Faculty

Restorative Dental Science Department (RDS)

This includes the following divisions:

- Bio-Dental Materials Division: In this division, the students learn the materials used in the different branches of dentistry. They learn the physical and chemical characteristics of the dental materials and how to utilize them in dentistry.
- Operative Dentistry Division: This division focuses on how to manage diseases of the hard tooth structure and how to restore them to a normal condition. They also learn how to manage complex tooth loss in order to restore the patient's needs for comfort, mastication, and esthetics.
- Endodontic Division: In this division, the students learn the theoretical basis of dental pulp and root canal therapy. They are also exposed to the diagnosis and management of root pathology both at pre-clinical and clinical levels.

Name of Faculty Member	Position	Specialty
Dr. Emad Omar AlShwaimi	Associate Professor, Vice Dean for Post Graduate Studies and Scientific Research & Chairman, RDS Department	Endodontic
Prof. Hala Bahgat	Professor	Dental Materials
Prof. Moataz Farouk El-Gezawi	Professor	Restorative Dr. Osama Al Sulaiman
Dr. Neveen Mokhtar Ayad	Professor	Dental Materials
Dr. Faisal Abdullah Alonaizan	Medical Director /Assistant Professor	Endodontic
Dr. Inas Abdulmonem El-Ghandour	Associate Professor	Restorative
Dr. Ahmed Mohamed Rahouma	Assistant Professor	Dental Materials
Dr. Abeer El Sayed El Embaby	Assistant Professor	Restorative
Dr. Rasha Numan Al-Sheikh	Assistant Professor	Restorative
Dr. Ahmed Talal Mohammed Chohan	Assistant Professor	Restorative
Dr. Abdul Majeed Munir Ahmad	Assistant Professor	Endodontic
Dr. Mutasim Hassan Elnour	Lecturer	Endodontic
Dr. Abdul Khabeer Munir Ahmed	Lecturer	Endodontic
Dr. Syed Zubairuddin Ahmed	Lecturer	Restorative
Dr. Amre Atmeh	Lecturer	Endodontic
Dr. Theeb Abdullah Al Quria	Demonstrator	

Substitutive Dental Sciences Faculty

Name of Faculty Member	Position	Specialty
Dr. Aws Saleh ArRejaie	Assistant Professor and Chairman, Department of Substitutive Dental Sciences	Prosthodontics
Dr. Fahad Ahmed Al Harbi	Associate Professor & Dean, College of Dentistry	Prosthodontics
Prof. Amr Aly Mahrous	Professor and Coordinator	Prosthodontics
Prof. Mohammad Saber Abdulhaleem	Professor	Prosthodontics
Dr. Khalid Saad Al Abidi	Assistant Professor	Prosthodontics
Dr. Ali Hmud Khayat	Assistant Professor	Prosthodontics
Dr. Ahmed Al Thobaity	Assistant Professor	Prosthodontics
Dr. Reem Abualsaud	Assistant Professor	Prosthodontics
Dr. Zahid Ali Khan	Lecturer	Prosthodontics
Dr. Amal Nawasrah	Lecturer	Prosthodontics
Dr. Sumanth Babu	Lecturer	Prosthodontics
Dr. Shaimaa Mohamed Saeed Fouda	Lecturer	Prosthodontics
Dr. Mohammad Moustafa Gad	Lecturer	Prosthodontics
Dr. Teerthesh Jain	Lecturer	Prosthodontics
Dr. Passent Ellakany	Lecturer	Prosthodontics
Dr. Mai Mohassen El Zayat	Lecturer	Prosthodontics

Substitutive Dental Science Department (SDS)

This includes the following divisions:

- Removable (Complete and Partial) Prosthodontics Division: This section teaches students various techniques to fabricate removable partial dentures. They are also trained in complete removable dentures in cases of complete tooth loss, taking into consideration various circumstances.
- Fixed Prosthodontics Division: This division aims to train students in the diagnosis and management of tooth loss by constructing fixed dentures that are similar to natural teeth. The students are also trained in making posts, cores and crowns to protect broken teeth.
- Advanced Prosthodontics Division: In this division, students learn recent theories and techniques in the area of maxillo-facial prosthesis design (to fabricate missing structures like ears, nose, eyes) including exposure to dental implants.

BDS PROGRAM DESCRIPTION

1. Program title and code: Bachelor of Dental Surgery (BDS) / 07.
2. Credit hours required for completion of the program: 197.
3. Award granted on completion of the program:
Bachelor of Dental Surgery (BDS).
4. Professional occupations for which graduates are prepared:
General Dentistry.

Curriculum Study Plan

Preparatory Year

Yr	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
1	ISLM151	Islamic Culture	Preparatory Studies Deanship	2	2	0	0	0	0	2
1	LRSK141	Learning and Searching Skills	Preparatory Studies Deanship	2	2	0	0	0	0	2
1	ENGL101	General English	Preparatory Studies Deanship	10	8	0	2	0	0	12
1	PHEDU162	Physical Education	Preparatory Studies Deanship	1	1	0	0	0	0	1
1	ISLM152	Faith and Ethics	Preparatory Studies Deanship	2	2	0	0	0	0	2
1	BIOL102	General Biology	Preparatory Studies Deanship	5	4	0	1	0	0	7
1	PHYS104	General Physics	Preparatory Studies Deanship	3	2	0	1	0	0	5
1	CHEM103	General and Organic Chemistry	Preparatory Studies Deanship	3	2	0	1	0	0	5
1	COMP131	Computer Skills	Preparatory Studies Deanship	2	1	0	1	0	0	4
1	LRSK142	Communication Skills	Preparatory Studies Deanship	2	2	0	0	0	0	2
Total				32	26	0	6	6	6	42

Second Year First Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
2/1	ANTAT 211	General Anatomy, Histology and Embryology	College of Medicine	5	3	0	2	0	0	7
2/1	PHYL 211	General Physiology	College of Medicine	5	4	0	1	0	0	6
2/1	RDS 231	Basic Dental Materials Sciences	Restorative Dental Sciences	2	2	0	0	0	0	2
2/1	PDS241	Dental Public Health	Preventive Dental Sciences	1	1	0	0	0	0	1
2/1	ISLM 251	The Economic System in Islamic	Preparatory Studies Deanship	2	2	0	0	0	0	2
2/1	DTEDU 121	Introduction to The Dental Profession	Dental Education	1	1	0	0	0	0	1
Total				16	13	0	3	0	0	19

Second Year Second Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
2/2	ANAT 222	Head and Neck Anatomy	College of Medicine	5	3	0	2	0	0	7
2/2	BIOCH 212	Biochemistry	College of Medicine	5	4	0	1	0	0	6
2/2	RDS 232	Dental Morphology	Restorative Dental Sciences	3	2	0	1	0	0	4
2/2	DTEDU 252	Behavioral Sciences in Dentistry	Dental Education	1	1	0	0	0	0	1
2/2	RDS 342	Applied Dental Biomaterial Sciences	Restorative Dental Sciences	2	2	0	0	0	0	2
2/2	ISLM 252	Political System in Islam	Preparatory Studies Deanship	2	2	0	0	0	0	2
Total				18	14	0	4	0	0	22

Third Year
First Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
3/1	PATH 311	General Pathology	College of Medicine	3	2	0	1	0	0	5
3/1	PHARM 321	Dental Pharmacology	College of Medicine	2	2	0	0	0	0	2
3/1	MICRO 331	General Microbiology & Immunology	College of Medicine	2	2	0	0	0	0	2
3/1	BDS 341	General Microbiology & Immunology	College of Medicine	2	2	0	0	0	0	2
3/1	BDS 341	Oral Biology & Oral Histology	Biomedical Dental Sciences	3	2	0	1	0	0	4
3/1	SDEN 361	Introduction to Pre-clinical Removable Prosthodontics	Substitutive Dental Sciences	3	1	0	2	0	0	7
3/1	RDS 242	Introduction to Operative Dentistry	Restorative Dental Sciences	2	1	0	1	0	0	3
3/1	DTEDU 371	Integrated Dentistry Course I	Dental Education	1	1	0	0	0	0	1
Total				16	11	0	5	0	0	24

Third Year
Second Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
3/2	BDS 312	Applied Surgical Anatomy, Anesthesia & Exodontia	Biomedical Dental Sciences	2	1	0	1	0	0	3
3/2	BDS 322	Oral Pathology ^	Biomedical Dental Sciences	2	1	0	1	0	0	4
3/2	PDS 332	Preventive Dentistry	Preventive Dental Sciences	1	1	0	0	0	0	1
3/2	BDS 352	Physics of Dental Diagnostic Radiology	Biomedical Dental Sciences	2	1	0	1	0	0	3
3/2	SDEN 361	Introduction to preclinical Removable Prosthodontics	Substitutive Dental Sciences	3	2	0	1	0	0	5
3/2	PDS 372	Introduction to Community Dentistry	Preventive Dental Sciences	2	1	0	0	0	1	3
3/2	RDS 372	Introduction to Community Dentistry	Restorative Dental Sciences	6	4	0	2	0	0	8
3/2	BDS 351	Oral Diagnosis ^	Biomedical Dental Sciences	2	1	0	1	0	0	3
Total				20	12	0	7	0	1	30

Fourth Year
First Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
4/1	BDS 431	Oral and Maxillofacial Radiology \	Biomedical Dental Sciences	2	1	0	0	1	0	3
4/1	BDS 462	Oral Pathology \ \	Biomedical Dental Sciences	2	1	0	1	0	0	5
4/1	BDS 421	Oral Sugery and Genral Practice	Biomedical Dental Sciences	4	2	0	0	2	0	8
4/1	RDS 471	Restorative Procedure \	Restorative Dental Sciences	3	1	0	0	2	0	7
4/1	DTEDU 452	Integrated Dentistry Course II	Dental Education	1	1	0	0	0	0	1
4/1	BDS 411	Oral Diagnosis II	Biomedical Dental Sciences	2	1	0	0	1	0	4
4/1	MEDS 511	General Internal Medicine	College of Medicine	2	2	0	0	0	0	2
4/1	SURG 521	General Sugery	College of Medicine	1	1	0	0	0	0	1
4/1	ENT 531	Ear, Nose and Throat	College of Medicine	1	1	0	0	0	0	1
Total				18	11	0	1	6	0	32

Fourth Year
Second Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
3/2	BDS 312	Applied Surgical Anatomy, Anesthesia & Exodontia	Biomedical Dental Sciences	2	1	0	1	0	0	3
3/2	BDS 322	Oral Pathology \	Biomedical Dental Sciences	2	1	0	1	0	0	4
3/2	PDS 332	Preventive Dentistry	Preventive Dental Sciences	1	1	0	0	0	0	1
3/2	BDS 352	Physics of Dental Diagnostic Radiology	Biomedical Dental Sciences	2	1	0	1	0	0	3
3/2	SDEN 361	Introduction to preclinical Removable Prosthodontics	Substitutive Dental Sciences	3	2	0	1	0	0	5
3/2	PDS 372	Introduction to Community Dentistry	Preventive Dental Sciences	2	1	0	0	0	1	3
3/2	RDS 372	Introduction to Community Dentistry	Restorative Dental Sciences	6	4	0	2	0	0	8
3/2	BDS 351	Oral Diagnosis \	Biomedical Dental Sciences	2	1	0	1	0	0	3
Total				20	12	0	7	0	1	30

Fifth Year
First Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
5/1	SDEN 562	Clinical Removable Prosthodontics	Substitutive Dental Sciences	2	1	0	0	1	0	4
5/1	PDS 561	Clinical Pediatric Dentistry	Preventive Dental Sciences	4	2	0	0	2	0	8
5/1	PDS 571	Clinical Periodontology	Preventive Dental Sciences	4	2	0	0	2	0	8
5/1	BDS 551	Oral Medicine	Biomedical Dental Sciences	2	1	0	0	1	0	4
5/1	DTEDU 572	Integrated Dentistry Course III	Dental Education	2	2	0	0	0	0	2
5/1	RDS 532	Clinical Endodontics	Restorative Dental Sciences	2	1	0	0	1	0	4
Total				16	9	0	0	7	0	30

Fifth Year
Second Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
5/2	PDS 512	Introduction to Orthodontics	Preventive Dental Sciences	3	2	0	1	0	0	5
5/2	RDS 522	Restorative Procedures II	Restorative Dental Sciences	3	1	0	0	2	0	7
5/2	BDS 541	Clinical Oral Surgery	Biomedical Dental Sciences	3	1	0	0	2	0	7
5/2	SDEN 542	Clinical Fixed Prosthodontics	Substitutive Dental Sciences	3	1	0	0	2	0	7
5/2	MICRO 552	Clinical Microbiology	College of Medicine	1	1	0	0	0	0	1
5/2	RDS 532	Clinical Endodontics	Restorative Dental Sciences	0	0	0	0	1	0	3
Total				13	16	0	1	7	0	30

Sixth Year
First Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
6/1	BDS 611	Comprehensive Patient Management	Biomedical Dental Sciences	2	1	1	0	0	0	3
6/1	PDS 621	Clinical Orthodontics	Preventive Dental Sciences	3	2	0	0	1	0	5
6/1	DTEDU 631	Comprehensive Clinical Dentistry I	Dental Education	5	0	1	0	4	0	15
6/1	SDEN 641	Clinical Fixed Prosthodontics	Substitutive Dental Sciences	2	1	0	0	1	0	4
6/1	PDS 612	Dental Public Health & Community Dentistry	Preventive Dental Sciences	2	1	0	0	0	1	4
Total				14	5	2	0	6	1	31

Sixth Year
Second Semester

Yr Semester	Code	Course title	Department	Total Credit	Lect	Sem	Lab	Clinic	Field	Total Contact
6/2	PHARM 622	Advanced Dental Therapeutics	College of Medicine	1	1	0	0	0	0	1
6/2	SDEN 632	Maxillofacial & Removable Prosthodontics	Substitutive Dental Sciences	3	1	0	0	2	0	7
6/2	PDS 642	Clinical Pediatric Dentistry	Preventive Dental Sciences	2	1	0	0	1	0	4
6/2	DTEDU 652	Comprehensive Clinical Dentistry II	Dental Education	5	0	1	0	4	0	14
6/2	PDS 612	Dental Public Health and Community Dentistry	Preventive Dental Sciences	1	0	0	0	0	1	3
Total				12	3	1	0	7	1	29

Note: all courses are elective

▶ Course Description

Courses for Bachelor of Dental Surgery (BDS) Program

I. Biomedical Dental Science Department:

Course title: **Oral Biology & Oral Histology**

Course Number: **BDS 341**

Course Description:

This course is a three hour course with the duration of one semester. It is given as two lectures and one practical session per week. Oral Biology course comprises the normal development, functions of oral tissues and aging process.

Course title: **Applied Surgical Anatomy**

Local Anesthesia & Exodontia

Course Number: **BDS 312**

Course Description:

This is a one semester pre-clinical course during the 3rd year. It is an introductory course to the oral and maxillofacial surgery. It consists of didactic and practical components. The didactic component covers the theoretical aspects of applied surgical anatomy, local anesthesia and the principle of tooth extractions. While the practical component skills to be learnt to administer local anesthesia is successfully as well as perform tooth extraction. Both these skills (LA and exodontia) will be practiced on simulation models.

Course title: **Oral Pathology I**

Course Number: **BDS 322**

Course Description:

This is a one semester pre-clinical course during the 3rd year. It is a basic science course that introduces the student to the scientific background (etiology, pathogenesis, clinic-pathological features, and prognosis) of oral diseases. It consists of didactic and practical components. In the practical component, students will see the microscopic changes for the most common oral diseases.

Course title: **Oral Diagnosis I**

Course Number: **BDS 351**

Course Description:

This is a one semester pre-clinical course during the 3rd year. The course is designed to introduce the method of collection and evaluation of diagnostic data, and dental records. Students are introduced to different systemic diseases with oral manifestations that may have an impact on dental treatment. In the practical part of the course, the students will be exposed to different clinical scenarios where they are encouraged to extract, interpret and organize the data collected and discuss their conclusions with their supervisors and colleagues and respond to questions and comments. A structured checklist is used for evaluating case related assignments given to students towards the end of each session. Towards the end of the course, students are introduced to the clinics to have an orientation on how to perform physical examination of a patient.

Course title: **Physics of Dental Diagnostic Radiology**

Course Number: **BDS 352**

Course Description:

This is a one semester pre-clinical course during the 3rd year. It is an introductory course to the Oral Radiology II. It consists of didactic and practical components. The didactic component covers the theoretical aspects of Oral Radiology I while the practical component covers the practical aspects of Oral Radiology I. This course is designed to teach the basic principles of dental radiology, which include radiation physics, biology, protection, and exposure techniques in addition to the interpretation of normal radiographic anatomy.

Course title: **Oral Diagnosis II**

Course Number: **BDS 411**

Course Description:

The aim of this course is to train students to perform a comprehensive assessment for their patients and develop differential and/or definitive diagnoses for oral lesions. It will train the students to apply previous knowledge into dental practice. This will be done by correlating findings from the history, clinical examination, and other diagnostic tests. In addition, this course is designed to improve the students' abilities on how to develop critical scientific thinking in order to make a correct diagnosis. The subjects covered in the didactic part of this curriculum are presented in the form of clinical issues to develop differential diagnoses using a comprehensive approach to patient care.

Course title: **Oral Pathology II**

Course Number: **BDS 462**

Course Description:

This course is the second course in oral pathology. It is designed to introduce the student to the knowledge of oral oncology, benign and malignant neoplasia of the jaws and relevant conditions with impact on oral health. It enables the student to differentiate between various oral and maxillofacial cysts, neoplasms (odontogenic, non-odontogenic), bone, hematologic and lymphoid diseases. In addition, the student is introduced to salivary gland diseases and neoplasms. The course deals with contemporary theories of disease development, pathogenesis and current therapeutic modalities.

Course title: **Oral Surgery & General Practice**

Course Number: **BDS 421**

Course Description:

This is a one semester clinical course in the first semester of the 4th Year. It will be the student's second course in oral and maxillofacial surgery, following successful completion of the 3rd year course applied surgical anatomy, local anesthesia and exodontia course. It consists of didactic and practical components.

The didactic component covers theoretical aspects of oral and maxillofacial surgery while the clinical component will give the students opportunities of local anesthesia, and simple exodontia.

The course along with the other two courses in oral and maxillofacial surgery will serve as a foundation course for those students who intend to pursue specialist training or residency in oral and maxillofacial surgery.

Course title: **Oral & Maxillofacial Radiology II**

Course Number: **BDS 431**

Course Description:

This radiological interpretation course which runs in the 1st semester for 4th year students. It consists of didactic and practical components. The didactic component composed of one hour lecture per week to cover differential diagnosis of radiological lesions that affect head and neck. Students should be familiar with radiographic appearance of pathological lesions and differentiate between normal and abnormal radiographic anatomy. Practical session composed of one session per week as students perform full mouth x-ray survey (FMS) for 5 patients throughout the 14 weeks (one semester). At least one case should be of interesting pathological significance. In practical session students divided into 3 groups A,B C where one group always perform interpretation session with supervisor on interesting cases to be trained for writing a radiographic report. Rotation among 3 groups is done every week where one group perform a small group discussion on interpretation session while other two groups perform x-ray on patients in clinics.

Course title: **Oral Medicine**

Course Number: **BDS 551**

Course Description:

This is a one semester clinical course during the 5th year. The course is designed to orient the student on how to provide safe oral health care and management for medically compromised patients in addition to oral conditions. Students are introduced to various systemic diseases that have oral manifestations and/or its effect on dental treatment. The course has didactic and clinical parts.

Course title: **Clinical Oral Surgery**

Course Number: **BDS 541**

Course Description:

This is a one semester clinical course in the second semester of the 5th year. It will be the student's third course in oral and maxillofacial surgery, following successful completion of the earlier two. It consists of didactic and practical components. The didactic component covers theoretical aspects of oral and maxillofacial surgery while the clinical component will give the student opportunities to further develop his skill in exodontia.

The course along with the other two courses in oral and maxillofacial surgery will serve as a foundation course for those students who intend to pursue specialist training or residency in oral and maxillofacial surgery.

Course title: **Comprehensive Patient Management**

Course Number: **BDS 611**

Course Description:

This course is designed to expose students to certain strategies on how to carry out risk assessment, treatment planning and management of complicated and medically compromised patients. Student will be able to recognize medical conditions which impact a routine dental treatment and form a problem list with treatment planning. This course will facilitate the student in knowledge integration and will improve their clinical reasoning skills. The intention of this course is to lay a sound practical foundation for the students which will be applied in a dental practice.

2. Dental Education Department:

Course title: **Introduction to Dental Profession**

Course Number: **DTEDU 121**

Course Description:

The students are given introduction to the skills of reading and summarizing scientific articles, scientific writing and literature search.

Course title: **Behavioral Science in Dentistry**

Course Number: **DTEDU 252**

Course Description:

The course is designed to enable the student to understand the different approaches to health behavior change related to clinical dental practice. The course will focus on changing behavior of both the patient and the clinician in order to achieve the best possible health outcome.

Course title: **Integrated Dentistry I**

Course Number: **DTEDU 371**

Course Description:

The course will give the students an introduction into the practice of Evidenced Based Dentistry (EBD) focusing on the steps “Ask”, “Acquire” and “Appraise” with the last step “Appraise” limited to cohort students and clinical trials.

Course title: **Integrated Dentistry II**

Course Number: **DTEDU 452**

Course Description:

To introduce the students to key concepts and principles of management and quality assurance in dental practice. Current and future trends in Dentistry in Saudi Arabia require preparing dental students with the knowledge and skills of management, leadership and quality assurance. The students will learn how to successfully manage dental team, patients and colleagues in private or public sector. The students will be familiarized with principles of quality assurance, office design and marketing strategies which are important for running a successful dental practice. In addition, the course will also cover the topics on financial system, appointment and recall system, inventory system, record management system, and employability skills.

Course title: **Cardiopulmonary Resuscitation**

Course Number: **DTEDU 442**

Course Description:

This course is designed to introduce students to medical emergencies that might be encountered in the dental clinic and their management including the practice of CPR. The course provides the essential information for students to instantly identify and manage life threatening conditions. The course has 1 credit hour.

Course title: **Integrated Dentistry III**

Course Number: **DTEDU 572**

Course Description:

The course will give the students an introduction into the practice of Evidenced Based Dentistry (EBD) focusing on the steps “Ask”, “Acquire” and “Appraise” with the last step “Appraise” limited to cohort students and clinical trials.

Course title: **Comprehensive Clinical Dentistry (CCD)**

Course Number: **DTEDU 631 & DTEDU 652**

Course Description:

This course is aimed at enhancing and expanding the clinical experiences of students and their ability to comprehensively manage different oral and dental health problems. This would provide a broader basis for a competent general dental practice imparting biomechanically, functionally and aesthetically optimum treatment outcomes conducive to complete patient satisfaction and welfare. At the end of the course each student should be able to:

1. Perform a comprehensive diagnosis of oral and dental health problems accurately employing all diagnostic tools.
2. Develop a comprehensive treatment plan conducive to re-establishing and maintaining optimum status of health, function, aesthetics, patient satisfaction and welfare.
3. Competently carry-out all prevention, intervention procedures as well as accurately prescribe adjunctive therapeutic measures.

3. Preventive Dental Science Department:

Course title: **Dental Public Health**

Course Number: **PDS 241**

Course Description:

The course introduces the students to the principles of professionalism including ethical conduct towards patients, their families, colleagues and society in addition to how to keep oneself, members of the dental team and the environment safe by following procedures for exposure control and proper management of waste.

Course title: **Preventive Dentistry**

Course Number: **PDS 332**

Course Description:

This course focuses on how to introduce, apply and communicate prevention to a patient with a defined risk profile. This course integrates preventive approaches into clinical practice, and is a valuable tool for all dental students to incorporate oral health prevention as a component of their overall preventive message to the patient.

Course title: **Introduction to Community Dentistry**

Course Number: **PDS 372**

Course Description:

This course is designed to provide 3rd year dental students with awareness to the principles and activities of Dental Public Health, in addition to knowledge on the application of the science of epidemiology in dental public health. The concepts of the dental public health in the light of the oral health problems will be explored. Learn control and proper management of waste.

Course title: **Introduction to Pediatric Dentistry**

Course Number: **PDS 451**

Course Description:

The aim of this course is to enable students to perform patient examination, formulate a treatment plan, and perform local anesthesia, and simple extraction. The students will be introduced to the principles of managing impacted teeth, cysts, dental implants, facial infections and fractures. In addition, they will learn how to display a professional behavior towards patients and all members of the dental team. The course has 3 credit hours.

Course title: **Preventive Periodontics**

Course Number: **PDS 461**

Course Description:

This is a one semester clinical course during the 4th year. The course enables the student to acquire recognition skills for the diagnosis of periodontal disease. The etiology and pathogenesis of periodontal disease, including the role of dental plaque, calculus and the local factors, will be presented and discussed. This will include host defense immunological mechanism, as well as the immune-pathogenesis of gingivitis and periodontitis. The student will be made aware of prevalence of periodontal disease and the factor that affect the prevalence and severity of periodontal disease. The histopathological and radiographic changes in various forms of periodontal disease and their clinical correlation will be presented.

Student will also be able to know the normal criteria of gingival and how to differentiate between normal and abnormal gingiva, be able to classify periodontal disease, which will include the periodontal microbiology, as well as the local predisposing factors for gingivitis and periodontal disease. They will have an understanding of the purpose of periodontal therapy, including a thorough knowledge of periodontal instrumentation, and be able to customize a treatment plan for patients.

Course title: **Clinical Pediatric Dentistry I**

Course Number: **PDS 561**

Course Description:

This course is the second in Pediatric Dentistry. It is designed to introduce the student to the basic principles of child examination and treatment planning. Acquire basic knowledge regarding psychological and physical management of children in the dental clinic setting. Understand growth and development in children and principles of preventive, restorative, surgical, endodontic care in children. Understand basic principles of preventive and interceptive orthodontic care in children. Acquire basic knowledge regarding management of medically compromised child patients. Acquire knowledge regarding dental development, disturbances and anomalies. Acquire basic knowledge regarding dealing with dental trauma.

Course title: **Clinical Periodontics**

Course Number: **PDS 571**

Course Description:

The rationale of periodontal therapy will be studied, in particular the healing responses acquired in the periodontium with regards to various treatment modalities. Students will be able to assess risks of disease development, as well as ascertain the prognosis of each treatment modality as related to the type of disease diagnosed. The relationship between periodontal diseases with other clinical disciplines of dentistry will be discussed. The more advanced aspects of the relationship between periodontal diseases and systemic conditions will be presented. Students will study the objectives, indications and contraindications of various periodontal surgical procedures. The surgical approaches to the management of periodontal diseases will be studied, such that the student will be exposed to the complete spectrum of surgical therapeutic techniques, however, the student will be expected to develop the skills in clinical practice limited to those to be performed in an integrated comprehensive care general practice.

Clinically, students will be able to diagnose, ascertain prognosis, plan and deliver routine non-surgical treatment to patients with periodontal diseases, as well as interpret results on the treatment rendered. Students should be able to devise the appropriate periodontal maintenance program suitable for each patient.

Course title: **Introduction to Orthodontics**

Course Number: **PDS 512**

Course Description:

This course introduces the students to the concepts of growth of craniofacial complex, development of normal occlusion, etiology and classification of malocclusions and treatment of dento-facial abnormalities. Furthermore, students will be introduced to diagnostic treatment planning protocol and the management of young and adult patients. In the practical part, the fabrication of removable orthodontic appliances will be introduced.

Course title: **Dental Public Health & Community Dentistry**

Course Number: **PDS 612**

Course Description:

This course is designed to prepare dental graduates who are aware of the community's oral health needs and are ready to plan and design a tailored community preventive program. Also, dental students will learn how to design a study, and analyze the collected data based on the concepts of research methodology and biostatistics as applicable to dental public health. In addition, principles and methods of health education will be covered in this course.

Course title: **Clinical Orthodontics**

Course Number: **PDS 621**

Course Description:

Students will be taught the basic clinical knowledge required to make appropriate diagnosis and treatment planning for preventive, interruptive and corrective orthodontics. Students will be introduced to obtain accurate radiographs and diagnostic models. Furthermore, students will be introduced to identify and manage space problems and able to design, construct and adjust selected removable and fixed orthodontic appliances. In addition, this course is to introduce the students to recognize clinical indications and limitations of orthodontic appliance. Three Credit Hours (two theoretical, one clinical Session/Week).

Course title: **Clinical Pediatric Dentistry II**

Course Number: **PDS 642**

Course Description:

This is a one semester clinical course during the 6th year. Dealing with complex problems facing the students at dental office which include management of disabilities and medically compromised patients. In addition to the considerations must be taken to prevent and manage medical and dental emergencies in pediatric clinic. It consists of didactic and clinical components. The didactic component covers the theoretical aspects of Clinical Pediatric Dentistry while the clinical component covers case management and presentation of pediatric patient.

4. Restorative Dental Science Department

Course title: **Basic Dental Material Sciences**

Course Number: **RDS 231**

Course Description:

The course is designed to provide the necessary basic theoretical foundation knowledge of materials for the students; in order to attain the expected level of clinical competency.

Course title: **Introduction to Operative Dentistry**

Course Number: **RDS 242**

Course Description:

This course is designed to introduce the second year dental students to Operative Dentistry as a health care science. The student will study the elementary concepts of tooth structure, dental caries, and pathological loss of tooth structure due to carious and non-carious lesions. Basic principles of cavity preparation for pathologically damaged tooth structure will be presented and applied. It will build on the knowledge and techniques learned from the dental anatomy and dental histology courses.

Course title: **Dental Anatomy & Morphology**

Course Number: **RDS 232**

Course Description:

This course is comprised of lecture and laboratory series designed to familiarize 2nd year students with general anatomical characteristics of the human dentition. During the span of the course student will utilize dental carving wax to rebuild anatomical crown morphology and function and develop desired technical skills required.

Course title: **Dental Biomaterial Sciences**

Course Number: **RDS 342**

Course Description:

This course is designed to provide the students with the necessary basic knowledge of different dental materials in order to attain the expected level of clinical competency. It is a one semester pre-clinical course during the third year. It consists of didactic and practical components. The didactic component covers the theoretical aspects of Dental Biomaterial Sciences, while the practical component covers the manipulative aspects of Dental Biomaterial Sciences.

Course title: **Pre-clinical Operative Dentistry**

Course Number: **RDS 362**

Course Description:

This preclinical course consists of theoretical and laboratory practical component. The theoretical component is designed to give the third year students basic cognitive knowledge of the principles of operative dentistry practice. It focuses on instruments, various cavity preparation designs, restorative materials and techniques utilized in the restoration of hard dental tissues. The practical component provides the student with the experience in the application of restorative procedures for different cavity preparations and restoration on phantom heads in simulation laboratories.

Course title: **Restorative Procedure I**

Course Number: **RDS 471**

Course Description:

This course is offered in the fourth year as the first clinical operative dentistry course permitting the student to clinically apply the preceding principles and techniques already presented in the pre-clinical courses while expanding the area of diagnosis and treatment planning. Attention is given to efficient utilization of the clinical facilities and the need for proper patient record and clinical record systems. The students are expected to carry out simple restorative procedures under close staff supervision.

Course title: **Pulp Biology & Endodontic**

Course Number: **RDS 412**

Course Description:

This is a one semester pre-clinical course during the 4th year second semester. It consists of didactic and laboratory components. The didactic component covers the theoretical aspects of Pulp Biology and Endodontic while the practical component covers the clinical aspects of root canal treatment on natural (extracted) and typodont teeth with simulated root canals. This course is designed to help the students understand the scope and indications of endodontics, develop a mental three-dimensional image on the internal tooth anatomy, and learn the biologic and mechanical principles of endodontics. Special emphasis will be directed towards reviewing dental anatomy and pulp biology. Description and classifications of endodontic instruments as related to their use and engineering design, as well as the theoretical and technical steps for access cavity designs, working length determination, cleaning and shaping and obturation, will be taught over the whole semester.

Course title: **Clinical Endodontics**

Course Number: **RDS 532**

Course Description:

This is a one semester clinical course during the 5th year. It consists of didactic and practical components. The didactic component covers the clinical aspects of patient management and root canal treatment on patients.

Course title: **Restorative Procedure II**

Course Number: **RDS 522**

Course Description:

Restorative procedure II is aimed to be taught for the 5th year students during the second semester as the final Operative Dentistry course. The course consists of one lecture and two clinical sessions each week.

5. Substitutive Dental Science Department

Course title: **Preclinical Removable Partial & Complete Prosthodontics.**

Course Number: **SDEN 361**

Course Description:

This course is two-semester course during the 3rd year. It is introductory and pre-clinical course to removable complete and partial denture prosthodontics. It consists of didactic and practical components; the practical component (two lab sessions and one lecture per week in the first semester while there is only one lab with two lectures during the second semester) covers the technical aspects of both complete and removable denture construction. The course in general is designed to prepare the student to understand the biological, mechanical as well as the aesthetic aspects of removable denture treatment. During the course various exercises that simulate the clinical treatment of the patient are employed.

Course title: **Introduction to Fixed Prosthodontics**

Course Number: **SDEN 422**

Course Description:

This is a one semester pre-clinical course during the 4th year. It is an introductory course to the Fixed Prosthodontics. It consists of didactic and practical components. The didactic component covers the theoretical aspects of Fixed Prosthodontics while the practical component covers the technical aspects of Fixed Prosthodontics.

Course title: **Clinical Removable & Partial Prosthodontics**

Course Number: **SDEN 432**

Course Description:

This is a one semester pre-clinical course during the 4th year. It is an introductory course to the Fixed Prosthodontics. It consists of didactic and practical components. The didactic component covers the theoretical aspects of Fixed Prosthodontics while the practical component covers the technical aspects of Fixed Prosthodontics.

Course title: **Clinical Removable Prosthodontics II**

Course Number: **SDEN 562**

Course Description:

This is a one semester clinical course during the 4th year. It consists of didactic and clinical components. It consists of didactic component and clinical training (two sessions per week). The didactic component covers the theoretical background for different phases of treatment for a removable denture. The clinical course includes a detailed step-by-step description of the clinical procedures performed at each patient's appointment. Different philosophies and rationales concerning patient's examination, impression making, occlusion and jaw relation will be discussed. A special interest will be given to denture insertion, post-insertion follow up and maintenance.

► Functional Committees

List of College Committees

ADMINISTRATION

1. Faculty Board
2. Dean's Student Advisory Committee for male and female students
3. External Advisory Board
4. Recruitment Committee

ACADEMIC AFFAIRS

1. Student Performance & Promotion Committee
2. Admission (Student Registration) Committee
3. Curriculum Committee
4. Discipline (Disciplinary Action) Committee
5. Examination and Assessment Committee
6. Student Activity Committee

CLINICAL AFFAIRS

1. Clinical Affairs Committee
2. Infection Control Committee
3. Internship Program Committee
4. Medical Records Committee
5. Dental Public Health Committee

QUALITY AND DEVELOPMENT

1. Quality Assurance and Improvement Committee
2. Alumni Affairs Unit

Course title: **Clinical Fixed Prosthodontics I**

Course Number: **SDEN 542**

Course Description:

It is a clinical course in fixed Prosthodontics, which allows students to demonstrate their skills in examining, diagnosing, treatment-plan and complete the fixed prosthodontics treatment. It consists of didactic and clinical components. The didactic component covers the theoretical aspects of clinical fixed Prosthodontics while the clinical component involves treating patients requiring fixed prostheses.

Course title: **Clinical Fixed Prosthodontics II**

Course Number: **SDEN 641**

Course Description:

It is a comprehensive clinical course, which allows students to demonstrate their skills in examining, diagnosing, treatment planning and complete the fixed prosthodontic treatment within an overall comprehensive treatment plan.

Course title: **Removable & Maxillofacial Prosthodontics**

Course Number: **SDEN 632**

Course Description:

This is a one semester clinical course during the 6th year. It is an advance course to the Removable and Maxillofacial Prosthodontics. It consists of didactic and clinical components. The didactic component covers the theoretical aspects of advanced Removable and Maxillofacial Prosthodontics while the clinical component covers the clinical aspects of Removable Prosthodontics.

Maxillofacial rehabilitation is the science of dental practice which involves the functional and esthetic rehabilitation by artificial means of intra-oral and para-oral structures. The structures may be missing or mutilated as a result of surgery, trauma, or congenital defects.

POST GRADUATE STUDIES AND SCIENTIFIC RESEARCH

1. Postgraduate Studies Committee
2. Scientific Research Unit

STUDENT PARTICIPATION IN COMMITTEES

Students at the College of Dentistry – University of Dammam are the most important stake holder among all. They are encouraged to participate and are involved in most significant decision making processes through college committees. Also, they participate in Self Study and other quality evaluation mechanisms through nomination in ad hoc committees formed for this purpose. Following are some important committees where students are involved as regular members and in others they may be invited according to agenda of the meeting.

1. Dean's Student Advisory Committee
2. Curriculum Committee
3. Examination and Assessment Committee
4. Students Activity Committee
5. Clinical Affairs Committee
6. Infection Control Committee
7. Quality Assurance and Improvement Committee

► Policies and Procedures |

- Policies and Procedures for Admission of New Dental Students.
- Policy and Procedure for New Dental Students' Orientation.
- Policy on Academic Advising and Counseling.
- Policy to Ensure Educational Privacy.
- Policy for Confidentiality of Medical Records.
- Policy for Medical Record Completion.
- Policy and Guideline for Students' Code of Conduct.
- Examination & Assessment Policies.
- Policy for Student Grievances and Grade Appeals.
- Policy on Act of Plagiarism By Students.
- Policy for Conflict of Interests.
- Policy And Procedure For Election And Working Of Student Class
Leaders
- Policy on Remediation

► Policies and Procedures for Admission of New Dental Students

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICIES AND PROCEDURES FOR ADMISSION OF NEW DENTAL STUDENTS	
Approved By:	Policy No: AA -009/2014 Effective Date: July 01, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development
 Dr. Asim Al Ansari Vice Dean for Academic Affairs	 Dr. Fahad Al Harbi Dean, COD
	Reviewed by: Vice Deanship for Academic Affairs

Policy Statement

The College of Dentistry (COD) at the University of Dammam (UOD) is committed to excellence in dental education and the provision of high quality oral health care to the community. The policy for admission of prospective students in the College of Dentistry ensures objective, transparent, and fair process for student selection. Consistent with the college’s mission, Admissions Committee at the college recruits applicants only with the required academic qualifications and demonstrated personal and professional attributes that will lead to their success in the dental college and eventually in their dental career; thereby providing high quality oral health care service to the community.

At the beginning of every academic year, the Admissions Committee reviews the previous year’s admissions process and if necessary, makes recommendations for changes in the selection criteria to the Deanship of Admission and Registration at UOD. Since the number of qualified applicants significantly exceeds the number of available positions, not every qualified applicant will be offered admission. Selection for admission will be based on academic merit, a test of manual dexterity, and a personal interview. Applicants will be advised of decisions by the COD, and also in writing by the UOD’s Admission & Registration Office or the Admission and Counseling Steering Committee.

Definitions

1. Eligibility:

Completion of minimum academic requirements for an applicant to be considered for the selection process.

2. Selection Criteria:

The basis on which the eligible candidates are distinguished from each other in order to be selected for the admission.

3. Manual Dexterity Test:

Test that assesses the candidate's manual skills and hand-eye coordination.

Responsibility

1. Deanship for Admission and Registration, University of Dammam.

2. Dean, College of Dentistry.

3. Vice Dean for Academic Affairs.

4. Admission Committee.

5. Registrar.

Eligibility Criteria

All students must complete the following minimum requirements for their application to be considered for the selection process:

- Earn a GPA of at least 3.5 in foundation year.
- Score an average of at least 75% in the subjects of physics, chemistry, and biology in the foundation year at UOD.
- Score at least 80% in English in the foundation year.
- Successfully complete the Manual Dexterity Test.
- Be medically fit and not have any disability that hinders dental education, training and practice.
- Must provide evidence of a negative test for Hepatitis B.

- If employed by any government or private agency, he/she must obtain the approval of the employer.

- Must satisfy any other conditions the University Council may deem necessary at the time of application.

- Must submit a 'statement of purpose'. This document must not exceed 2 pages.

Selection Criteria

Completion of the minimum requirements for admission does not guarantee acceptance. The number of qualified applicants significantly exceeds the number of available positions. Not every qualified applicant will be offered admission.

Selection will be based on the following criteria, which will carry the following weight, with a maximum score of 100.

1. Academic record in foundation year: (60%).

2. Personal Interview: (40 %).

Personal Interview (40 %)

The interview will assess the applicant's intellectual capacity, interpersonal and communication skills, knowledge of the profession, and motivation for a career in dentistry.

A Committee consisting of not less than 3 members will interview potential candidates.

The committee will utilize the opportunity provided by the interview process to evaluate the applicant in person and assess information that is not readily forthcoming from traditional application processes.

Letters of Recommendation

The interviewing panel will review the recommendation letters provided by the candidate in addition to the experience certificates. These will comprise 5% of the total 40% weight for the interview. The applicant will provide 3 letters of reference, at least 2 of which should be from faculty members who have known the applicant as a student and are able to discuss the following attributes:

- Academic performance and initiative.
- Leadership skills.
- Capacity to work with others as a part of a team.
- Interpersonal skills and personal characteristics.

Letters of recommendation can also be taken from a dentist with whom the applicant has worked.

Procedure

Following the receipt of foundation year grades, the last date for applying to COD will be announced.

After receiving the applications from students seeking admission to the COD, the admission committee in collaboration with the Deanship of

Admission and Registration will announce the date of interviews and Manual Dexterity test. Both will be conducted on the same day.

I. Interview:

- Each applicant will be interviewed for at least 10 minutes by a panel of at least 3 members.
- The interview will be conducted in both Arabic and English.

2. Test of Manual Dexterity:

- It is conducted on the same day as the interview in the College of Dentistry laboratories.
- The pattern to be carved will be approved by the Vice Dean for Academic Affairs.
- Each applicant will be issued written instructions and a sample carved pattern.
- The sample will be distributed among applicants at the beginning of the session.
- Each applicant will be given one pattern, a set of carving instruments, and a ruler.
- Time allotted for the carving is 2 hours.
- The evaluation of the carving will be by a committee of three faculty members assigned by the Vice Dean for Academic Affairs.

A pass or fail grade will be awarded based on:

- Pattern reproduction: Completeness and accuracy.
- Planes: Flatness and smoothness.
- Angles: Sharpness and accuracy

Interview Assessment Form

Applicant Name Academic No.

Applicant Serial No.

Please verify the ID of the applicant.

Questions	Grade out of 10
1. why do you want to join the College of Dentistry?	
2. If you are not accepted, what is your plan?	
3. Do you have any community activities outside university?	
4.1 What do you expect from the College of Dentistry?	
4.2 Where do you see yourself in 10 years?	
4.3 What was your favorite subject in preparatory year?	
4.4 How would you change teaching of this course to improve its curriculum?	
Total	

Evaluator Name

Evaluators Signature

3. Knowledge of Dentistry:

- Candidates should be able to document a minimum of 10 hours of clinical observation time.
- The Vice Dean for Academic Affairs in collaborations with the Vice Dean for Clinical Affairs will formulate rules and regulations to organize high school students' clinical attachments.
- Each applicant who completes the observation time satisfactorily will be awarded a certificate that he/she can use in the admissions process to the College of Dentistry.

Attachments:

- Interview Assessment Form.

► Policies and Procedures for New Dental Students' Orientation

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICIES AND PROCEDURES FOR NEW DENTAL STUDENTS' ORIENTATION	
Approved By:	Policy No: AA – 011/ 2014 Effective Date: July 01, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development
 Dr. Asim Al Ansari Vice Dean for Academic Affairs	 Dr. Fahad Al Harbi Dean, COD Reviewed by: Vice Deanship for Academic Affairs

Policy Statement

Orientation program serve as a foundation for college success. In many instances, orientation programs create a lasting impression for new students and their families. The College will provide an orientation program designed to welcome students to college life at the institution and to introduce them to the important aspects of the institution's operations, other new students and academic and administrative staff. All students enrolled in the BDS program are required to participate in the College's New Student Orientation Program prior to the commencement of academic year.

Purpose

The purpose of the New Students Orientation Policy is to establish an orientation program for the new students that describe the College/University's policies & procedures, rules & regulations and expectations to enhance the student's experience.

Responsibility

1. **All new students:** responsible to know possibly everything about the institution and the program.
2. **Vice Dean for Academic Affairs:** responsible for effective execution of the orientation program at the College.
3. **Registrar:** responsible for coordinating activities for an effective delivery of orientation program.

4. **Departmental Heads:** responsible for providing information about courses of their department.
5. **Dean of Student Affairs-UoD:** will have the responsibility of introducing new students to the university activities and student clubs.
6. **Dean of Admission and Registration Deanship-UoD:** will have the responsibility of defining services offered by the deanship.
7. **The designated faculty / staff:** will have the responsibility of introducing new students to the campus life and its available services.
8. **Dean of Library Affairs-UoD:** will have the responsibility of introducing new students to the library services.
9. **Director of Information Technology Center-UoD:** will have the responsibility of introducing new students to the Information Technology Services for students or the IT system used in the collage.
10. **Director of Security-UoD:** will have the responsibility of explaining the definition of statutory procedures, traffic and security needed by students.
11. **Designated faculty:** will deliver lecture on the factors contributing to achievement and good adaptation to Undergraduate.
12. **Designated faculty:** will deliver lecture on effective teaching.
13. **Director of Center for Student Counseling and Guidance-UoD:** will have the responsibility of explaining the students' need for counseling, counseling procedures and services rendered by the counseling center of the University.
14. **Director of the Centre for English Language Programs-UoD:** will deliver lecture on the importance of and program for common and professional English learning.

Definition

1. **Orientation:** is a series of academic and social activities that are conducted to assist students to connect to their program and the Institution.
2. **'O' Week:** is the week immediately preceding Week One of the standard teaching semester. 'O' Week provides an opportunity for students to become familiar with the College and facilities by participating in course introductory sessions and various skilling and information programs. It also enables students to collect course outlines and address enrolment, timetabling and administrative matters prior to the start of the first teaching week.
3. **A Re-enrolling student:** is any student who is continuing in the same course of study.
4. **Transition:** is conducted at many levels across the College and students are considered to be in transition upon entering the College/course, moving from semester to semester and upon graduation.
5. **A Course Outline:** informs students of the essential requirements of a course being studied.

Policy

1. Prior to the commencement of a course, students will attend an Orientation Program designed to assist them with their transition to study in the college.
2. The orientation program is conducted through a series of short seminars presented by key staff of the Institutions. These seminars will cover course related matters, key policies and procedures, IT services, administrative matters, student services, library and learning services and a tour of campus facilities.
3. Students will be provided with a comprehensive Student Orientation Package that includes all the required administrative and organizational information and documentation relating to the students enrollment.
4. The orientation program also provides an opportunity for students to meet other students and the staff of the Institutions.
5. Orientation is compulsory and students who do not attend will be required to make contact with the College Registrar to make arrangements for an alternative orientation session.

Objective

The primary Objective of the University's Orientation programs (including 'O' Week) is to orientate and introduce all students to the program, its purpose and requirements, facilities, academic, administrative and support staff and services to help students feel more comfortable coming to Week 1 classes.

By the end of this session, students should:

- Feel welcome and enthusiastic about starting their new subject.
- Have met at least one other student studying the program.
- Know what they should do to be prepared for next week, particularly in terms of timetables and buying course materials and textbooks.
- Understand something about what is expected of them, and what they can expect from the college.
- Have met key teaching staff in this program.
- Have an idea of how the program is taught and assessed.
- Know where to go for help and further information.

Procedure

Introducing students to college life requires presenting as full a view as possible of all the College has to offer. Therefore, academics as well as extracurricular activities should be presented. During orientation, students should be made aware of importance of academics as well as opportunities to be socially integrated into the college culture, both works together in forming the college experience.

Following is the schedule of orientation program for new students:

Day 1:

8:30 to 9:15 A.M.	Meeting with the Dean of Student Affairs for the definition of activities and student clubs.
9:15 to 9:45 A.M.	Meeting with the Dean of Admission and Registration Deanship for the definition of offered services.
9:45 to 10:15 A.M.	A meaningful scene representative for Campus Life. How? Who?
10:15 to 10:30 A.M.	Break.
10:30 to 11:00 A.M.	Meeting with the Dean of Library Affairs to introduce library services.
11:00 to 11:20 A.M.	Meeting with the Director of Information Technology Center to introduce the Information Technology
11:20 to 12:00 P.M.	Meeting with Director of Security for the definition of statutory procedures and traffic and security needed by the student.
12:00 to 12:30 P.M.	Prayer.
12:30 to 2:30 P.M.	Open meeting with students clubs for a detailed view of the different activities and methods of registration with the luncheon, which will be held in the pool and the gym to celebrate Prospective students.

Day 2:

09:00 to 09:50 A.M.	A lecture on the factors contributing to achievement and good adaptation to Undergraduate
09:50 to 10:00 A.M.	Comfort
10:00 to 10:50 A.M.	A lecture on effective teaching
10:50 to 11:00 A.M.	Break.
11:00 to 11:30 A.M.	Meeting with the Director, Center for Student Counseling and Guidance
11:30 to 12:00 P.M.	Meeting with the Director of the Centre for English Language Programs Learn English
12:00 to 12:30 P.M.	Prayer
12:30 to 02:30 P.M.	Complete the registration card and extract of the Deanship of Undergraduate Admission and Registration

Day 3:

09:00 to 12:00 P.M.	Meeting with deans of colleges to define prospective work, followed by a college tour.
12:00 to 12:30 P.M.	Prayer
12:30 to 02:30 P.M.	Complete the registration card and extract of the Deanship of Undergraduate Admission and Registration

Orientation of Parents:

Parents can aid in the student's transition into college life, the College needs to inform parents as well as students about the structure of the University and the College and where to find additional information.

► Policies On Academic Advising and Counseling

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY ON ACADEMIC ADVISING AND COUNSELING	
Approved By:	Policy No: AA -008 /2014 Effective Date: July 01, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development
 Dr. Asim Al Ansari Vice Dean for Academic Affairs	 Dr. Fahad Al Harbi Dean, COD Reviewed By: Vice Deanship for Academic Affairs

Policy Statement

In higher education institutions and professional colleges, the academic load and competition among students may result in stress and anxieties which can compromise their academic performance. There may be additional contributing factors of a personal nature which may exacerbate the academic problems.

The Counseling Services at the College of Dentistry and the University of Damman help students learn to develop greater confidence in their academic performance, make better decisions, improve personal skills, and define career directions. Students are encouraged to explore any personal, academic, or career concern with the counseling services. Student counseling services require consistent feedback from faculty, staff, students and administration to ensure the availability of excellent and timely services.

The purpose of this policy is to:

1. Accurately determine the nature of the student's difficulties in order to properly advise the student who is not performing satisfactorily and also to appropriately advise the course director(s) and Vice Dean for Academic Affairs (VDAA) of these circumstances.
2. Counsel assigned students regarding specific learning problems and personal issues which may be affecting the educational process, and to maintain student confidentiality unless permission is expressly granted by the student.

3. Conduct all aspects of advising and counseling in a manner that is inclusive of all students, regardless of their affiliation, gender, age, disability, or learning style.
4. Establish a mechanism for referral of students to the Vice Dean for Academic Affairs (VDAA) or Student Assistance Unit at the University.
5. Guide reporting violations of the code of ethics and conduct to the VDAA.
6. Define a procedure for reporting any difficulties encountered by students in specific course(s) to the VDAA and appropriate Course Director(s).
7. Assign and post regular office hours for advising, as approved by the department chair.
8. Schedule monthly meetings with students and arrange for more meetings if necessary.
9. Make available the minutes of meetings with students who were unable to attend (Form 1).
10. If confidentiality is requested by the student, the advisor may use Form 2 to report to the VDAA.

This policy will increase the awareness of faculty and staff for students' academic difficulties, hardships, grievances, and enhance services available to correct these difficulties, creating positive interactions between students, their advisors, and the faculty.

The policy will enable students to directly interact with their teachers in a confidential and collegial manner, so that they feel supported and their hardships are considered and appropriately resolved.

Responsibility

1. All staff members not performing administrative duties
2. All students from year 2 to year 6
3. The policy is administered by the Vice Dean for Academic Affairs
4. Advising staff reports directly to the Vice Dean for Academic Affairs, who will refer students to advisors as appropriate.

Procedure:

1. The office of the VDAA provides the advisor with the list of students he/she will advise throughout the academic year.
2. The advisor meets with students once per month unless more meetings are necessary.
3. Students must be notified of the date, time and place of meeting.
4. Advisors will forward a summary of those meetings to the VDAA, including recommendations for corrective action.
5. The Academic Affairs Committee (AAC) is responsible for monitoring the performance of students who fail to attend 2 meetings with their advisor.
6. The Vice Dean for Academic Affairs reports any incidents of misconduct to the appropriate advisor (see below).
7. Course Director(s) will report any students who are experiencing academic difficulties to the appropriate advisor (see below).
8. The advisor will respond appropriately to these students. If the difficulties remain unresolved, a report is forwarded to the VDAA for further action.
9. At the end of the semester, the advisor will forward a summary report of all activities and interactions with students to the VDAA.

Form 1

There are 2 areas of focus regarding student advising:

1. Student academic performance.
2. Student conduct.

I. Academic Performance:

- If student is experiencing difficulties in a specific course, the Course Director will immediately inform the advisor.
- The Course Director and advisor will coordinate arrangements for tutoring, extra sessions or assignments, etc. to assist the student in the successful completion of the course.
- If the student's performance and grades do not improve, the advisor will file a report to the VDAA to suggest corrective action.

2. Student Conduct:

- If a student commits any misconduct (refer to Policy on Student Code of Conduct), the Office of Student Affairs will report it to the appropriate advisor.
- The VDAA will determine the subsequent appropriate actions (refer to the Policy on Ethics and Conduct):
 1. A meeting in the presence of the advisor.
 2. A meeting of the disciplinary committee.
- A report of the appropriate meeting is forwarded to the student's advisor with a copy maintained in student's file.
- For students placed on probation or compliance for a determined period, the advisor will continually monitor the student and provide monthly reports to the VDAA until the student is removed from probationary or disciplinary status.

Vice Deanship for Academic Affairs

Student Advising and Counseling 2012/2013

Name of staff member

Department

Minutes of meeting of (Month)

Serial	Assigned students	Attendance	Comments
1			
2			
3			
4			
5			
6			
7			
Minutes			
Specific problems/suggestions			
Recommended corrective actions			

Signature

Date

Form 2



► Policies To Ensure Educational Privacy

Vice Deanship for Academic Affairs
Student Advising and Counseling 2012/2013

Confidential Form

Name of staff member

Department

RE:

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY TO ENSURE EDUCATIONAL PRIVACY	
Approved By:	Policy No: AA-006/2014 Effective Date: July 01, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development Reviewed by: Vice Deanship for Academic Affairs
 Dr. Asim Al Ansari Vice Dean for Academic Affairs	 Dr. Fahad Al Harbi Dean, COD

Signature

Date

Policy Statement

At the College of Dentistry, student's information including personal data, grading, counseling, etc. is treated as confidential unless students agrees to release parts of this data.

Policy On Access to Student Records

I. Directory Information:

The following information is considered public information:

- Name.
- Address
- Phone number.
- University-assigned email address.
- Dates of enrollment.
- Degree.
- Adviser(s).
- Class.
- College.
- Academic awards.
- Honors.

2. Non-Public (Private) Information

Student education records other than publicly available directory information are private and shall not be disclosed except under certain prescribed conditions.

The following information is not to be released:

1. Grades.
2. Academic Schedule.
3. Courses completed.
4. Educational services received.

3. Students' Rights:

Students have the right to:

1. Inspect and review certain areas of information the University maintains on them, except the following. Letters of recommendation that a student has waived the right to review.
2. Request an amendment to their record;
3. Consent to disclosure of personal identifiable information;
4. Know what an institution has designated as public/directory information and the right to limit the release;
5. Know the names of College officials who may access their records;
6. File complaints to Vice Dean for Academic Affairs.

4. General Guidelines:

The following practices by University or College of Dentistry officials will help ensure compliance with the various laws and regulations:

1. University officials have 30 days to respond to legitimate requests;
2. Requests for information regarding educational records must be referred to the Office of the Vice Dean for Academic Affairs.
3. Information will only be shared within the University and only with those who have a “legitimate educational interest”. Those are: university employees who have a need to know to carry out their defined job functions.
4. Grades or graded materials will not be posted or distributed in such a way that one student can see or identify the grade of another.
5. Written permission must be obtained from the student before any non-public information can be released.

4. Policy on Confidentiality of Student Grades:

1. Under University regulations, examination scores, course grades, and similar indicators of student academic progress are not considered “public information”.
2. Accordingly, such information cannot be released or made public without written student permission, except for normal educational and administrative uses within the University.
3. Posting lists of examination scores or course grades, or returning test materials to students in ways which make it possible for students to obtain information about other students’ scores or grades is inappropriate and will not be permitted.

4. It is not permissible to leave graded examination materials with students’ names on them in halls or other public places, or in mail folders (unless sealed in an envelope) for retrieval.

5. Disability Accommodations Statement and Process:

1. The University of Dammam is committed to providing all students equal access to learning opportunities.
2. Students who have, or think they may have, a disability (e.g. psychiatric, attention-deficit, learning, vision, hearing, physical, or systemic), are invited to contact Students Health Services for a confidential discussion.
3. The Students Health Services liaison to the College of Dentistry will assist eligible students with referral and consultation for documentation of disability conditions, implementation of reasonable accommodations, and related information. All services are confidential.

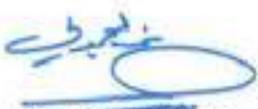
For more information, students are encouraged to contact the College of Dentistry Liaison, located at:

University Center for Student Assistance and Counseling

Tel: +966-13-3330844

Email: cac@ud.edu.sa

Policies for Confidentiality Of Medical Records

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY FOR CONFIDENTIALITY OF MEDICAL RECORDS	
Approved By:	Policy No: CA-MR-002/2014 Effective Date: July 01, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development
 Dr. Aws ArRejaie Vice Dean for Clinical Affairs	 Dr. Fahad Al Harbi Dean, COD Reviewed by: Vice Deanship for Clinical Affairs

Policy Statement:

This policy ensures the confidentiality of patient medical information in the dental clinics and other locations of the college and safeguards unauthorized use and / or release of patient information.

Responsibility:

1. Dean.
2. Vice Dean for Clinical Affairs.
3. Medical Director.
4. Faculty.
5. Students.
6. Staff at the Section of Medical Records.

Policy:

1. Ownership:

Medical Records are the property of the College of Dentistry. The original medical record of a patient may be removed from the college premises only with the authorization of the College Dean.

2. Patient's Rights:

The confidential information contained in the medical record is under the exclusive control of the patient or guardian. Only the patient or guardian can authorize its release.

3. Safeguarding Information against Unauthorized Release:

3.1 All medical information is confidential, regardless of location in which it is maintained. To safeguard against unauthorized use and / or release of patient information, staff will not relate information by telephone, except in the course of direct patient care.

3.2 Medical information required by a dentist other than the attending dentist, would require consent from the attending dentist of the patient.

3.3 In case of emergency, medical record personnel are authorized to retrieve the record from doctor's office and interns lounge in the presence of security.

4. Under the following conditions, medical information may be used and / or released without the patients authorization:

4.1 Information may be used by professional staff presently providing care at the College of Dentistry.

4.2 Information may be released to a physician and / or facility that referred the patient to the dental clinic for purposes of follow up care.

4.3 Information may be released to a physician and / or a facility that has accepted referral from the college of dentistry, for purposes of follow up care.

4.4 In an emergency, employing suitable precautions when verifying the emergency, the Section of Medical Records may release information, which would be of immediate benefit to the patient during provision of care.

5. To assist with education of professional personnel:

5.1 Information may be used by the students, faculty or other relevant staff of the College of Dentistry for educational activities.

5.2 During the use of dental / medical information for educational purposes, no patient is to be identified by name without his / her consent and agreement.

6. For Administrative purposes:

Information should be made available, within the confines of the location where the information is maintained, to members of administrative and / or professional staff for audit purposes. Audit reports shall be held in confidence, and no patient shall be identified by name.

► Policies for Medical Record Completion

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY FOR MEDICAL RECORD COMPLETION	
Approved By:	Policy No: CA-MR-007/2014 Effective Date: July 01, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development
 Dr. Aws ArRejaie Vice Dean for Clinical Affairs	 Dr. Fahad Al Harbi Dean, COD
	Reviewed by: Vice Deanship for Clinical Affairs

Policy Statement

Documentation of Medical Records must be completed at the end of each clinical session with a 24 hour grace period. The attending faculty / hospital staff / intern / student are responsible for the written record of history, physical examination and tentative diagnosis on each patient under his / her care. This must be documented prior to any treatment or procedure commencing. It is also the responsibility of above said to complete the medical record upon discharge of the patient with accuracy and timeliness. It is essential all record entries are completed prior to proceeding on vacation or travel. The Medical Records Section (MRS) must be notified in writing concerning such vacation or leave.

Responsibility

1. Vice Dean for Clinical Affairs
2. Department Head
3. Faculty
4. Intern and Students
5. In-Charge Medical Record Section

Procedure

1. Medical Record folder will be assigned by the in charge Medical Record Section to the attending faculty / hospital staff / intern / student upon patient's discharge, which must be completed within a maximum of one week from the day of discharge.
2. Medical Record folder will become delinquent after 7 days from the date of discharge, if not completed.

► Policies and Guidelines for Student Code of Conduct

3. Delinquency of the folder requiring histopathology report will be counted from the day when the histopathology report is available for faculty of dentistry / physician's review.
4. Supervising faculty will ensure that the concerned students / interns complete the patient medical record folder in a timely manner.
5. Notices of incomplete / delinquent records will be issued on the 3rd of each month to all attending faculty / Interns / students through their respective departments and office of the Vice Dean for Clinical Affairs with a copy to the Vice Dean for Academic Affairs.
6. Final counting will be held on the 10th of each month.
7. Status of incomplete / delinquent folders will be sent to the Heads of Departments and Vice Dean for Academics / Clinical Affairs after the final counting.
8. Leaves / vacations of attending faculty / interns who fail to comply with the protocol will be withheld. Further clinical and patient assignment will not be given to the students who fail to complete their patient's folders.
9. Notice of withholding leaves / vacation of attending faculty who has delinquent records will be issued by the Vice Dean for Academic Affairs.
10. If a faculty / intern / student are unable to meet his / her medical record folder completion obligations, the relevant department chair will assume responsibility for ensuring compliance with the Chart Completion Protocol.
11. If a student / intern leave the College without obtaining clearance from Medical Record Section the relevant department chair will assume responsibility for ensuring compliance with this policy.

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY AND GUIDELINES FOR STUDENT CODE OF CONDUCT	
Approved By:	Policy No: AA -005/2014 Effective Date: July 01, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development
 Dr. Asim Al Ansari Vice Dean for Academic Affairs	 Dr. Fahad Al Harbi Dean, COD
	Reviewed by: Vice Deanship for Academic Affairs

Policy Statement

The College of Dentistry provides a student support program with the goal of enhancing the success of its students. Student performance is monitored and additional academic assistance is offered through individual tutoring, seminars, and appropriate professional consultation for those in need. This program also encourages and promotes student study groups, a student mentoring program, and resource development with faculty and staff. For academic assistance and consultation, please contact:

Names: Nasser Al Kaabi- Registrar

Email: nsalkaabi@uod.edu.sa

Telephone: +966-13-3331406

Responsibility

1. Vice Dean for Academic Affairs.
2. Faculty.
3. Students.

Jurisdiction

The Student Conduct Code applies to student conduct that occurs on College / University premises or at the College / University-sponsored activities.

At the discretion of the rector or delegate, the Code shall also apply to off-campus student conduct when the conduct, as alleged, adversely affects a substantial University interest and either:

1. Constitutes a criminal offense as defined by law, regardless of the existence or outcome of any criminal proceeding; or
2. Indicates that the student may present a danger or threat to the health or safety of the student or others.

Guiding Principles

1. The College seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry and that serves the educational mission of the College and the University.
2. The College seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the College; and that does not threaten the physical or mental health or safety of members of the College community.
3. The College is dedicated to the responsible use of its resources and to protecting its property and resources from theft, damage, destruction, or misuse.
4. The College supports and is guided by law while also establishing its own standards of conduct for the academic community.

Disciplinary Offenses

Any student or student organization found to have committed or to have attempted to commit the following actions is subject to appropriate disciplinary action under this policy:

1. **Scholastic Dishonesty:** Scholastic dishonesty includes plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on any academic activity; accepting, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain grades, honors, awards, or professional endorsement in a dishonest manner; altering, forging, or misusing a College academic record; or fabricating or falsifying data, research procedures, or data analysis.
2. **Disruptive Classroom Conduct:** Disruptive classroom conduct includes engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or a student's ability to learn. A "classroom" is intended to include any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements, clinical care, or related activities.

3. **Falsification:** Falsification means willfully providing University/College offices or officials with false, misleading, or incomplete information; forging or altering without proper authorization official University / College records or documents, or conspiring with or inducing others to forge or alter University/College records or documents without proper authorization; misusing, altering, forging, falsifying, or transferring to another person University-issued identification; or intentionally making a false report of a disaster or other emergency to a University/College official or an emergency service agency.
4. **Refusal to Identify and Comply:** Refusal to identify and comply includes the willful refusal to properly identifying oneself or willfully failing to comply with a proper order or summons when requested by an authorized University official.
5. **Attempts to Injure or Defraud:** Attempts to injure or defraud includes accepting, creating, forging, printing, reproducing, copying, or altering any record, document, writing, or identification used or maintained by the University/College when done with intent to injure, threaten, defraud, or misinform.
6. **Threatening, Harassing, or Assaultive Conduct:** Threatening, harassing, or assaultive conduct includes engaging in conduct that endangers or threatens to endanger the health, safety, or welfare of another person, including, but not limited to, threatening, harassing, or assaultive behavior.

7. Disorderly Conduct: Disorderly conduct includes engaging in conduct that incites or threatens to incite an assault or breach of the peace; obstructing or disrupting teaching, research, administrative, or public service functions; or obstructing or disrupting disciplinary procedures or authorized University/College activities.

8. Illegal or Unauthorized Possession or Use of Drugs or Alcohol:

Illegal or unauthorized possession or use of drugs or alcohol includes possessing or using drugs or alcohol illegally or, where applicable, without proper University/College authorization.

9. Unauthorized Use of College Facilities and Services: Unauthorized use of College facilities and services includes the wrongful use of College properties or facilities; misusing, altering, or damaging fire-fighting equipment, safety devices, or other emergency equipment, or interfering with the performance of those specifically charged to carry out emergency services.

10. Theft, Property Damage, and Vandalism: This includes theft or misuse of, damage to, destruction of, unauthorized possession of, or wrongful sale or gift of property.

11. Unauthorized Access: It includes accessing without authorization College property, facilities, services, or information systems, or obtaining or providing to another person the means of such unauthorized access, including, but not limited to, using or providing without authorization keys and /or access codes.

12. Disruptive Behavior: Disruptive behavior includes willfully disrupting University/College events; participating in a campus demonstration that disrupts the normal operations of the University/College and infringes on the rights of other individuals; leading or inciting others to disrupt scheduled or normal activities of the University/College; engaging in intentional obstruction that interferes with freedom of movement on campus, either pedestrian or vehicular; using sound amplification equipment on campus without authorization; or making or causing noise, regardless of the means, that disturbs authorized University/College activities or functions.

13. Rioting: Rioting includes engaging in, or inciting others to engage in, harmful or destructive behavior in the context of an assembly of persons disturbing the peace on campus, in areas approximating the campus, or in any location when the riot occurs in connection with, or in response to, a University/College sponsored event. Rioting includes, but is not limited to, such conduct as using or threatening violence to others, damaging or destroying property, impeding or impairing fire or other emergency services, or refusing the direction of an authorized person.

14. Violation of University/College Rules: It includes engaging in conduct that violates University, collegiate, or departmental regulations that have been posted or publicized, including provisions contained in University contracts with students.

15. Violation of Laws: It includes engaging in conduct that violates a law, including, but not limited to, laws governing alcoholic beverages, drugs, gambling, sex offenses, indecent conduct, and/or arson.

16. Persistent Violations: Persistent violations include engaging in repeated conduct or actions that are in violation of this Code.

Sanctions

Sanctions for Academic Dishonesty and Cheating During Examinations

According to University Guidelines, the following sanctions may be imposed upon student (s) found to have violated the Code:

1. If a student commits actions disturbing or disrupting the examination process, the Dean may delegate the decision of whether or not student continues the examination to senior faculty who are supervising (proctoring) the examination.
2. The proctor has the authority to order the student out of the examination room.
3. The Dean may report the incident to the University's Vice Rector for Academic Affairs, in order to discuss the incident in the Rectifying/Disciplinary Committee at the University.
4. The Rectifying/Disciplinary Committee will determine the appropriate sanction.
5. The University Rectifying Committee will decide whether the student's examination in one or more courses will be cancelled or voided.
6. The student's grade results will not be released until the Rectifying/Disciplinary Committee's decision is finalized.

For violations other than examination misconduct, the following sanctions may be imposed upon student(s) or student organizations found to be in violation of the Code:

1. Alert Note The issuance of an oral or written notice of misconduct.
2. Warning A written document that is to be maintained in the student's file.
3. Injunction of University's privileges for students

4. Cancellation /Voiding of one or more course examinations.
5. Prohibited participation in one or more final examination(s)
6. Probation Probation confers special status with conditions imposed for a defined period of time, and includes the probability of more severe disciplinary sanctions if the student is found to violate any institutional regulation(s) during the probationary period.
7. Required Compliance: Required compliance necessitates the mandatory completion of University requirements, work assignments, community service, or other discretionary assignments.
8. Confiscation: Confiscation means confiscation of goods used or possessed in violation of University regulations, or confiscation of falsified identification or identification wrongly used.
9. Restitution: Restitution means making compensation for any loss, injury, or damage.
10. Restriction of Privileges: Restriction of privileges includes the denial or restriction of specified privileges, including, but not limited to, access to an official transcript for a defined period of time.
11. Suspension: Suspension means separation of the student from the University for a defined period of time, after which the student is eligible to return to the University. Suspension may include conditions for readmission.
12. Expulsion: Expulsion means the permanent separation of the student from the University.

13. Withholding of Degree: With holding of a degree means not releasing a degree otherwise earned for a defined period of time or until the completion of assigned sanctions.

For further details of misconduct and sanctions authorization, please refer to University Guidelines.

Hearing and Appeal of Student Disciplinary Decisions

Any student or student organization charged with violation of the Code shall have the opportunity to receive a fair hearing.

I. In cases of academic or general misconduct, the Dean will form a committee comprised of the following members:

- Vice Dean for Academic Affairs Chair
- Chair of department related to incident Member
- College faculty member Member

2. The committee will investigate the incident.

3. The committee will schedule a meeting not later than one week from the date of the incident.

4. A report with committee recommendations will be submitted to the Dean, who will forward it to the Permanent Disciplinary Committee at the University to determine the appropriate action.

Annexure: University of Dammam Students Discipline Bylaws

According to the article number thirty eight and fifty two from bylaws of undergraduate study and examination issued rendering item six of article of higher education system that implies that higher education council are responsible for issuing joint regulations for universities with resolution No.13/27/1423 date 2/11/1432 As instructs in the article fifty two of bylaws referred to that university council is to develop implementing rules not in contradict with the provisions of this bylaw, also included in article thirty eight of the same bylaws that punishing a university student on violation actions are in accordance with the disciplinary bylaws issued by the university council .Based on public interest, it determines to issue a student’s discipline bylaws at the University of Dammam and implementing rules as following :

Student Discipline bylaws

-Definitions-

Article 1

Provisions of these by-laws shall apply to:

1. Discipline of student’s behavior within the university, or in any of its facilities, or under the umbrella of participation or activities outside the university.
2. Refine and reform the behavior of student violators, and to address their behavior by educational methods available at the university
3. Adoption of disciplinary sanctions on violator students with the bylaws and regulations within the university

Article 2

The following terms have the meanings assigned to them as stated in this bylaw:

University: University of Dammam.

Students: All who are enrolled under the University of Dammam, regardless of their nationality or educational levels except graduate, male and female.

College: College or deanship to which to student (his/her) issued violation belongs to.

Main Committee: Standing Committee to adjust the behavior of students at the University of Dammam.

Sub-Committee: Behavior control committees within the college or supporting deanships structured with deans decisions.

Chairman of the Committee: Vice dean of academic affairs, or his authorized representative.

Violation: Any prohibit action that disqualify rules and bylaws of the university.

Punishment: Disciplinary sanctions stated in this bylaw.

Exam: Every exam students take confined in various types, whether verbally or in writing and whether the exam is semester or yearly activity mark or final.

Article 3

Undergoes all students enrolled in the university (regular and by affiliation) except for graduate students as well as students attending training programs and courses.

Article 4

The responsible authority to apply these bylaws is deanship of student affairs, in association with related areas in the university; it also informs the punishment decision to the student, parents and college concerned within a week from the date of issuance of the decision.

Article 5

Do not apply the punishment in this bylaw on violator students outside the university or where it does not affect the university regulations, framework of its activities and various participations.

Where it's the responsibility of other areas, unless resolved to the university from other parties or the origin of the violation was a link to the university in any way.

Article 6

Standing Committee constitute to adjust the behavior of students by a decision of the university council for two years subject to renewal under the chairmanship of vice dean of academic affairs with the following members:

1. Dean of Admission and Registration.
2. Dean of Student Affairs.
3. Dean of the college to which the student belongs.
4. Deputy Dean of female Student Affairs (in respect of breaches attributed to female students).
5. Director of Guidance and Counseling Center.
6. One of advisors members of the legal department at the university.
7. Administrator- secretary of the Committee.

Article 7

Terms of reference of this committee are the following:

1. Deciding on students disciplinary issues
2. Apply Student disciplinary bylaws
3. Follow-up on investigations and discipline with students
4. Conduct investigations in matters referred to the committee and identify responsibility within it.
5. Address the relevant authorities within or outside the university, follow-up, receive and view results.
6. Follow-up on student discipline by-laws sub-committee procedures (if any) and approve it.
7. Supervising the implementation of decisions issued in investigations.
8. Analysis of provisions and punishments of the committee and extract results.
9. Follow-up and develop work of committee or sub-committees related to it.
10. Communication with relevant departments in colleges to educate students.
11. Inventory of cases, then follow integrity taken against it in a special register.

Article 8

The Committee considers violator students referred by the rector of the university, or one of the college deans, or their representatives, as well as deans of supporting deanships, and heads of the centers, it also follows up on cases seen by committee within the university, or outside – not in contradict with Article five and views the recommendations of the disciplinary actions towards students from colleges sub-committees under the provisions of this bylaws.

Article 9

Main Committee meetings are being held by the invitation of its Chairman, committee is not valid unless the presence of two-thirds of its members. A decision issued is by majority and when the votes are equal side of the Chairman is taken. In any case it's not permissible to delay consideration of the violation for four weeks from the date received by chairman of the committee.

Article 10

In each college, deanship of preparatory year and support studies has disciplinary subcommittee bylaws chaired by dean of college or one of the agents and two members of the faculty selected by dean. Decision is issued by the rector of university. This committee is concerned in the investigation of violations issued from students college or others .If violation within boundaries of the college it has the power of recommendation of punishment prescribed in these bylaws and then hand over to disciplinary by-laws main committee for consideration and adoption

Article 11

Various behavioral disciplinary committees have validity under this bylaw to make sure the investigation with the violation student in what is attributed to him of the violation.

The committee can re-hear his words in it. Also has a warrant to hear whom to be heard from the parties of the case.

Article 12

The punishment signed by the main committee on the violator (him/her) according to what stated in this bylaws and has the power to reduce the sentence if needed in the interest or the suspension of the sentence on the condition of lute and repetition. Taking into account when signing the punishment, to be scalable, appropriate with the degree of the violation, considering precedents and mitigating circumstances and aggravating circumstances of each case.

Article 13

(Violations)

Any misbehavior to others, Islamic values, regulations, bylaws, university instructions, government regulations, causing damage to others and facilities is considered violation particularly the following:

1. Every action affects the honor and dignity or prejudice the good conduct and behavior inside and outside the university.
2. Prejudice to the test system, instructions and procedures or calm required.
3. Any cheating in the exam or initiation of it or attempt to cheat or take any material relevant to subject even though not benefited from It. also cheating in school reports and projects.

4. Taking an exam for another student or instead having another student taking an exam for other student. Wither inside or outside the university.
5. Establishing activities or associations contrary to the regulations existing at the university.
6. Any damage or attempt to damage universities facilities, devices, materials or books and all collectibles of the university library.
7. Abuse of university facilities and contents.
8. Issuing and distributing brochures, collecting signatures or money without obtaining approval in advance by the University.
9. Fraud in all its forms.
10. Smoking at the university.
11. Violation to maintain the cleanliness of the halls and university facilities.
12. Bad behavior with colleagues, staff or faculty members or companies based workers working in the university or infringement of them by word and action.
13. Non-compliance with the instructions regarding university campus dress code, dressing prohibited inside classrooms and campus provoking tribal or regional statements between students and formation of student groups to pick a quarrel and problems inside or outside the university.
14. Violation of entry and exit instructions of colleges and classrooms or going out of the campus contrary to the public morals and Islamic values.
15. Possession and use of prohibited electronic devices inside the halls or on campus, including imaging devices, recording or electronic storage pieces if used contrary to its own instructions.

16. Possession of hazardous substances, prohibited weapons and drugs of all kinds inside the university buildings and facilities
17. Drop-housing without prior notice to housing administration for more than two weeks, or enter and hosting visitors without prior permission from the competent authority
18. Violation of traffic rules and regulations inside university campus or facilities of the University which needs to be presented to the main committee.

Article 14

Committing violation of behavior and appearance within the university and its facilities or outside - not in contradict with Article Five-a notification to dean of the college to take necessary measures as investigation and view necessary papers and documents to take the necessary action towards the punishment or submission to the controlling behavior committee to determine punishment.

Article 15

(Disciplinary sanctions that may be imposed to student)

Taking into consideration it's banned to impose more than a penalty on the offending act.

Disciplinary sanctions are limited to what follows:

First: Fundamental disciplinary sanctions:

1. Oral alert (warning).
2. Written alert (warning) and took the pledge of non-repetition.
3. Warning ,original document to the student and notify parents.

4. Exclusion of registration in one course or more for one semester.
5. Exclusion of final exam or cancellation of grades for one course or more -not to exceed three courses, and consider it falling .Taking to account that the course is related to violation if found.
6. Dismiss from university for one main semester.
7. Prohibit the student from final exam or cancelation of grades or consider falling all registered courses for the semester.
8. Dismiss from university for one semester or more.
9. Permanent dismissal with documents stamped “ disciplinary dismissal”.
- 10.In all cases, the student takes responsibility to what is destroyed plus the cost of repair or installation and the consequences upcoming including special rights.

Second: Alternative Disciplinary Sanctions

(A) Exclusion from one or more privileges or services for one semester or more as following:

1. Exclusion from borrowing books from university library.
2. Exclusion from university campus accommodation.
3. Exclusion from participation in visits, trips and representing university student in delegations.
4. Exclusion from using university internet.
5. Exclusion from benefiting from the subsidy or loan from students fund, a period not exceeding two semesters.
6. Exclusion from Registration of student employment not exceeding two semesters.
7. Exclusion from reduce travel card not exceeding two semesters.
8. Exclusion from restaurant reduction card for one semester.

9. Enter negative index in student record system

10. Exclusion from the use of sporting or entertainment facilities of university.

(B) Have some sanction services which purpose is to assign violated student to voluntary tasks needed in deanships and colleges for a specific amount of time .In order to improve student path with suitable tasks in period of time, not in contrast with student university schedule. Main committee should take advantage from available options and activities in the university to enable them to choose the best punishment that enhances student behavior.

(C) Requiring students to attend awareness or educational courses determined by the Main Committee.

Article 16

Who commits the offense stipulated in item (3-4-5) from article 13 the observer directs the student from the testing room willingly, and writes detailed description in minutes then presents it with proof documents to the college Which transmits the full papers to the College dean to present it to disciplinary bylaws subcommittee that determines appropriate punishment after conducting investigation with the violator, hearing his words and editing statement. Taking into account the gradual sanctions contained in article 15.

Article 17

When necessary assistance is requested from university legal department for necessary investigations .Then results are presented to HE rector of the university, especially in cases that require confidentiality and privacy.

Article 18

None of the punishments provided in these by-laws may be imposed unless hearing is convened and student defends him\herself. If student declined to attend, main committee has the right to take action according to the minutes stated.

Article 19

Student must be notified with the violation against him and informed in advanced about the date for him with the committee. Punishment is not held until written investigation and hearing the testimonies against him. Student forfeits his right to be heard in the event of failure to attend on the date in which he was informed of the interview and investigation. Unless his excuse is acceptable, if not punishment is stated without his\her presence.

Article 20

No student is exempted from punishment due to lack of knowledge of university system rules and bylaws. Deanship of Student Affairs has the accountability to publish these by-laws and distributing them by all means available.

Article 21

University rector has all the power of the main committee to deal with some violations that require student privacy or confidentiality or exceptional and special circumstances without reference to the committee.

Article 22

In criminal violation it is permitted to transmit the case to competent authorities to decide on action related to the case. University applies bylaws on the violator.

Article 23

Decisions from minutes of main committee are not considered approved until ratification by HE rector of university.

Article 24

Student has the right to approach the university director with grievance issued against him within one month from the date of decision notification. To retain jurisdiction over the decisions of the committee or revoke or cancel or suspend implementation or hold on the lute and repetition in session from the University Council on the recommendation of director of the university.

Article 25

Decision of disciplinary sanctions are kept in students file at the Admission and Registration Deanship (paper and electronically). Competent authorities issuing punishment are entitled to announce punishment with student first name initials without explicit reference to the name in university newspaper, colleges and facilities.

Article 26

This bylaw is efficient from date of approval and terminates all contradiction from previous disciplinary bylaws .University council has the right to interpret and adjust this bylaw when needed.

Examination & Assessment Policies

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
EXAMINATION & ASSESSMENT POLICIES	
Approved By:	Policy No: AA-010 /2014
	Effective Date: July 01, 2014
	Revised Dates: -
	Revision No: -
	Prepared by:
 Dr. Asim Al Ansari Vice Dean for Academic Affairs	Vice Deanship for Quality And Development
 Dr. Fahad Al Harbi Dean, COD	Reviewed By:
	Vice Deanship for Academic Affairs

Policy Statement

The Examination and Assessment policies of the College of Dentistry will ensure that examinations are conducted ethically to provide valid assessment of academic performance and the achievement of proficiency of learning outcomes without adding undue stresses on students. These policies outline the rights and responsibilities of students in the assessment process so that this process can add to their learning experiences.

These policies apply to assessment of students in the different courses offered by the College of Dentistry, University of Dammam. They encompass all types of assessment including continuous assessment and finals, examinations (written, OSCE, OSPE and others) and other types of assessments (assignments, presentations, practical/ clinical requirements, etc.). These policies govern the actions of teaching staff, administrators and students in assessment activities.

Responsibility

1. Deanship for Admission and Registration, University of Dammam.
2. Dean, College of Dentistry.
3. Vice Dean for Academic Affairs.
4. Registrar.
5. Faculty.
6. Students.

Policies

Ethics of Assessment

1. The assessment of a student's performance in a course shall be just and fair.
2. All rules and arrangements related to examinations and assessments are transparently published and made available to students whose responsibility is to get and clinical requirements).
3. There should be more than one assessment for each course. This includes different types and / or different times during the course.
4. Students shall be provided with a description of the means of assessment to be used in each course including:
 - the number and types of assessment
 - the date, time and location of assessment (dates of examinations, deadlines/ due dates for submission of assignments and clinical requirements)
 - the weighting to be accorded each assessment
5. Pre-defined criteria are announced to students to indicate the method of grading and marking for different types of assessment in each course.
6. Students who are faced with circumstances beyond their control such as illness or family tragedy that prevents them from attending an assessment can be granted (after following the indicated procedure) another opportunity for the same assessment or a replacement of it.
7. Every student has a right to review and discuss an assessment with the Instructor/ Examiner provided the indicated procedure for this is followed. Students also have the right to appeal to the Chair of the Examination and Assessment Committee regarding a decision related to procedures of assessments and examinations but not an examiner judgment.

8. Students are required to adhere strictly to ethical and responsible conduct through all types of assessments. Academic misconduct including cheating, plagiarism and others are subject to penalty according to College and/ or University rules.

Confidentiality of Assessment

1. All examination related materials including questions sheets and answer sheets are confidential and shall be returned to the Course Director unless otherwise determined.
2. Assessment outcomes are confidential. No person involved in the process should divulge to any unauthorized person any information related to an individual student's assessment or grades.

Validity of Assessment

1. Assessment shall reflect the content of the course and its intended learning outcomes (ILOs).
2. Assessment activities and examinations are monitored by the Assessment and Examination Committee for the validity of the questions, their difficulty and discrimination ability.

Assessment as Part of the Learning Experience

1. The learning process is guided by formative assessment where students can answer ungraded questions to train for exams and monitor their academic performance.
2. Feedback shall be provided about performance in assessments and examinations through discussion of correct/ model answers and announcement of grades to complete the learning cycle.

Assessment Guidelines

1. Basic Courses

Continuous Assessment			Final Assessment	Total
Exam 1 20%	Exam 2 20%	Dept. Discretion 20%	Written 40%	100%

2. Pre-Clinical Courses

Continuous Assessment				Final Assessment		Total
Exam 1 10%	Exam 2 10%	Laboratory 30%	Dep. Discretion 10%	Written 30%	Laboratory 10%	100%

3. Clinical Courses

Continuous Assessment				Final Assessment		Total
Exam 1 10%	Exam 2 10%	Clinical 30%	Dep. Discretion 10%	Written 30%	Clinical 10%	100%

4. General Rules

- In order to pass the course, the student must achieve a cumulative minimum of 60% in the didactic component (Continuous Assessment + Final Assessment) as well as a cumulative minimum of 60% in the clinical / laboratory component (Continuous Assessment + Final Assessment).
- Students must score a minimum of 60% in laboratory / clinical requirements in order to sit for Final Laboratory / Clinical and Written Examination.
- Students will not receive grades for attendance.

4. Students who are absent from 25% or more of the classes will not be allowed to sit for the Final Examination, and therefore will be required to repeat the course.

5. The percentage allocated for department discretion can be utilized in the form of: pop quizzes, written assignments, and presentations (not for attendance). Assessment procedures must be clearly identified in course specifications.

Assessment and Examination Procedures

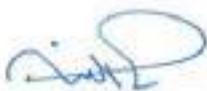
Authority in Charge	Procedure
	1. Assessment Scheduling and Notification
• Examination and Assessment Committee	<ol style="list-style-type: none"> Prepare a preliminary draft of assessments schedule including all assessments both continuous assessment and finals with the following criteria: <ol style="list-style-type: none"> The maximum number of assessments (worth $\geq 10\%$ of course grade) to be scheduled per day is 2. The same day and time of lecture or lab/ clinic session is used to the greatest extent possible for scheduling of continuous assessment and final exam/ assessment Duration of exam/ assessment matches the number of questions and number of marks Assessments (worth $\geq 10\%$ of course grade) are scheduled in clusters (exam periods); exam 1 (week 5), exam 2 (week 11) and final exam (at the end of the semester after week 15). Assessments with less grades ($< 10\%$ of course grade) can be scheduled in between these clusters. Include details of types, weights and locations of assessments with the schedule

Authority in Charge	Procedure
	1. Assessment Scheduling and Notification
• Vice Dean for Academic Affairs	2. Consult the students members of the Examination and Assessment Committee as regards the schedule of assessment drafted.
• Students representatives in Examination and Assessment Committee.	3. Provide feedback for exam schedule.
• Department Chairs	4. Provide feedback for exam schedule.
• Examination and Assessment Committee	5. Consider and modify schedule and details according to students' feedback.
• Vice Deanship for Academic Affairs	6. Publish final version of assessments schedule by the beginning of the academic year. 7. Publish grading and assessment criteria by the beginning of the academic year.
	2. Assessment Design
• Course Director • Course team	1. Prepare a blue print showing how the course ILOs will be assessed (type of assessment, weight and time). Indicate the topics, lectures and lab/ clinic sessions that are included in every type of assessment before the beginning of the semester.
• Course Director	2. Review and approve the alignment of course ILOs and topics to assessment types, weight and time.

Authority in Charge	Procedure
	2. Assessment Design
• Course Director. • Course team.	3. Develop grading criteria for practical/ clinical examinations, presentations and assignments. 4. Develop training questions for formative assessment and mechanism of providing feedback to students for them 5. Develop question pool with model answers for different types of questions in written examinations covering all course units. 6. Include different types of questions in written examinations (short notes, Complete, MCQs, True/ False, matching, extended matching) assessing different levels of knowledge and understanding with different degrees of difficulty.
• Course Director. • Course team (indicated tasks only).	7. Select from questions collected from course team following the course assessment blue print. The percent of marks allocated for close ended questions (MCQS, True/False, Matching and Extended Matching) should be at least 20% of all marks for written exams for the course. 8. Prepare at least two different versions of the MCQs exam by shuffling questions and answer options. 9. Add suitable instructions and identifiers to exam sheet following the University and College rules. 10. Have at least one other member of course team review the prepared exam to ensure clarity and avoid repetitions. 11. Submit to Department Chair examination and model answers.
• Department Chairs.	12. Submit to Vice Dean for Academic Affairs examination and model answers at least 4 business days before examination time as shown in schedule.

► Policy for Student Grievances and Grade Appeals

Authority in Charge	Procedure
	3. Conducting of Assessment Activities
<ul style="list-style-type: none"> • Vice Dean Office for Academic Affairs. • Examination and Assessment Committee. • Department Chairs (indicated tasks only) 	<p>1. Prepare examination/ assessment setting:</p> <p>a) Prepare a list of staff members responsible for Invigilation with equal and fair distribution of tasks with a ratio of one invigilator to ten students. Indicate a Chief Invigilator to supervise the invigilation of each examination.</p> <p>b) Notify invigilators in writing of the date, time and location of exam. Indicate in the same document the responsibilities of the invigilator and his/ her authorities.</p> <p>c) Prepare a plan of students' seating and/ or flow during exam. Change this plan from one assessment activity to the next.</p> <p>d) Schedule exams in lecture room where class is held during lecture time. Schedule OSCEs/OSPEs in appropriate designated locations. Change of location is allowed provided adequate justification exists and adequate notice is provided to all concerned.</p> <p>e) Prepare a list of instructions indicating when students should arrive and where they should leave, how they should behave during their stay in the exam premises.</p> <p>f) Prepare in consultation with department chairs a list of external examiners to join course team in the practical/ preclinical or clinical assessment activities.</p>
<ul style="list-style-type: none"> • Vice Dean for Academic Affairs 	<p>2. Publish the list of exam setting instructions to students by the beginning of the semester and all the time in the area of exams.</p>

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY FOR STUDENT GRIEVANCES AND GRADE APPEALS	
Approved By:	Policy No: AA -007/2014 Effective Date: July 01, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development
 Dr. Asim Al Ansari Vice Dean for Academic Affairs	 Dr. Fahad Al Harbi Dean, COD Reviewed by: Vice Deanship for Academic Affairs

Policy Statement

The administration and faculty of the College of Dentistry, University of Dammam, believe that it is imperative to provide students with appropriate support whenever needed. Issues regarding academic performance, student conduct, complaints, and appeals are managed for the benefit of the student.

The office of the Vice Dean for Academic Affairs is responsible for managing the procedures relating to the following areas:

1. Academic Appeals relating to decisions made by Board of Examiners.
2. Examination Misconduct & Disciplinary cases.
3. Student Complaints.
4. Fitness to Practice.
5. Admissions Appeals.

Responsibility

1. Vice Dean for Academic Affairs.
2. Departmental Chairs.
3. Course Directors.
4. Students.

A: Violations of the academic standards on academic integrity:

1. Cheating - intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
2. Fabrication - intentional and unauthorized falsification or invention of any information or citation in an academic exercise.
3. Facilitating Academic Dishonesty - intentionally or knowingly helping or attempting to help another to violate any provision of this code.

4. Plagiarism - the adoption or reproduction of ideas, words, or statements of another person as one's own without proper acknowledgment.

B. Grade Irregularities and Appeals

I. Incomplete Grades

Course work is considered “incomplete” when a student fails to submit all required assignments when they are due, or is absent from the final examination. An ‘IC’ grade may be assigned instead of a failing grade only when:

1. The student has demonstrated satisfactory progress and attendance in the course;
2. The student is unable to complete all course work due to unusual circumstances that are beyond personal control (e.g. illness or family emergency)

The student must submit reasons supporting a grade of “IC” to the Course Director prior to the time that the final grades are due. The Course Director will make a determination based on these reasons.

If the Course Director determines that the student should receive a grade of “IC”, the student must complete the coursework by the end of the subsequent semester or the ‘IC’ grade will be changed to an ‘F’ grade until remediated.

2. Make-Up Exams

A student who is unable to take an examination due to unavoidable circumstances (e.g., hospitalization, car accident, major illness) is expected to:

1. Contact the Office of Academic Affairs prior to the time of the examination (except during unexpected circumstances), to notify the College about his / her absence.

2. At the discretion of the course director, the student may make-up the examination at an alternative pre-arranged time only when the unavoidable circumstances have been substantiated by the Office of Academic Affairs in concert with the Course Director.
3. Make-up exams are to be completed within 2 school days of the student's return to the College.
4. Make-up exams should cover the same content area of the missed examination, but should not be the same exam that was administered to other students.

3. Failing Grades

1. Rectifying Failing Grades: The Course Director will provide input before the Committee on Student's Circumstances to determine actions for remediation (whether the F can be remediated and/or what activities or assignments will be required to remediate)
2. All Failure and Incompletes grades must be rectified by the end of the subsequent semester.

4. Grading and Testing Disputes

1. Complaints regarding grades and testing must first be discussed with the Course Director.
2. If the dispute is not resolved, the student must then discuss the matter with the department chair.
3. If the matter remains unresolved at that level, the Vice Dean for Academic Affairs should be notified in writing. It will be shared with the appropriate committee, and a meeting will be established for further discussion. The student will have the opportunity to discuss the complaint directly with the committee.

The committee will then make a recommendation to the Vice Dean for Academic Affairs, who will make a final decision on the disposition of the complaint.

Disputes, requests and complaints MUST be submitted and resolved according to announced deadline each semester.

Note: Please also refer to the "Policy and Guidelines for Student Code of Conduct" and annexure therein "University of Dammam Student Disciplinary Bylaws".

► Policy and Procedure for Act of Plagiarsm by Students

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY AND PROCEDURE FOR ACT OF PLAGIARISM BY STUDENTS	
Approved By:	Policy No: AA – 012/ 2014 Effective Date: August 21, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development
 Dr. Asim Al Ansari Vice Dean for Academic Affairs	 Dr. Fahad Al Harbi Dean, COD Reviewed by: Vice Deanship for Academic Affairs

Policy Statement

This policy describes academic integrity and the procedures for handling academic dishonesty and plagiarism at the College of Dentistry University of Damman. This policy should also be seen in context with following policies:

1. Policy for Monitoring Students Performance and Progress.
2. Policy for Students Grievances and Grade Appeals.
3. Policy and Guidelines for Student Code of Conduct.

Each student is obliged to be aware of the policy against plagiarism and lack of awareness of the policy does not excuse a violation of it. No student shall be permitted to graduate while charges of plagiarism are pending against that student.

Definitions

1. Academic Integrity: It is the commitment to certain core values such as truth, honesty, fairness, respect, and responsibility.
2. Academic dishonesty: It is the failure to maintain academic integrity. Academic dishonesty includes but is not limited to:
 - Plagiarism – Plagiarism is the “wrongful appropriation” and “stealing and publication” of another author’s “language, thoughts, ideas, or expressions” and the representation of them as one’s own original work. The idea remains problematic with unclear definitions and unclear rules. Plagiarism is considered academic dishonesty and a breach of journalistic ethics. It is subject to sanctions like penalties, suspension, and even expulsion. Plagiarism is not a crime per se but in academia and industry, it is a serious ethical offense and cases of plagiarism can constitute copyright infringement.

<http://en.wikipedia.org/wiki/Plagiarism>

- Cheating – the use or attempt to use unauthorized materials, information, or study aids in any academic exercise.
 - Fabrication - the falsification or invention of any information or citation in an academic exercise.
 - Offering bribery for grades, transcripts, or diplomas;
 - Obtaining or giving aid on an examination.
 - Submitting same assignment previously submitted in another course without the consent of the instructor.
 - Sitting for an examination by surrogate or acting as a surrogate.
3. “Faculty Member” means any individual assigned to teach a course offered by University of Dammam College of Dentistry.
 4. “Student” means any person enrolled in a course offered by University of Dammam College of Dentistry.

Responsibility

1. Vice Dean for Academic Affairs.
2. Faculty.
3. Students.

Policy

A. Plagiarism

Plagiarism is unacceptable and will not be tolerated at University of Dammam College of Dentistry. Plagiarism is the submission of another’s work as one’s own. It includes:

1. Use of another’s exact words without use of quotation marks and acknowledgement of that use in a footnote or endnote.

2. Use of another’s organizational scheme without acknowledgement of that use in a footnote or endnote.

3. Either close paraphrasing of the work of another without attribution or submission of a work which is largely a paraphrasing of another’s work without attribution.

B. Options for Faculty Member Who Believes Plagiarism Has Been Committed

Upon discovering what is believed to be plagiarism on written work submitted by a student in a course, a faculty member may:

1. Assign a grade to the written work based on the faculty member’s determination of plagiarism. This determination and the explanation thereof shall be expressed in writing and transmitted to the student with a copy to the dean; or.
2. Refer the matter to the Disciplinary Committee or an Ad hoc committee formed by the dean with defined responsibilities. The committee will deal the situation according to the given mandate. A student found guilty of plagiarism by the committee may appeal to the Dean for review of the penalty assessed.

C. Institutional Response to a Faculty Member's Finding of Plagiarism.

Sanctions For Student Plagiarism

In the academic world, plagiarism by students is usually considered a very serious offense that can result in punishments such as a failing grade on the particular assignment, the entire course, or even being expelled from the institution. Generally, the punishment increases as a person enters higher institutions of learning. For cases of repeated plagiarism, or for cases in which a student commits severe plagiarism (e.g., submitting a copied piece of writing as original work), suspension or expulsion is likely. A plagiarism tariff has been devised for UK higher education institutions in an attempt to encourage some standardization of this academic problem.

<http://en.wikipedia.org/wiki/Plagiarism>

1. Upon receiving notification from a faculty member of his or her determination of plagiarism, and determining that plagiarism has been committed, the Dean, shall appoint a committee of five faculty members to conduct a hearing to determine whether plagiarism has been committed by the student. A faculty member who does not feel capable of rendering a fair decision in a particular case shall refuse to serve on the faculty committee.
2. At the hearing, the faculty member will introduce evidence relevant to the question of whether plagiarism has been committed. The student is entitled to be represented by counsel of his or her choice, to introduce relevant evidence and to confront and cross-examine any witnesses against him or her.
3. To support a finding of plagiarism at least four members of the committee must identify plagiarism beyond a reasonable doubt. A finding of plagiarism by the committee in accord with the procedures established by this policy shall be final and binding on the dean and the student.

4. The committee shall file with the dean a written report on its proceedings and its findings. If plagiarism has been found by the committee, the report shall include a recommended sanction. The presumptive sanction shall be a one- semester suspension, but the committee may recommend a different sanction, either more or less severe. Such sanctions include, but are not limited to, expulsion, suspension for a longer period, probation or remedial activity.

5. The final determination of the appropriate sanction for plagiarism shall be made by the dean. It may be more or less severe than any sanction recommended by the committee. This determination shall be expressed in writing and provided to the student within 14 days of the filing of the committee's report with the dean. The committee members and the complaining professor shall receive copies of the dean's determination of sanction. The dean's determination of sanction may be appealed to the provost of the University.

6. In response to appropriate inquiries, the College shall make available to appropriate bar officials the written committee report and the dean's final determination of sanction.

D. Decision in Favor of The Student

In situations where:

1. The Dean finds insufficient probable cause to impanel a faculty committee; or
2. A faculty committee appointed under this policy fails to find plagiarism has been committed; or
3. The assigned committee fails to find plagiarism has been committed; the Dean shall assign to another faculty member the task of entering a course grade for the originally accused student.

► Policy for Conflict of Interest

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY FOR CONFLICT OF INTEREST	
Approved By:  Dr. Fahad Al Harbi Dean, COD	Policy No: AD – 005/2014 Effective Date: July 01, 2014 Revised Dates: - Revision No: - Prepared by: Vice Deanship for Quality and Development

Policy Statement

The purpose of this policy is to ensure that administrators, faculty, and staff of the College avoid conflicts of interest with respect to the affairs of the College and the University. This policy provides guidance for all faculty and staff when considering potential conflicts of interest, as it is their responsibility to disclose these issues. The College is committed to operating in an ethical and legal manner, and in compliance with all government statutes, University policies, Compliance Program and Code of Conduct. Faculty and staff are urged to avoid or disclose interests and activities that may conflict with the proper discharge of their official duties.

Responsibility

1. Dean, College of Dentistry.
2. Vice Deans.
3. Department Chairs.
4. Faculty of Dentistry.
5. Administrative staff.
6. Interns and Students.

Annual Disclosure

All administrators, faculty, and staff of the College will annually sign a Statement of Disclosure/Conflict of Interest, and will recuse themselves from all activities that are related to conflicting issues.

GIFTS:

Faculty and staff should report all proposed and received gifts to their immediate supervisor. The supervisor will communicate directly with donors and will refer questions to the *Comptroller office at the University/College Dean as appropriate. Specific guidelines on gifts and donations are mentioned in article 48, page 59, chapter 3 of Rules and Regulations for Financial Affairs of University.

* Refer to article 19-26, page 53-54, chapter 3 of Rules and Regulations of Council of Higher Education

The University Rules of Accepting and Disposing of Donations, Grants, Bequests and Endowments

ARTICLE 48

The University Council may accept donations, grants, bequests and endowments. It may also accept conditional donations for special purposes that do not violate the University main objective.

These donations are deposited into an independent bank account to be spent on specified purposes according to the following rules:

1. These donations must be deposited into an independent bank account with the Arab Saudi Monetary Agency or any local bank and transferred over yearly.
2. Assets are valued as soon as they become possessions of the University.
3. All donations, grants, bequests and endowments inheritances are registered in a special registry.

4. Spending from donations, grants, bequests and endowments is subject to these rules:

- (a) If the donation, bequest or endowment is in cash or an asset and the donor specifies how to use it, it must be fulfilled according to his request.
- (b) If the donation, bequest or endowments is in cash or an asset and the donor does not specify how to use it, the University Council has the right to specify other ways of spending.
- (c) Spending from the independent bank account is subject to possession of official documents and should be supervised by the auditor.
 - The University president can spend up to one million riyals. If any amount above one million is required, the approval of the University Council is necessary.
 - The auditor regularly monitors and reviews the donations, grants, bequests and endowments and the independent bank account, and reports on them.
 - The auditor must make sure that all the donated estates and materials are registered in the University records according to the accounting rules and report them.

Vendor Sponsored Events

Prior to planning or attending a vendor-sponsored program, faculty and staff will need to consider if it may constitute a violation of the applicable governments ethics statutes, including any “anti-kickback laws”. Faculty and staff are urged to contact their immediate supervisor for advice on this matter.

Personal use of University/College Resources

Faculty and staff are responsible for protecting University and College resources, including but not limited to: property, personnel, time, equipment, vehicles, computer software, trademarks, and intellectual property. Limited personal use of University and College resources may be permitted under certain conditions. Faculty and staff are urged to contact their immediate supervisor with specific questions or concerns regarding use of university / college resources.

Lobbying

Under no circumstances shall University or College resources may be used for lobbying or promoting or opposing an initiative under consideration by the government / university administration. This prohibition includes the use of employee work time to engage in these activities.

Continuing Education (CE) Program of the College

CE programs at the College of Dentistry are to be strictly educational and non-promotional.

- At the start of the program, CE faculty will formally disclose any potential conflicts of interest. (Conflicts of interest can include stock ownership, current or past employment, paid consulting services, paid speaking engagements, membership on advisory boards, or funded research activities.)
- CE faculty will base their presentations on contemporary scientific evidence and /or proven clinical efficacy, and will include any limitations on scientific data.
- Wherever possible, CE faculty members are encouraged to use generic names whenever specific products are discussed, and include a balanced discussion of competing therapies.

- CE programs are to be created and presented in a manner that is independent from the promotional influences of any commercial entities.
- CE faculty will separate commercial product displays from the classrooms or learning areas and formally disclose to all participants any sponsorship received for the CE programming.
- CE faculty will provide opportunities for dialogue and debate, as appropriate, during CE programs.

► Policy and Procedure for Election and Working of Student Class Leaders

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY AND PROCEDURE FOR ELECTION AND WORKING OF STUDENT CLASS LEADERS	
Approved By:  Dr. Asim Al Ansari Vice Dean for Academic Affairs	 Dr. Fahad Al Harbi Dean
Policy NO: AA – 013/2014 Effective Date: July 01, 2014 Revised Dates: Revision No: Prepared by: Vice-Deanship for Quality and Development	

Policy Statement

College of Dentistry – University of Dammam is a student centered institution for dental education. The BDS curriculum and all policies and procedures are focused on students to meet their educational needs and campus life. Administration believes in grooming students as successful professionals and future leaders. Selecting students as Class Leaders is first step in this direction, involving and giving them opportunity to work closely with college administration help them develop leadership skills. Dean’s Student Advisory Committee is one of the important institutional committees where students interact directly with the Dean on varying agenda and issues.

Responsibility

1. Vice Dean for Academic Affairs.
2. Vice Dean for Female Students Affairs.
3. Students.

Policy

Students will be provided opportunity to choose their class leader and co-leader through polling to represent their class at administrative forums, contribute in academic planning and examination schedules. They will be involved in different institutional committees as members and given opportunity to share their perspective in college and program development and administration.

Procedure

1. Student Leader and Co-Leader will be elected by free voting.
2. Students willing to represent the students as class leader will submit their names to the Vice Deans for Academic and Female Students Affairs.
3. Voting for election of Class Leader and Co-Leader will be held in designated class room during first week of academic year.
4. Each class will be scheduled to elect leader and co-leader.
5. Student with maximum votes will be elected as Student Leader and runner up as Co-Leader of the class.
6. Class Leader and Co-Leader will have one year term for the office and sign a contract with college administration to efficiently discharge their duties and responsibilities.

Skills to be A good Class Leader

1. Know Your Class well: Your classmates, their personalities, talents in various areas etc.
2. Know Your College well: You must know every nook and corner of your institution, your class timetable, the teachers and the administrative staff
3. Volunteer to take Leadership: Once you know your classmates well it will help you make decisions better. Be the first to stand up, be there, Initiate, Lead.
4. Build a Good Rapport With Your Classmates: The relationship between you and your peers must not be strained or else, once the link is lost you are no longer a good leader.

5. Discipline Yourself: You must adhere to the rules and regulations of the College of Dentistry-University of Dammam. Dress neatly, complete all assignments, come early, and don't copy in tests.
6. Communicate: Clearly, unambiguously and accurately, communicate ideas and feelings through written and verbal statements.
7. Build and Maintain Trust: Credibility and authenticity and a collegial working relationship that contributes to consensus.
8. Show Enthusiasm: Emit a positive attitude.
9. Manage Conflict: have the skills required for managing controversies constructively, including the ability to (a) explore all differences (b) look for ways to integrate ideas (c) search for a solution that accommodates the needs of all group members. Try to bring in a win-win solution in any conflict.

Role and Responsibilities

The primary duties of the Class Leader and Co-Leader usually include liaising closely between administration and students to ensure students' issues are being addressed, informing college administration of ideas emanating from the class and working with students to resolve problems. The class leader also has the responsibility of leading class meetings and organizing student activities and events.

1. Provide leadership and direction to the class and set the tone for the work that they do.
2. Understand and communicate College's mission, services, policies and program and uphold a personal commitment to its goals and objectives.
3. Abide by policies and procedures including but not limited to student code of conduct.

4. Deal with student problems, personal and academic.
5. Liaise with the course instructor and department.
6. Coordinate for assignments, exams and answering student questions.
7. Attend meetings with students and administrators as deemed necessary by the organization. Review agenda and supporting materials prior to Class and Committee meetings.
8. Chair class meetings and ensures meetings function effectively and information delivered is accurate and up to date and call special meetings when necessary.
9. Maintain constant communication with the students making them aware that their student government is available to them, hearing any suggestions and concerns they may have, and informing them of any events, programs or services.
10. Contribute in program planning and evaluation .
11. Volunteer for and willingly accept assignments and complete them thoroughly and on time.
12. Promote and conduct Professionalism.
13. Prepare and submit a performance report for his / her tenure to the Vice Deans for Academic / Female Students Affairs. The report will include:
 - Major issues and problems faced by students and their resolution.
 - Overall impression for the courses taught in the class.
 - His / her experience as Class Leader and Co-Leader.
 - Suggestions / Recommendations.

مهام ومسؤوليات رائد/رائدة المجموعة

من اهم واجبات رائد/رائدة المجموعة ونائبه/نائبتها ان يكون حلقة الوصل بين طلاب/طالبات مجموعته والإدارة بحيث يقوم بنقل مشاكل الطلاب/طالبات واحتياجاتهم الى ادارة الكلية بالإضافة الى المشاركة فى و تنظيم الأنشطة الطلابية والفعاليات الخاصة بمجموعته ويجب عليه/عليها الالتزام بما يلي :

تتوفر فيه/فيها صفات قيادية وقدرة على تحمل المسؤولية الاطلاع التام على انظمة واهداف وخدمات الكلية ومدى التزام الطلاب بها ان يكون قدوة حسنة لزملائه القدرة على التعامل مع مشاكل الطلاب/طالبات الاكاديمية والشخصية التنسيق مع مدرس المقرر ورؤساء الاقسام التنسيق مع الإدارة الأكاديمية بخصوص الواجبات و الجداول الدراسية وجداول الاختبارات بالإضافة للرد على استفسارات الطلاب/طالبات حضور الاجتماعات الكلية ممثلًا طلاب دفعته لمناقشة المشاكل وابداء الحلول عقد اجتماعات عامة مع طلاب/طالبات مجموعته لتبادل المعلومات الضرورية واجتماعات خاصه اذا لزم الأمر التواصل الدائم مع الطلاب/طالبات والاستماع الى اقتراحاتهم واعلامهم بأنشطة وبرامج الكلية ونصحهم ومتابعة مشاكلهم ان وجدت . المساهمة في تخطيط برامج الكلية وتطويرها المشاركة بالبرامج التطوعية الموجودة بالكلية واتمامها بالوقت المناسب الالتزام بالمهنية في سلوكه والمساهمة في نشرها. تقديم تقارير دورية لإدارة الكلية عن وضع الطلاب خلال السنة ويشمل التقرير ما يلي :

1. القضايا التي يواجهها الطلاب/طالبات وطريقه حلها.
2. الانطباع العام عن المحاضرات.
3. نقل تجربتها / تجربته كرئيس مجموعة وما واجهه من إيجابيات وسلبيات.
4. اقتراحات وتوصيات

Student Leader

Name of Nominee

Year Level

Note: We will conduct selection of new class leader and co- leader every academic year

SN	NOMINATION CRITERIA	الطلابية القيادات اختيار معايير
1	Participation in co-curricular activities (Sports/Literary/Debates/Others)	للمناهج المصاحبة الأنشطة في المشاركة المناظرات / الأندية / الرياضة كالأنشطة الدراسية (الخرى /)
2	Compliance with rules and procedures of school	الكلية وإجراءات للقواعد الامتثال
3	Effective class participation	مشاركة فعالة في الكلية
4	Ability to express ideas/communication skills	القدرة على التعبير عن الأفكار / مهارات الاتصال
5	Academic Achievements/Performance	الإجازات الأكاديمية / الأداء
6	Creativity/taking initiative, ability to think of new ways to do things	الإبداع / أخذ المبادرة، والقدرة على التفكير في طرق جديدة لتطبيق المهام
7	English proficiency	إتقان اللغة الإنجليزية
8	Ability to exercise positive influence on peers	القدرة على ممارسة تأثير إيجابي على نظرائهم
9	Respect for Higher Authority at all times	احترام السلطة العليا في جميع الأوقات

 جامعة الدمام UNIVERSITY OF DAMMAM	
COLLEGE OF DENTISTRY	
POLICY AND PROCEDURE FOR COURSE REMEDIATION	
Approved By:  Dr. Asim Al Ansari Vice Dean for Academic Affairs	Policy NO: AA – 0014/2015 Effective Date: March 05, 2015 Revised Dates: Revision No: Prepared by: Vice-Deanship for Academic Affairs
 Dr. Fahad Al Harbi Dean	

Please give your overall assessment explaining why you are nominating this student to be the leader of your class.

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Please feel free to nominate yourself if you believe that you have the skill to lead and submit your nomination before the end of the orientation day to the Female Students' Affairs Office Ext. 206.

POLICY STATEMENT:

Remediation is defined as the act of correcting or counteracting; to put right or reform. It includes all activities aiming at providing support to students with suboptimal academic performance or at modifying grades in response to problems in assessment. This policy should also be seen in context with the following policies.

- 4) Policy for Monitoring Students Performance and Progress
- 5) Policy for Students Grievances and Grade Appeals

RESPONSIBILITY:

1. Vice Dean for Academic Affairs
2. Course Director / Instructor/s
3. Students

PROCEDURE:

The remediation activities can be done following some or all of the continuous assessment tasks or at the end of the semester when it is time to award course grade.

These include:

A. Modifying written tests' grades based on the results of item analysis:

Items or questions which are identified in the item analysis report as being very difficult (correctly answered by <20% of students) or questions with negative discrimination index, the course director may eliminate them from the question pool in this exam and the grade denominator modified accordingly.

B. Adding a maximum of 2 percent grades so that students with percent grades approaching the borderline to the higher letter grade can achieve that letter grade. Examples are percent grades = 63%, 78%, etc. These can be changed into 65%, 80%, etc. The course director modifies the grades based on that before submitting the results to be approved by department heads and / or the departments.

C. In courses/assessments without lab / clinical expectations:

Assignments, presentations, etc., can be repeated to improve the continuous assessment grades. In this case, the course director can require student to submit one extra assignment or repeat the one where performance was poor (scoring <60% of this assessment mark). The mark recorded in the end is the average of attempted assignments.

D. In case of incompleteness of course requirements (clinical, lab, assignments etc.) by specified time at the end of the semester, the following applies

1. The student is awarded incomplete (IC) grade.
2. The student sits for the final written exam (with his/ her class) and the student's actual mark for written is recorded.
3. The final practical / clinical exam or other assessment is rescheduled during the first two weeks of the following semester. The grade the student gets in this assessment is reduced by a percent specified in the course specifications and announced from the beginning of the semester (in course specifications). This does not exceed 25% of all marks of the activities postponed for IC.
4. If the student gets an F in the overall course grade after (#2 and 3), he / she repeats the course whenever it is opened.

▶ Infection Control Manual |

College of Dentistry Infection Control Manual

2012

Infection control is of prime importance in our clinical practice
Updated April 2014

Prepared by:
Dr.Balgis Gaffar
Infection Control Coordinator

Revised and approved by:
Dr.Aws Ar-Rejaie
Vice Dean for Clinical Affairs

► Introduction |

1. Personal Health

1.1 Vaccination

1.2 Dress code

1.3 Universal precautions

1.4 Guidelines for Personnel Protective Equipment (PPE)

1.5 Guidelines for Students

1.6 Guidelines for Dental Assistants

1.7 Post exposure protocol

1.8 Communicable Diseases

2. Sterilization and Disinfection

3. Environmental Health

3.1 Management of Medical Waste

3.2 Management of chemical spill

4. Appendix

4.1 Infection Control Checklist

4.2 Incident Report format

4.3 Evaluation Form

Introduction

The infection control program is developed to maintain and improve the health status of all staff and patients by providing a safe place and health care facility at the college of Dentistry.

The goal of infection control program

1. An infection control manual that clearly describes policies, procedures, and practices.
2. Identification of an Infection Control Officer (dentist or other staff member) assigned to instigate, coordinate and evaluate the infection prevention and control program. This individual's duties would include the education of all staff regarding the principles of infection control, identifying work-related infection risks, instituting preventive measures, and ensuring prompt exposure management and medical follow-up.
3. Guidelines for education, orientation and training for faculty, staff, students and patients.
4. Immunizations against communicable diseases where possible.
5. Exposure prevention and post-exposure management.
6. Maintenance of records, data management, and confidentiality.
7. Maintenance of equipment involved in infection prevention and control procedures.

Objectives of Infection Control Program

1. Break the cycle of infection and eliminate cross-contamination.
2. Treat every patients and instruments as potentially infectious.
3. Protect patients and personnel from infection and malpractice.

Basic principles

1. Patient screening.
2. Aseptic technique.
3. Personal protection.
4. Instrument sterilization.

A. General Recommendations

1. Develop a written health program for all staff that includes policies, procedures, and guidelines for education and training; immunizations; exposure prevention and post exposure management; medical conditions, work-related illness, and associated work restrictions; contact dermatitis and latex hypersensitivity; and maintenance of records, data management, and confidentiality.
2. Establish referral arrangements with qualified health-care professionals to ensure prompt and appropriate provision of preventive services, occupationally related medical services, and post-exposure management with medical follow-up.

B. Education and Training

1. The Infection Control Unit will provide education and training as follows:
 - a) On initial employment.
 - b) When new tasks or procedures with known occupational exposure.
 - c) Annually.

C. Immunization Programs

1. Develop a written comprehensive policy regarding immunizing all staff, including a list of all required and recommended immunizations.
2. Refer staff to a prearranged qualified health-care professional or to their own health-care professional to receive all appropriate immunizations based on the latest recommendations as well as their medical history and risk for occupational exposure.

D. Exposure Prevention and Post exposure Management

1. A comprehensive post exposure management and medical follow-up protocol will include:
 - a. Policies and procedures for prompt reporting, evaluation, counseling, treatment, and medical follow-up of occupational exposures.
 - b. Mechanisms for referral to a qualified health-care professional for medical evaluation and follow-up.

SECTION ONE

Personnel Health

Recommended Vaccinations

1. Two doses of measles vaccine are recommended if born after 1956.
2. Hepatitis B: 3 doses over 6 months. Antibody titers are checked after 5 years to determine need for booster.
3. Tetanus: Every 10 years. Booster on day of injury if no booster within 5 years.
4. All clinical staff should be tested for TB every year. If the TB test is positive, a chest x-ray is required.

New Dental Staff

- Within 2 weeks of hiring, the employee is required to complete blood tests, skin test for T.B and receive the needed vaccines or any further tests.
- These tests and vaccines are available at the King Fahad University Hospital free of charge.
- Scheduling is done through Infection Control Coordinator (ICC) with the Employee's clinic staff.
- Orientation round :The new employee will then attend the infection control orientation program; which is as follows:
 - New faculty employee is given a copy of the infection control policy regarding dress code, personal protective equipment and post-exposure injury by the Infection Control Coordinator (ICC).
 - The employee is then scheduled for the orientation round through dental clinics and laboratories by the ICC.
 - The employee is required to read the policies and complete the vaccination requirements before starting any clinical sessions.
 - ICC is responsible to evaluate and document the employee completion of the necessary prerequisites.

▶ Clinical Dress Code

- Related department is responsible to provide additional training in specific work safety procedures to each new employee.

Students

- Students must receive all required vaccinations and tests before clinic entry, before their 4th academic year.
- The vaccinations and tests are available in King Fahad University Hospital.
- They are also required to read the Infection Control policies and attend the orientation and training program.

Procedures

1. Students will be in direct contact with their class representatives in the Infection Control Coordinator as well as with any other member of the infection control committee.
2. Students will attend the lectures and watch the video tapes after they read the policies carefully.
3. Students will then be distributed into groups and will receive an orientation tour at the clinics as well as a training application in x-ray-unit and the dental lab.
4. Specific dental procedures requiring specific instructions on infection control procedures are discussed with the students in details by a specialist from clinical department's e.g. endodontic.
5. Infection control coordinator is responsible to evaluate and document the students training.

N.B: It is also a requirement for all housekeeping staff to receive the above vaccinations and tests; arrangement is done with their company representative.

1. No food, drink or chewing gum in clinical or laboratory areas.
2. Personal appearance:
 - 2.1 Use Conservative and presentable clothes.
 - 2.2 Uniforms and clothes must be clean and well-ironed.
 - 2.3 Disposable gown must be worn over white coat attire.
 - 2.4 Use long sleeved and knee length lab coat.
 - 2.5 Use disposable gowns when inside clinical laboratory premises.
 - 2.6 Personal Protective Gears (gloves, masks, goggles and disposable gowns) must always be worn while treating patients.
 - 2.7 Closed shoes that are non-porous, non-slip and dark colored.
 - Knee length boots, fabric or woven strips shoes, plastic flip- flops or opened toed sandals are prohibited.
3. College/University ID must be worn at all times on upper left chest area.

For Male Members

- Facial hair should be well groomed.
- Scrub MUST be of similar color and accompanied by a round necked T-shirt.
- Crew length or longer socks are required.

For Female Members

- Tight and revealing clothes are prohibited.
- Make up should be of natural appearance.
- No wearing of jewelries except wedding ring and an appropriate wrist watch
 - Permissible jewelries must be removed when carrying out clinical care.
- Nails must be clean and short.
 - No longer than one forth (1/4) inch.
 - No nail polish or nail extensions.

▶ Standard Precautions

Dental Assistants Dress Code

- White uniform with trousers.
- White shoes with non-slip heel.
- Hair must be secured and covered with surgical hair nets.
- Head cloth must be in white cotton and secured inside a disposable head cover and must be changed every day.

Non-uniform workers:

- Attire must be in accordance to Islamic guidelines.
- Must wear clothes that minimize the spread of infections.

Compliance

The College of Dentistry is confident that everyone will use their best judgment when selecting appropriate attire and represent the College of Dentistry in a professional manner.

- If the faculty or staff member's dress or appearance is inconsistent with this policy, he/she will be notified immediately.
- The person will be told of the alleged infraction and will be asked to remedy the problem.
- If the person in question's appearance continues to be unacceptable, he/she will not be allowed to participate in clinical activities.

Shall be used with all patients and their related items assuming "they are all infectious".

1. Hand hygiene

- Hand hygiene may be performed by thorough hand washing using a soap/water/towel combination, or hand disinfection using an alcohol hand-rub, depending on the situation.
- Nails must be short and clean and free of nail art, permanent or temporary enhancements (false nails) or nail varnish.
- Jewelry, including rings, arm and wrist bands and bracelets and watches should be avoided on the hands or arms, as they prevent adequate hand hygiene, make donning gloves more difficult and can cause increased tearing of gloves. Alternately, arm and wrist jewelry and watches should be covered by the cuffs and long sleeves of the protective clothing.

1.1 Hand hygiene should be done:

- At the beginning of the working day.
- Before donning gloves.
- Between each patient.
- After glove removal.
- After bare handed contact with contaminated equipment or surfaces.
- Before and after eating.
- After using the toilet.
- At the end of the day.

1.2 Hand Antisepsis

Hand antisepsis may be achieved using an alcohol hand-rub:

1. Before patient treatment (before donning gloves).
 2. Between patients (after removing gloves).
 3. Whenever gloves are changed during a patient visit.
- Only commercial products specifically designed, as an alcohol hand-rub should be used for hand hygiene.
 - Hands should be rubbed until the alcohol rub is no longer wet (approximately 30 seconds), as the alcohol can cause glove material degradation and result in loss of glove integrity.
 - Hand hygiene products should be stored and dispensed according to the manufacturer's instructions.
 - Liquid products should be stored in closed containers and dispensed from either disposable containers or from containers that have been washed and thoroughly dried between fillings.
 - Liquid products should not be added to a partially empty dispenser or "topped up", due to the risk of bacterial contamination.

1.3 Hand care regimen

- Emollient hand lotions should be considered to prevent hand irritation and dermatitis that comes from frequent hand hygiene and glove use.
- Petroleum based lotions should be avoided during the work day, as these may weaken the glove material, resulting in increased permeability.
- Washing hands in hot water should be avoided.
- Manufacturers of hand hygiene products should be consulted regarding any possible interaction with hand lotions.

- Lotion manufacturers should be consulted regarding any interaction between the lotions, the antimicrobial soaps or alcohol hand-rubs, as well as other dental materials

1.4 Steps for hand washing

- a. Remove jewelry an exception can be made for the wedding ring.
- b. Wet hands with running water and apply soap. Make sure to rub all parts of your hands for 15 seconds.
- c. Rinse and dry hands completely before donning gloves
- d. The taps should be turned off by foot operator.
- e. Before surgical procedures, scrub hands and arms to the elbows with an antiseptic soap for five minutes. Rinse and dry with sterile towel.

2. Personal Protective Equipment (PPE)

- Dental health care personnel must wear personal protective equipment (PPE) such as eyewear, facemask, face shield, disposable gloves, and a gown during all operative procedures.
- Training for correct use of PPE should be included in the student orientation programs.
- All faculty members should receive updates when new PPE is introduced into the practice.
- Anyone developing a reaction to protective gloves or a chemical must inform the Infection Control Coordinator (ICC) immediately.
- Clinical gloves and facemasks are single-use items and must be disposed off as clinical waste.
- When undertaking decontamination procedures, household gloves, plastic disposable aprons and protective eyewear must be worn. Plastic aprons should be changed at the completion of each procedure.

- Protective clothing worn in the surgery must not be worn outside the practice premises and should be stored in lockers.

2.1 Gloves

- Latex gloves used for patient examinations and procedures are disposable single-use items and must not be used on another patient or washed with detergent.
- Heavy utility gloves are worn when handling and cleaning contaminated instruments and for surface cleaning and disinfection.
- The integrity of gloves should be monitored after donning and during use, if the surface of the glove is compromised it should be changed as soon as possible.
- Gloves should not be washed, as soaps and alcohols can compromise the surface of latex and synthetic materials, leading to micro-perforations and loss of integrity.
- Double-gloving may be utilized for some specific procedures, which may involve the handling of multiple sharp metal instruments or during longer procedures.
- Double-gloving, if utilized, should be procedure specific, not patient specific.
- Double-gloving may affect manual dexterity and tactile sensitivity.
- Gloves should not be stored exposed to heat sources, such as near X-ray unit controllers, lasers, fans, electrical generators, suction machines or motors.

2.2 Eyewear

- Protective eyewear must be worn during procedures that involve splash and spatter of saliva and blood.
- Eyewear protects the eyes from damage and from microbes such as hepatitis B virus, which can be transmitted through conjunctiva.

- Protective eyewear for staff and patients should be cleaned and disinfected after use, at least between patients, or whenever it becomes visibly contaminated.
- Eye-wash stations should be available in the dental clinics and laboratories, to aid in managing any chemical or body fluid splashes, sprays or spills into the eyes of the staff member or patient.
- All staff should be orientated to the location, function and indications for use of the eyewash stations.

2.3 Facemasks

- Dental health care personnel should routinely wear facemasks during dental treatment and should change them between patients and when they become wet.
- Use a new mask for each patient.
- Masks should not be worn outside of the dental operatory.
- The surgical mask should have more than 95% filtration efficiency which is reduced significantly whenever the outer surface of the mask becomes contaminated with droplets of spray of oral fluids, or from touching the mask with contaminated gloves or hands.
- The mask should fit tightly over the nose and mouth, and the breathing should be through the mask not around it.
- For patients with known Tuberculosis a particulate-filter respirator or mask (e.g., N95, N99 or N100) should be worn {available in the King Fahad University Hospital}.

Infection Control Guidelines

Personnel Protective Equipment

All Faculty Staff and Students MUST adhere to the following Guidelines:

- When entering the clinical area, please make sure that your attire follows the dress code regulations.
- Remove wrist watches, if you wear one.
- Wash hands before putting on your personnel protective equipment (PPE).
- Wear gown and gloves during contact with patient or environment of care e.g., medical equipment, environmental surfaces.
- Don't work from "clean to dirty".
- Don't touch your face or adjust PPE with contaminated gloves.
- Don't touch environmental surfaces except as necessary, during patient care.
- Change gloves during use if torn and when heavily soiled (even during use on the same patient) and after use on each patient.
- Perform hand hygiene before donning new gloves.
- Discard in appropriate receptacle.
- Mask and goggles or a face shield are used during patient care activities likely to generate splashes or sprays of blood, body fluids secretions, or excretions.
- Masks protect nose and mouth and should fully cover nose and mouth and prevent fluid penetration.
- A mask is ineffective when it becomes wet; it is preferred that a fresh mask is used for every patient.
- Goggles protect eyes and should fit snugly over and around eyes.
- Personal glasses are not a substitute for goggles.
- For users of prescription glasses: If you can get clip-on side shields to fit on your frame, they will be effective.
- Face shields protect face, nose, mouth, and eyes, it should cover forehead, extend below chin and wrap around side of face.
- As standard precautions are the protocol applied by the college; full personal protective equipment should be worn while dealing with patients.
- The correct order of donning and removing PPE is the key to protecting yourself and co-workers from contamination.
- Sequence for putting on PPE:
 1. Gown.
 2. Mask or respirator.
 3. Goggles or face shield.
 4. Gloves.
- Sequence for Removing PPE:
 1. Gloves.
 2. Face shield or goggles.
 3. Gown.
 4. Mask or respirator.
- Make it a habit to practice the correct sequence of PPE donning and removal as drills to make it second nature.
- Ensure that hand hygiene facilities are available at the point needed, perform hand hygiene immediately after removing PPE. If hands become visibly contaminated during PPE removal, wash hands before continuing to remove PPE.
- Wash hands with soap and water or use an alcohol-based hand rub.
- Remove your PPE before leaving the clinic.
- If you have any oxidative skin lesions or dermatitis, you are discouraged from working on patients until complete healing takes place.

Student' Infection Control Guidelines

While getting into clinics for patient treatment, you must put on a clean clinic coat over your scrub. ID card should be visible.

- Do not visit other students to request or borrow items.
- Do not ask auxiliaries for special tasks and favors.

Clinic Preparation

1. Wear household, heavy-duty gloves.
2. Disinfect all working surface with the disinfecting solution using the spray-wipe technique.
3. Coverage Procedures:
 - 3.1 Use plastic cling wrap or tin foil for frequently used items.
 - 3.2 Use disposable napkins on bracket table and bench surfaces with anticipated contact with contaminated items (refer to appendix).
4. Check that floors are clean.
5. Flush water through all the dental unit, air water syringe and ultrasonic scaler lines for 1-3 minutes.
6. Take off utility gloves. Put on disposable vinyl or latex gloves and do the following:
 - Check out treatment trays from dispensary.
 - Make sure you have all the instruments, you may need.
 - Insert a sterile tip into the air water syringe.
 - Unwrap the hand piece (if needed) form autoclave bag, lubricate and operate it for 30 seconds.
 - You should use a sterile autoclave bur block for each clinical session. From the storage sterilized bur block, select burs that you anticipate to use with sterile cotton pliers and leave pliers near storage bur block.
 - Just prior to patient treatment remove instruments form sterilization bags.

Operatory between patients

1. After patient dismissal dispose all throw away materials properly.
 - DO NOT use hands to pick up sharp items.
 1. Place all sharps in puncture-resistant container.
 2. Take off gloves used for patient treatment and dispose them.
 3. To clean the operatory you must still wear face shield and utility gloves.
 4. Wipe the hand piece with a disinfectant, then detach from hose end. Lubricate the hand piece and put in to its original autoclave bag and turn it to sterilization room.
 5. Remove the used tip from the air water syringe and place it on used instruments tray.
 6. Remove use tip from high volume suction end. If disposable, place in the waste container. If non-disposable, place on the used instrument tray.
 7. Clean and disinfect surfaces that were not covered, using the spray-wipe technique.
 8. Take off all coverings and place in the waste container.
 9. Wipe all used surfaces and recover them (if another treatment session will start).
 10. Do not forget to disinfect items like pens and pencils used during patient treatment.
 11. Be sure to disinfect non-disposable items like: glass slabs, mixing bowls, shade guides, tubes of impression materials etc. before returning them to the dispensary or cart in the clinics.
 12. Amalgam capsule are disposed in special containers labeled for that purpose in the clinics.

Re-Setting Operatories

- Follow steps as above for preparing your cubicle.

End of day procedures:

1. All operatory must be cleaned as between patients and items covered should be disinfected.
2. Flush all dental unit and scaler for 3 minutes.
3. Students should make sure that all waste is disposed of properly and no used disposable items should be left in the cubicle overnight, even used paper cups and coverings like tin foil or plastic wraps.

Preparing Instruments for Sterilization

1. Clean your instruments and put them in fresh autoclave bags with your name on the bags.
2. It is the student's responsibility that all borrowed instruments are thoroughly cleaned.

Violations and Penalties

The following actions are in violation to safety and infection Control guidelines. You are strongly urged to avoid all such actions.

- Failure to comply with completion of the immunization schedule.
- Failure to wear appropriate PPE including wearing outerwear that is visibly soiled with blood.
- Placing masks or gloves in pockets following removal.
- Touching surfaces (other than those directly involved with patient care) with treatment gloved hands.

- Leaving clinic or answering phone with mask and/or gloves, including over gloves.
- Placing any sharp into trash rather than into designated sharps containers.
- Endodontic hemostats and other instruments left in the Clinic.
- Visible blood, organic debris, or barriers remaining in any area of unit after the student has left.
- Absence of barriers at unit and/or other equipment including cordless curing light and endoscope.
- Reusing instruments or laboratory items that have fallen on the floor or into the trash without appropriate decontamination.
- Failure to disinfect laboratory items or use of inappropriate material or method for disinfecting a laboratory item.
- Blood, saliva, organic debris remaining in impressions or other laboratory items.
- Scraping leftover alginate onto the trash.
- Placing unopened packages of sterilized instruments onto the bracket table.
- Returning items to the Dispensary contaminated or incorrectly packaged.
- Power to dental chairs or curing lights not switched to "off" when leaving clinic.
- Wasting resources such as removing treatment gloves when not necessary or removing treatment gloves when over gloving could be placed, using too many barriers.

► Dental Assistants Infection Control Guidelines

If any student commits one or more of the above violations, he will be notified verbally by the session supervisor or the dental assistants; the student is then expected to correct the violation.

- If the student repeats the same attitude again or another violation is observed and notified, the Infection Control Coordinator should be reported and a written documented warning will be issued to the student.
- If the violation from the student was not corrected he will be liable to penalties ranging from grade reduction to suspension from clinical duties.

- Always wear an isolation gown over your white uniform.
- A disposable head cover should be worn always (even with cloth veils).
- Never wear your PPE outside the treatment area.

Before patient treatment

- Ensure that all equipment has been sterilized or adequately disinfected (if it cannot be sterilized).
- Put disposable coverings in place where necessary.
- Ensure that the instruments pouches are opened only when the patient is seated in the chair.
- Place only the appropriate instruments on bracket table.
- Set out all materials and other essential instruments.
- Update patient's medical history.

During patient treatment

- Treat all patients as potentially infectious.
- Wear gloves, masks and protective eyewear and protective clothing.
- Provide eye protection for patient and pre-procedural mouth rinse.
- Wash hands before gloving; a new pair of gloves must be used for each patient.
- Change gloves immediately if they are torn, cut or punctured.
- Use rubber dam to isolate where appropriate.
- Use high-volume aspiration.
- Ensure good general ventilation of the treatment area.
- Handle sharps carefully and only re-sheath needles using single hand technique.
- In case you need to open drawers, bottles, tubes etc., you have to remove the treatment gloves or re-glove.

After patient treatment

- Wear well-fitted heavy-duty gloves during clean-up.
- Handle sharp instruments with caution.
- Place contaminated disposable needles, scalpels and sharp items intact into puncture-resistant containers before disposal.
- Decontaminate all surfaces that may have become contaminated during treatment.
- Pre-clean with an appropriate cleaner.
- Disinfect surface with a suitable liquid disinfectant.
- Change disposable surface barriers.
- Decontaminate supplies and materials prior to storage, manipulation or transportation.
- Ensure that the number and descriptions of each instrument are placed in the correct order in the cassette.
- No floss, wedges, needles, blades, cotton, gauze, set amalgams and cements should be present.
- Items designed to be single use and disposable should not be present in the cassette.
- Transport the borrowed instruments back to the Sterilization Receiving Area with the use of the heavy-duty gloves or vinyl gloves.
- The cassettes should be properly secured in a disposable plastic bag.
- No instruments, especially pointed and sharp ones should be protruding out of the bag. Do not wrap it back with the blue wrap.
- Sterilize or discard all instruments or materials that were used intraorally.
- Clean and sterilize all critical instruments, including handpieces.
- Clean and sterilize air/water syringes and ultrasonic scaler tips.

- All burs should be cleaned, placed in the pouch and properly labeled.
- Clean and inspect all instruments to ensure visibly clean before placing in an ultrasonic cleaning machine or washer/disinfector.
- Sterilize cleaned instruments using an autoclave and store covered.
- Ensure instruments stay sterile until next use; they must be wrapped in specifically designed bag or wrapped cassette.
- Discard every contaminated item that was designed to be single-use disposable.
- Remove contaminated wastes appropriately.
- Pour blood, suction fluids and other liquid waste into drain connected to a sanitary sewer system. Purge the suction lines as specified by the manufacturer.
- Place solid waste contaminated with blood or saliva in sealed, sturdy impervious bags and then dispose according to local regulations.
- Segregate and dispose clinical waste.
- Rinse and disinfect impressions, bite registrations and appliances prior to manipulation or technician pick-up. Place it inside the clear plastic bag and transport trays.
- Disinfect cases after receipt from the laboratory.
- Prepare surgery for next patient.

At the end of each session

- Dispose of all clinical waste from the surgery area.
- Clean and disinfect all work surfaces thoroughly.
- Disinfect the aspirator, its tubing and the spittoon.
- Clean the chair and the unit.
- Empty and clean ultrasonic cleaning machine and leave to dry.

▶ Laboratory Safety Guidelines

Responsibility

- All Dental Assistants assigned with the Interns and Students should check and monitor the above mentioned guidelines and report any violation to Infection Control Coordinator through Senior Dental Assistant.
- It is the responsibility of the Dental Assistants in the Specialty Clinics to perform the above mentioned tasks.

- No eating, drinking or smoking in the lab.
- Adequate ventilation should be maintained.
- Try to minimize your trips back and forth between clinic and lab.
- A separate receiving and disinfecting area should be established in the lab to reduce contamination.
- All impressions must be rinsed clean with running water until all debris is removed and then disinfected.
- All impressions must be transported to and from the lab in a designated container or single sealed plastic bags.
- Appliances and prosthodontic devices should be disinfected and stored dry in sealed plastic bags.
- Disposable items should be single used and not sterilized nor disinfected.

1. Work Area

- Work area should be wiped and disinfected then a clean counter top paper is laid down.
- Cleaned disinfected instruments should be used for each patient's laboratory work.
- Use disinfected pumice wheels, burs, abrasive stone, rags, wheels, etc to polish acrylic appliances.
- Fresh pumice is required for each use.
- Waste generated in the dental laboratory (e.g., disposable trays or impression materials) can be discarded with general waste.
- Use a hemostat to remove blade from lab knife.
- Sharp items (e.g. burs, disposable blades and orthodontic wires) should be disposed in puncture-resistant containers.
- After finishing clean work area from all debris.

2. Personal Protection

- Wash hands thoroughly before and after laboratory work.
- Clinical coat + disposable gown, masks and safety glasses should be worn at all times.
- Gloves should be worn when pouring an impression or when handling an intra oral device.
- DO NOT use gloves when operating the lathe and rotary instruments.

3. Items to be disinfected after each use by the spray-wipe-spray technique with disinfectant.

- Casts and impressions.
- Waxing instruments.
- Laboratory burs.
- Articulator.
- Face bow.
- Rubber mixing bowls.
- Spatulas.
- Impression syringe (WITHOUT TIP).
- Bench hand piece.
- Pens, pencils, rulers.
- Shade guides.
- Pressure pots and water baths.

4. 1 Disinfection of impressions cast dentures

All should be gently rinsed under water to remove debris saliva or organic materials.

- Alginate and polyether impressions are placed on paper towels and sprayed with disinfectant.
- Compound and zinc oxide impressions should be sprayed with a disinfectant.
- Prosthesis, such as record bases and wax rims shellac, trial bases with tooth set up, dentures, are disinfected by sodium- hypochlorite (in concentrations of 0.5 - 2%), 1:10 dilution.
- For casts spray with glutaraldehyde (concentration 0.13 - 2%), wait for 3 minutes then spray again and rinse with water.

IMPORTANT “Do not use water based glutaraldehyde solutions with a pH of 8 or higher for since this might affect the gypsum surface”.

- The impressions are then wrapped in a towel wet with the suitable disinfectant, placed in a plastic sealed bag and sent to the lab with the lab. form.

5. Items to be sterilized by either autoclaving or chemical sterilization:

- Face bow fork.
- Impression Stainless steel stock trays.

6. Sending Impressions from Clinic to Lab

- Follow the general hygienic guidelines.
- Rinse the impression, after removal from the patient's mouth, gently with tap-water.
- Immerse the total impression plus tray, including the grip, for 10 minutes in suitable water based disinfecting solution, prepared according to the manufacturer's instructions.
- Rinse the impression gently with tap water.
- Remove the excess water from the impression.
- Store the impression for transport in e.g. in a closed plastic bag.

Selection of Disinfectants

Guide for selection of appropriate disinfection methods for items transported to or from the dental laboratory

Item	Method*	Recommended disinfectants	Comments
Appliances	Immerse	Chlorine compounds	Rinse thoroughly after disinfection
Metal/acrylic		Glutaraldehyde	
All metal			
Articulators, facebows	Spray-wipe-spray	Phenolics	Facebow forks should be heat sterilized before reuse
Casts	Spray until wet or immerse	Chlorine compounds	Disinfectant can be prepared using slurry water (saturated calcium sulfate) Probably should not be disinfected until fully set (24 hours)
Custom impression trays (acrylic)			
Impressions	Immersion disinfection preferred		Heat sterilize reusable impression trays. Discard plastic trays after use.
Irreversible hydrocolloid (alginate)	Disinfect by immersion with caution! Use only disinfectants with short-term exposure times (no more than 10 minutes for alginate)	Chlorine compounds	Short term immersion in glutaraldehyde has been shown to be acceptable; but time is inadequate for disinfection
Reversible hydrocolloid			Do not immerse in alkaline glutaraldehyde!
Wax, rims, wax bites		Phenolics	Rinse again after disinfection

► Post-Exposure injuries Protocol

Polysulfide rubber	Disinfect by immersion	Glutaraldehyde, chlorine compounds, phenolics	Disinfectants requiring more than 30-minute exposures not recommended
Silicone rubber			
Polyether	Disinfect by immersion with caution! Use only disinfectants with short-term exposure times (no more than 10 minutes)	Chlorine compounds	ADA recommends any of the disinfectant classes; however, short-term exposures are essential to avoid distortion
ZOE impression paste	Disinfection by immersion preferred. Spraying can be used for bite registrations.	Glutaraldehyde	Not compatible with chlorine compounds! Phenolic sprays can be used.
Impression compound		Chlorine compounds	Phenolic sprays can be used.
Prostheses	Immerse in disinfectant. Use caution to avoid erosion of metal! Can also be sterilized by exposure to ethylene oxide gas.	Rinse thoroughly after disinfection	Clean “old” prostheses by scrubbing with hand wash antiseptic or by sonication before disinfection
Removable (acrylic/porcelain)		Chlorine compounds	Rinse thoroughly after disinfection; store in diluted mouthwash
Removable (metal/acrylic)		Chlorine compounds	Rinse thoroughly after disinfection
Fixed (metal/porcelain)		Glutaraldehyde, chlorine compounds	
Shade guides		Phenolics	Final wipe with water or alcohol to avoid discoloration

Definition

An occupational injury resulting in transfer of a significant amount of blood (at least a full drop) or other high risk body fluids with visible blood from a Source person (usually a patient) onto mucous membranes or non-intact skin or puncture of intact skin of the exposed person (most frequently the operator).

Protocol following injury

1. Stop the procedure immediately.
2. Inform patient.
3. Remove gloves and wash hands.
4. Encourage bleeding from the wound don't scrap.
5. Immediately wash the area, including the puncture or wound using antimicrobial soap and water.
 - Exposed eye, mouth or nose mucosa should be flushed with copious amounts of water.
 - The application of caustic agents such as bleach, or the injection of antiseptic agents into the wound is not advisable.
6. Cover the wound with a dressing.
7. Skin, eyes or mouth wash with plenty of water.
8. Ensure sharp is disposed off safety.
9. Notify clinical support staff and the clinical instructor immediately in order to determine how dental treatment should be completed or temporized.
10. Report the nature of the incident in order that screening is triaged as “urgent”.
11. An INCIDENT REPORT FORM will be completed at the College of Dentistry.

Protocol Information

- All staff must be immunized against Hepatitis B and a record of their Hepatitis B sero conversion held by the Infection Control Coordinator. For those who do not seroconvert or cannot be immunized medical advice and counseling will be sought. In these cases it may be necessary to restrict their clinical activities.
- In case of an inoculation injury, the wound should be allowed to bleed, washed thoroughly under running water and covered with a water proof dressing. The incident should be immediately reported for further necessary action.
- Report any spillages involving blood or saliva or mercury.
- Report any developing reaction to protective gloves or a chemical.
- Both exposed person and source individual are offered the opportunity of having a blood sample drawn in the King Fahad University Hospital after exposure injury.
- The procedures, routes of evaluation, results of testing are completely confidential.
- If the exposed person and source individual agree on testing, the blood will be tested for HBV, HCV and HIV.
- If one of those persons declined testing, the infection control coordinator should record that the exposed person declines testing on the form. The exposed person must sign it.
- Medical prophylaxis and consultations are available at no cost following accidental exposure at the University Hospital.
- Post-exposure prophylaxis is applied only when the Source tests positive for HIV/AIDS.

- The administered Post-Exposure Prophylaxis (PEP) is most efficacious if it is administered within 4 hours following the exposure.
- Within 2 weeks of the incident, the infection control coordinator will prepare a report of test results. These results will be confidential.
- All staff will observe total confidentiality of all information relating to patients of the college.

Accidental exposure report
(Confidential)

Exposed person information

Patient Name

Address

Phone

Record

Incident information

Date of Incident Time A.M. (), P.M. ()

Employee

Dept.

Ext.

Age

Phone

Student Year

Supervisor

Witnesses 1. Phone

2. Phone

Did the incident occur because of mishandling of equipments/instruments?

Yes No

If yes: Type of Equipment/instrument

Did the incident occur because of defective material?

Yes No

If yes: List type of material

Brief explanation of the incident

Immediate Post exposure management

Treatment or first aid required

Follow-up treatment required

In your opinion, this incident happened because of (Specify):

Unsafe working conditions

Unsafe procedure, work area

Defective equipment

Others

Date of Report Reporter's Name Reporter's Sig. Tel. No.



POST EXPOSURE EVALAUTION CONSENT FORM
FOR EXPOSED PERSONS

Name Date

An exposure incident has occurred resulting in contact of the eye, mouth other mucous membrane or non- intact skin with blood or other potentially infectious materials.
I was advised that it would be advantageous to submit confidential blood test for Hepatitis B and C viruses and HIV (the AIDS virus).
I hereby authorize the College of Dentistry to use the tests results for the most benefits.

Exposed person's signature Date

Witness Name / signature Date



POST EXPOSURE EVALAUTION CONSENT FORM
FOR SOURCE INDIVIDUAL

Patients Name Date

Record No.

The dentist has explained to me that an incident has occurred resulting in contact of the eye, mouth, other mucous membrane, or non- intact skin with blood or other body fluids.
The dentist has advised me that it would be advantageous to submit a confidential test for Hepatitis B, C and HIV (the AIDS virus).
I hereby authorize the College of Dentistry to sue the results of these test for most benefits.

Patients Signature Date

Witness Name / Signature Date

Management of Patients with Communicable Diseases

Tuberculosis

Mycobacterium tuberculosis is the organism which commonly affects the lungs but may involve most organs in the body, TB mimics many respiratory conditions, therefore when the practitioner observes a cough of more than 3 weeks of duration, sputum possibly tinged with blood, unexplained weight loss, and night sweats, the patient should be referred for a TB skin test and treatment.

If diagnosed with active infection the patient must be treated till pronounced non-infectious and then may access dental care.

- To ensure appropriate patient screening and if necessary, referral.
- Educate all dental team members to recognize of signs and symptoms of TB as well as on how TB is transmitted.
- Assess each patient for a history of TB as well as symptoms indicative of TB and document findings on the medical history form.

CDC recommendations for patients with known or suspected active TB:

- Put the patient in a separate area away from other patients and employees while evaluating him for possible infectious state, put the patient in a surgical mask and instruct him/her to turn head, cover mouth and nose when coughing or sneezing.
- Defer elective dental treatment until the patient is non-infectious as confirmed by a physician.
- If urgent dental care is provided for a patient who has, or is suspected of having active TB disease, the care should be provided in a facility(e.g., hospital) that provides airborne infection isolation (i.e., using such engineering controls as TB isolation rooms, negatively pressured relative to the corridors, with air either exhausted to the outside or filtered if recirculation is necessary).

- If urgent dental care is provided for a patient who has, or is suspected of having active TB disease, the care should be provided in a facility(e.g., hospital) that provides airborne infection isolation (i.e., using such engineering controls as TB isolation rooms, negatively pressured relative to the corridors, with air either exhausted to the outside or filtered if recirculation is necessary).
- Standard surgical facemasks do not protect against TB transmission; Dental Health Care Professional (DHCP) should use respiratory protection (e.g., fit-tested, disposable N-95 respirators).

For all dental team members who might have contact with persons with suspected or confirmed active TB:

- Conduction of a baseline tuberculin skin test upon employment.

Viral Infections

Hepatitis

- Hepatitis A

Hepatitis A Virus (HAV) belongs to the picornoviridae family and is an RNA virus. HAV infection causes jaundice and rarely causes death. Incubation period is about 4 to 6 weeks. Once the person recovers from Hepatitis A infection, the person is protected for life. A vaccine against Hepatitis A viral infection is now available. If one has not been exposed to HAV, a one time vaccination may provide life long immunity.

- Hepatitis E

Hepatitis E Viral (HEV) infection is similar in nature to the HAV infection epidemiologically but for the higher rate of infection among pregnant women in the third trimester (20% infection rate). As of today, there is no vaccine available against Hepatitis E Virus.

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Hepatitis E Viral (HEV) infection is similar in nature to the HAV infection epidemiologically but for the higher rate of infection among pregnant women in the third trimester (20% infection rate). As of today, there is no vaccine available against Hepatitis E Virus.

- Hepatitis B

Hepatitis B Viral (HBV) infection is caused by a DNA virus which is a hepadna virus. Most patients with HBV infections cannot be clinically identified as being infected. The incubation period lasts from 45-160 days therefore it is also called chronic hepatitis infection. Transmission can be both percutaneous and non-percutaneous, but, primarily blood borne. This variety of hepatitis is very contagious; about 90% of the infected become healthy again; about 9-10% become asymptomatic carriers or suffers from chronic persistent hepatitis or develop active hepatitis leading to hepatocellular carcinoma and death; about 1% develops fulminant disease right after infection and die. Vaccines against HBV infections are available.

- Hepatitis C

Hepatitis C virus or the parenterally transmitted non-A non-B virus is an RNA virus, usually seen in association with blood transfusions and contact with blood and other body fluids. This disease can be very debilitating and can be fatal. Over 60% of the infected may develop chronic liver disease. Of those who develop liver disease, 30-60% develops active liver disease and 5-20% cirrhosis of the liver. Although a vaccine is not available, various treatments including chemotherapy have shown to help control the disease and reduce viral load. This virus is highly infective; therefore, healthcare providers must take adequate precautions while treating patients.

- Human Immunodeficiency Virus

HIV or Human immunodeficiency virus is a condition where transmission occurs through contact with blood and other body fluids. HIV infection may be associated with a variety of conditions. Some of the oral lesions associated with HIV infection and AIDS are Hairy Leukoplakia, Kaposi's Sarcoma and Candidiasis. It is imperative that the dentist have knowledge of the clinical appearance of these oral lesions.

Safety Measures

- All staff/students should complete their vaccination and tests.
- Compliance with the related infection control guidelines.
- Wear your personal protective equipment(PPE).
- Ensure that you take an adequate medical and social history from all patients in a sensitive manner, giving them time to talk and listening to their concerns.
- Improve your diagnostic skills in terms of soft tissue lesions of the mouth by attending courses, using computer-assisted learning or reading.
- Ensure compliance to confidentiality policy that is adhered to by all your staff and that patients are aware of it.
- In case of exposure injuries make sure you report it immediately and that you are referred for blood tests and any further necessary treatments.

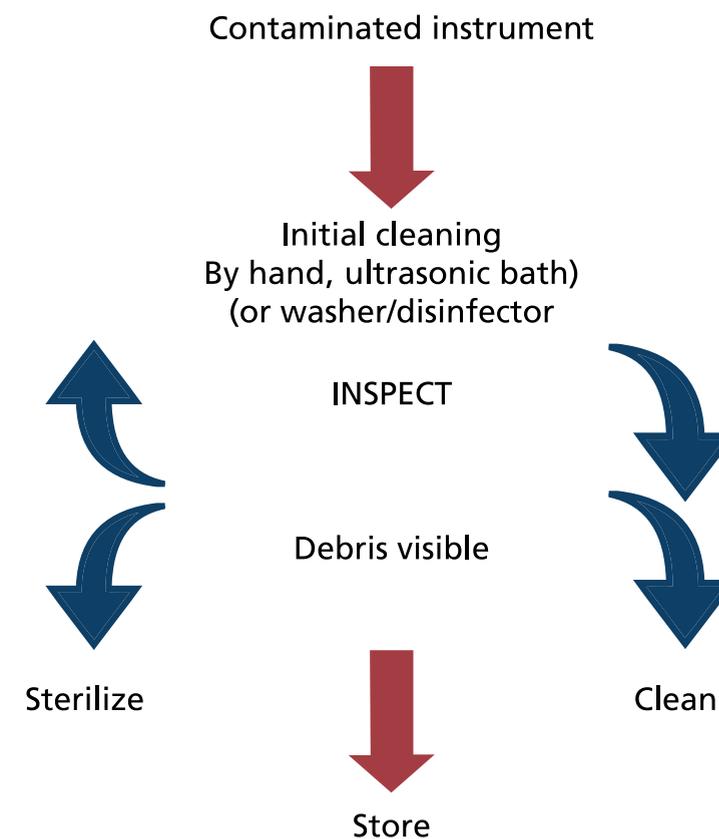
SECTION TWO

Sterilization and Disinfection

Sterilization of Instruments

Status	Instruments	How to handle
Critical	These are instruments that invade tissues. e.g. scalpels, scalers, surgical forceps, burs, files.	Sterilization
Semi-critical	These instruments are used intraorally, but do not invade tissue. e.g. amalgam condenser mirror.	Sterilization or high level disinfection
Non-critical	Instruments or equipment that do not get inside the mouth, they only contact intact skin. e.g. x-ray cone, parts of face bow.	Medium or low level disinfection.

Procedure for the decontamination of instruments



A. Operatory Clean-up

- Clear the work surface of instruments, materials, patients' notes etc.
- Clean by applying a detergent liquid to the surface and physically wiping the area.
- Disinfectant solutions must be made up and used according to the manufacturer's instructions.
- Disinfectants containing alcohol may be flammable and should not be used near a naked flame.
- Personal Protective Equipment must be worn.
- Good general ventilation will help to minimize inhalation.
- All aspirators, drains and spittoons should be cleaned after every session with a detergent and a non-foaming disinfectant.
- Instruments that have been used on a patient should be handled with puncture-resistant utility gloves during operatory clean-up.

B. Transportation

- Instruments should be placed in a rigid or puncture-resistant container at the point of use to prevent percutaneous injuries during transport to the instrument processing area.

Instrument processing requires multiple steps to achieve sterilization. These steps include:

- Holding.
- Cleaning.
- Rinsing.
- Corrosion reduction.
- Drying.
- Packaging.

- Heat-processing.
- Cooling /drying.
- Storage and delivery.

Instrument processing area has clear sections for:

- Receiving, cleaning, and decontamination.
- Preparation and packaging.
- Sterilization.
- Storage of processed instruments.

Disinfection and Decontamination

- Sterilization is the complete destruction of all micro-organisms on an inanimate object or instrument.
- Disinfection is the destruction of organisms in the non-sporing or vegetative state using either heat or water (thermal), or chemical means.
- Decontamination is the cleaning either through manual or mechanical method of visible dirt or bio-burden.
- Decontamination and cleaning should precede all disinfection and sterilization processes.

1. Cleaning

- Cleaning involves the removal of debris as well as organic and inorganic contamination.
- Instruments can be cleaned by hand, in an ultrasonic bath or using an instrument washer/disinfector.
- Thick water proof household gloves must be worn to protect against accidental injury and protective eyewear to shield against splashing.
- Instruments should be washed under water with the sharp end of the instrument held away from the body; extra care must be taken when cleaning instruments that are sharp at both ends.

- In case of hand cleaning the instruments should be fully immersed in a sink pre-filled with warm water and detergent and a long-handled kitchen-type brush used to remove debris.
- The brush used to remove debris from the instruments should be cleaned and autoclaved at the end of each clinical session.
- Cleaned brushes should be stored dry.
- After cleaning, instruments should be rinsed with water to remove chemical or detergent residue, taking care to minimize splashing.
- When using ultrasonic cleaners it should be used and serviced according to the manufacturer's instructions and should contain a detergent not a disinfectant.
- The liquid in the ultrasonic cleaners should be disposed off at the end of each clinical session and more often if it appears heavily contaminated.
- The cleaning cycle should not be interrupted to add further instruments.
- At the end of each day, the ultrasonic cleaner must be emptied, cleaned and left dry.
- After cleaning, all instruments must be examined thoroughly and, if there is residual debris, re-cleaned.
- If cleaning cannot be done immediately, a holding solution may be used a detergent, a disinfectant/detergent, or an enzymatic cleaner.

Use of a liquid chemical sterilant or high-level disinfectant (e.g., glutaraldehyde) as a holding solution is not recommended.

2. Disinfection

- Disinfection of reusable instruments must not be carried out as a substitute for sterilization.
- Items incapable of being effectively sterilized for reuse must be single use and disposable.
- Multiple use equipment incapable of being sterilized (eg electric motors, x-ray heads and composite curing lights) the use protective barrier is required and must be disinfected between uses.
- All instruments used in invasive procedures (eg endodontic files, forceps and elevators) must be cleaned, wrapped, sterilized and stored in a manner which maintains its sterility.
- Sterile packaged instruments should be correctly stored in a designated area where sterility is not compromised.
- Pins, staples or paper clips should not be used as these puncture the wrap, permitting entry of microorganisms.
- Instruments selected for a treatment session but not used must be regarded as contaminated.

3. Sterilization

- The autoclave must be loaded and operated according to the manufacturer's instructions.
- Autoclave chamber must not be overloaded; instruments must be placed in order to allow free circulation of steam.
- Instruments should be dry and not touching.
- Leave hinged instruments open.
- Autoclaves should reach a temperature of 134-137°C for three minutes.
- The door should not be opened until the cycle is complete.

- The autoclave should be calibrated by the supplier and the whole sterilization process from cleaning through packaging and loading should be validated by the assigned professional.
- An on-site test should be carried to establish that the loaded autoclave will consistently achieve sterilization.
- A daily, weekly, quarterly and yearly testing schedule is required to confirm ongoing validation of the sterilization process.
- Clear and adequate records should be kept of routine testing of the autoclave.
- A logbook should be kept for each autoclave in which details of maintenance, tests, faults and modifications are recorded. The logbook should be kept for 11 years.

Decontamination of hand pieces

If a cleaning machine is not used, the following protocol should be adopted for the pre-sterilization cleaning of hand pieces:

- Leave the bur in place during cleaning to prevent contamination of the hand piece bearing.
- Clean the outside of the hand piece with detergent and water – never clean or immerse the hand piece in disinfectant
- Remove the bur
- If recommended by the manufacturer, lubricate the hand piece with pressurized oil until clean oil appears out of the chuck and clean off excess oil.
- Sterilize in an autoclave.
- If recommended by the manufacturer, lubricate the hand piece after sterilization and run it briefly before use to clear excess lubricant.
- The oil used for pre-sterilization cleaning/lubrication should not be the same as used for post sterilization lubrication; either two canisters should be used or the nozzle changed between applications.

Section Three

Environmental Health

- Environmental surfaces typically need to be cleaned only. However, whenever they are contaminated with blood, saliva, other bodily fluids or water containing any body fluid, then they should be cleaned and then disinfected.
- Clinical contact surfaces should be protected after use to avoid cross-contamination.
- Surface protection is accomplished by either:

a. Surface cleaning and disinfection OR.

b. Barrier protection.

1. Ventilation

- All clinics should be well ventilated.
- Ventilation systems should exhaust to the outside of the building without risk to the public or re-circulation into the public building.
- Mechanical ventilation systems must be regularly cleaned, tested and maintained according to the manufacturer's recommendations to ensure they are free from anything that may contaminate the air.
- Recycling air conditioning systems are not recommended.

2. Floor covering

- The floor covering should be impervious and non-slip. No Carpeting.
- The floor covering should be seam-free; where seams are present, they should be sealed.
- The junctions between the floor and wall and the floor and cabinetry should cover or be sealed to prevent inaccessible areas where cleaning might be difficult.

3. Work surfaces

- Work surfaces should be impervious and easy to clean and disinfect.
- Work surface joins should be sealed to prevent the accumulation of contaminated matter and aid cleaning.
- All work surface junctions should be rounded or coved to aid cleaning.
- Working areas that have instruments placed on them during treatment should be kept to a minimum, clearly identified and cleaned after each patient.
- The clinical areas of the practice should be cleaned daily by the housekeeping staff with a disinfectant, and on weekly basis vacuum and dust the room.
- The non-clinical areas are cleaned daily by the practice cleaner who will dust and vacuum all non-clinical areas and dispose of non-clinical waste in the bin provided at the rear of the building.

4. Surface cleaning and disinfection

- All clinical contact surfaces that have been contaminated or may have been contaminated should be cleaned and disinfected between patients and at the end of the workday.
- Staff responsible should wear appropriate personal protective equipments (PPE) while cleaning and disinfecting clinical contact surfaces.
- Treatment areas should be kept uncluttered of unnecessary equipment and supplies to make daily cleaning easier.
- Clinical contact surfaces and equipment can be protected from contamination using barrier protection.

- Barrier protection is particularly effective for those clinical contact surfaces that are difficult to clean and disinfect due to surface topography or material chemical incompatibilities. Barrier protection materials include:

1. Clear plastic wrap.
2. Plastic bags.
3. Plastic sheets.
4. Plastic tubing.
5. Plastic-backed paper.

- Barriers should be removed and discarded between patients using gloves.
- Following removal of the barrier, the clinical contact surface should be examined to ensure it did not become inadvertently contaminated. The surface should be cleaned and disinfected if contaminated.
- Following removal of the barrier, gloves should be removed, hand hygiene should be performed and clean barriers should be placed prior to the next patient treatment.
- Housekeeping surfaces, such as floors, walls and sinks, have a limited risk of disease transmission in dental health-care settings. Periodic cleaning with dilute detergents or household low-level disinfectants is typically all that is required.
- If the surface becomes contaminated with blood, saliva or other bodily fluids, the surface should be cleaned and then disinfected with a hospital-grade tuberculocidal intermediate-level disinfectant.
- Floors should be cleaned regularly, and spills should be quickly cleaned up.
- Routine disinfection of floors, windows, walls, drapes, window blinds and other vertical surfaces is not necessary unless the surfaces are known or are suspected to be contaminated.

- Cleaning tools, such as mop heads or cleaning cloths, should be cleaned after use and allowed to dry before reuse.
- Single-use, disposable mop heads and cloths are also available and should be used to avoid spreading contamination.
- Dilute solutions of detergents or disinfectants, especially if prepared in dirty containers, stored for long periods of time or prepared incorrectly, may become reservoirs for microorganisms.
- Manufacturers' instructions for preparation and use should be followed.
- Fresh cleaning solution should be made each day, discarding any remaining solution and allowing the container to dry between uses.
- Contaminated housekeeping surfaces should be dealt with promptly by cleaning and surface disinfection.
- Blood spills or splashes should be contained and managed as quickly as possible to reduce the risk of contact by patients and staff members.
- The staff responsible to clean the spill should be pre-assigned so that a delay does not occur and should wear appropriate PPE.
- Visible organic material should be removed with absorbent material (e.g., disposable paper towels discarded in a leak-proof container).
- Non-porous surfaces should be cleaned and then decontaminated with a hospital-grade tuberculocidal intermediate-level disinfectant.
- Cleaning equipment should be stored outside patient care areas in cupboards.
- Cleaning records should be retained and kept in each clinic.

5. Water supplies

- Water line heaters should not be used in a dental unit or in dental equipment, as these heaters encourage waterline microorganism growth.
- All waterlines should be purged at the beginning of each workday by flushing the lines thoroughly with water for at least 2-3 minutes. This purging should be done with hand pieces, air/water syringe tips and ultrasonic tips not attached to the waterlines.
- Hand pieces utilizing water coolant should be run for 20-30 seconds after patient care, in order to purge all potentially contaminated air and water.
- Sterile water or sterile saline should be used when irrigating open vascular sites and whenever bone is cut during invasive surgical procedures.
- When closed water systems are used, staff should be careful not to touch the tubing with the fingers or gloved hand when changing the water coolant bottle, as this easily contaminates the entire system.
- Manufacturers' instructions of the dental units and dental equipment should be followed for daily and weekly maintenance whenever closed water systems or other special water delivery systems are utilized.
- All water lines and airlines should be fitted with anti-retraction valves to help prevent contamination of the lines.
- A bottled water system can help to control microbial contamination. Disinfectants can be introduced into the water supply to reduce the microbial load. The manufacturer's advice on the type and strength of disinfectant should be followed.
- Interrupting the water supply to the clinics by a physical break (air gap) to prevent the possibility of backflow.

6. Domestic Cleaning

- Empty contents of bucket (plastic) down toilet or slop hopper.
- Rinse and clean with detergent solution then dry. If body fluids have been in contact with the bucket, after cleaning, rinse with a 0.1% hypochlorite solution.
- Use disposable (wet) mop, if not dispose weekly or sooner if heavily soiled or contaminated with body fluids. After use rinse, dry and store head up.
- Mop (dry) vacuum after each use.
- Rinse lavatory brushes in flushing water and store dry.
- Floors: vacuum or dry mop for dust control, for wet cleaning - wet mop, wash with hot water and General-purpose Detergent (GPD) ; if known contamination - follow with 0.1% hypochlorite solution.
- Furniture and fittings: damp dust with hot water and detergent, if known contamination - follow with 0.1% hypochlorite solution.
- Walls and ceilings: when visibly soiled use hot water and GPD. Splashes of blood, or known contaminated material, should be cleaned promptly with 0.1% hypochlorite solution.

Management of Medical Waste

A: General Waste

Which does not pose a significant risk of causing or transmitting communicable diseases or infection. General waste is placed in blue or black lined bin.

B: Hazardous Waste

Is a waste with one or more properties that are hazardous to health or the environment, explosive, oxidizing, irritant, infectious, toxic.

Clinical waste as defined and categorized as hazardous waste:

Consists of:

1. Human tissue
2. Blood or bodily fluid
3. Syringes, needle or sharps instrument.
 - Infection waste is disposed off in a yellow coded waste bin.

Disposal of Waste Materials

Sharps

- Disposable needles, scalpel blades and other sharp items must be placed intact into puncture - resistant containers before disposal.

Fluids

- Blood, suctioned fluids or other liquid waste may be carefully poured into a drain connected to a sanitary sewer system, if known or suspected to be infectious, disinfect fluid waste with bleach prior to discarding.

Procedure for Cleaning and disinfection of Blood Spill:

1. The person assigned to clean the spill wear gloves and other P.P.E as needed.
2. Clean the area with disposable towels using sodium hypochlorite or Lysol I.C.
3. Rinse with clean water as the hypochlorite solution may be corrosive.
4. Dry the surface with disposable paper towels.
5. Dispose of towels and protective clothing and other contaminated materials, gloves, insert into the plastic biohazard bag.
6. Immediately wash and dry hands thoroughly.

Solids Wastes

- Solid waste, i.e., gloves, masks, suction tips contaminated with blood or body fluids are to be placed in sealed, sturdy, impervious bags to minimize human contact. Items that are dripping blood, or saturated with it, may be reduced to general waste by simply squeezing or rinsing out over a sink. If known or suspected to be infectious, solid wastes must be autoclaved prior to disposal.

Procedure for Cleaning and disinfection of Amalgam Spill:

1. Housekeeper wears disposable gloves, masks and gown.
2. Collect spill amalgam using disposable towels or cardboard.
3. Clean area with disposable towels using Lysol I.C for disinfectant.
4. Dry the surface with disposable paper towels
5. Discard as clinical waste (yellow biohazard bag).

Procedure for handling of excess amalgam:

1. Excess amalgam usually placed on small specimen container with small amount of water.
2. If the amalgam is full in the container, the housekeeper collected and disposed on biohazard waste bag.

Procedure for handling medical waste:

1. For disposal of sharps instruments, assistant is responsible for monitoring the level of the container.
2. If the label reaches $\frac{3}{4}$ full, assistant will inform housekeeper to disposed and seal the container.
3. Housekeeper will dispose it in red biohazard plastic bag and must be segregated from other medical waste.
4. All medical waste are collected and segregated and disposed off separately.
5. All medical solid waste are stored outside in a locked dumpster (enclosed locked room with ventilation).
6. For our medical wastes, waste transporter collects all the waste 3 x weeks. In the receipt they specify the weight and no. of collected bags.

Procedure for Waterlines Disinfectant:

- a. Waterlines are flushed for 2 minutes at the start of the day and 20 -30 seconds between patients,
- b. Dental units are drained down and waterlines are cleaned at the end of each working day.
- c. Dental units waterlines are disinfected by using maxi-evac on weekly basis.
- d. Independent bottled water is cleaned and disinfected.
- e. We have a checklist for waterlines asepsis every week, and to sign after checking.

Appendix 1

Surfaces to be disinfected and covered when possible:

Dental Light

- Switches.
- Handles.

Unit

- Bracket table.
- Bracket table handle.
- Air/water syringe tip, handle, holder.
- Saliva ejector attachment.
- All hoses.
- Hand piece holders and levers.
- Control switches.

Dental Chairs

- Control switches.
- Arms and head rest.

Clinicians Stool

- Back front and edges.

View Box

- Disinfected.
- Switches should be covered.

Others

- Patient mirror.
- Pens and pencils for charting.
- Stethoscope.
- Safety glasses and face shields: rinse under running water after using the disinfectant.

Infection Control Checklist

Domestic Cleaning and Clinics Infection		Y/N	Action to be taken
1	Is the clinic well design and clean?		
2	Does the clinic have good Ventilation?		
3	Work surfaces – Was there any damage to the surfaces and edges?		
4	Is there any damage to the chair coverings?		
5	Are disinfectants introduced into the bottle water tubing to reduce biofilm or within the water supply to reduce microbial load?		
Sterilization		Y/N	Action to be taken
1	Are the sterilized instruments stored with lids on the trays?		
2	Are the instruments stored in a dry condition?		
3	Is Single use Instruments used?		
4	Was the standard of cleaning and disinfection sufficient?		
Laboratory Disinfection		Y/N	Action to be taken
1	Are impressions washed firstly under the tap?		
2	Are the impressions disinfected after cleaning?		
3	Are the impressions sprayed with disinfectant or dipped?		
4	Is confirmation included that disinfection has taken place when sent to the Lab?		

Clinical Waste Management		Y/N	Action to be taken
1	Is waste segregated into Clinical and non-clinical?		
2	Were the clinical waste bags no more than ¾ full, tied and not knotted and labelled?		
3	Were the Sharps boxes of the correct standard?		
4	Was the clinical waste stored securely in a locked bin or room?		
5	Were the waste notices / company details checked and recorded?		
6	Were the Developer and fixer if used, considered as hazardous waste?		
7	Were the Clinical waste bins suitable in each surgery? (foot operated)		
8	Was each surgery fitted with an Amalgam Separator?		
9	Is the waste collected under contract?		
Personal Protective Equipment		Y/N	Action to be taken
1	Are personal protective equipment available/worn during dental procedures and when manually cleaning instruments and equipment?		
2	Are personal protective equipment available in every clinic?		
3	Are protective gowns/coats removed before eating or leaving the surgery?		
4	Are heavy duty utility gloves used for the reprocessing and cleaning of equipment ?		

Hand Hygiene		Y/N	Action to be taken
1	Does staff wash hands before donning and after removing gloves?		
2	Is the liquid hand wash solution used appropriate for the task?		
3	Are staff with skin problems such as exudating lesions or weeping dermatitis referred for medical assessment and excluded from patient care until the condition has resolved?		
4	Are disposable (e.g. paper) towels used to dry hands?		
5	Are Health Care Workers hands free from rings (except a plain wedding ring), hand jewelry and artificial nails before washing hands and when donning gloves prior to procedures?		
Sharps Management		Y/N	Action to be taken
1	Are sharps handled with care?		
2	Is the passing of sharps by staff hands avoided?		
3	Are sharps disposed off as soon as practicable and by the operator?		
4	Are sharps disposed of at the point of generation?		
5	Are staffs aware of the Infection Control procedure for the Management of Occupational Exposures?		

Single use Items		Y/N	Action to be taken
1	Are single use items discarded immediately or at the end of the procedure?		
2	Are dental local anaesthetic cartridges stored in their blister packs to ensure sterility?		
3	Are water lines flushed for a minimum of 30 seconds between patients?		
4	Are water lines disinfected at the start of each day with an approved biofilm reducing solution (as per manufacturer's instructions) for a minimum of 2 minutes?		
Waste Management		Y/N	Action to be taken
1	Do housekeepers segregate waste appropriately as per their local Waste Management rules?		
2	Are waste containers correctly labeled and lined with the appropriate impervious bag?		
3	Are sharps containers disposed of as per the district sharps management contract?		
4	Is clinical waste disposed appropriately and not placed in community industrial bins ?		
Instrument Reprocessing		Y/N	Action to be taken
1	Is the instrument reprocessing area separate from the surgeries/treatment rooms and dedicated to instrument reprocessing?		
2	Have all staff with responsibility for reprocessing of reusable medical devices received the appropriate training?		

3	Are the principles of Standard Precautions adhered to during instrument cleaning?		
4	Is gross soil removed from instruments immediately after use at the point of use?		
5	Are instruments contaminated with blood and body fluids cleaned immediately to prevent substances drying on surfaces?		
6	Are instruments used in semi-critical sites which are not able to withstand sterilization disinfected to a high level?		
7	Is an instrument grade detergent used for cleaning instruments?		
8	Are items dried before sterilization?		
9	Are items visually inspected for damage, completeness and contamination after cleaning?		
Sterilizers		Y/N	Action to be taken
1	Does sterilizer used conform to safety measures?		
2	Are appropriate systems used to monitor the process of sterilization?		
3	Is the sterilizer manufacturer's instruction book kept with the sterilizer?		
4	Has staff training in the use of the sterilizer been documented?		
5	Does the sterilizer have a printer or recording device attached?		
6	Does the sterilizer have a drying cycle?		
7	Is the sterilizer packed correctly and according to the validated load?		
8	Is the sterilizer maintained correctly?		

9	Is performance qualification of the sterilizers undertaken annually and as required?		
10	Is the method used to monitor the sterilization process consistent with manufacturer instructions?		
11	Are all items being reprocessed in a sterilizer recorded in a sterilizer cycle record?		
12	Are sterilizer validation reports kept?		

Infection Control Coordinator

Signature

Date

Compliance Check List

General

- Staff training.
- Documented infection control policy.
- Policy reviewed, reinforced, updated.
- Practice follows “standard Precautions”.
- Bio burden removed prior to disinfection or sterilization.
- Hepatitis vaccination for staff or signed declination.
- Staff aware of cuts and needle-stick potential.
- Current medical histories for patients.

Personal hygiene

- Staff fingernails short and clean.
- No personal jewelry.
- Efficient hand washing before and after treatments.
- New pair of PPE per patient.
- Cuts and open skin lesions covered.

Work methods

- Work methods minimize risk of cross infection
- Designated primary clinical area.
- No cross contamination of primary clinical area.
- All environmental surfaces, floors and walls smooth and easily cleaned.
- Sterilized instruments segregated.
- Required instruments available in the primary clinical area
- Staff wears protective glasses and barrier face masks.
- Patients offered protective eyewear.
- Outer protective clothing worn confined to clinics.

- No food or drink in the clinical areas.
- Disposable local anesthetic and needles.
- Protocol to be implemented for needle-stick/sharps injury/body fluid splash.
- Documentation of all needle-stick/sharps injury/body fluid splash.

Sterilization, cleaning and disinfection

- Only sterile instruments penetrate tissues.
- All heat stable instruments sterilized.
- All heat sensitive equipment disposable and discarded.
- Cleaning and disinfecting agents stored correctly.
- Instruments pre-cleaned, autoclave correctly loaded, stacked, suitable water.
- Autoclave maintained, calibrated and sterilization process validated.
- Water lines flushed/anti-retraction valves/bottled sterile water.
- Correct disposal of sharps, contaminated disposables, liquid wastes.
- Impressions and models rinsed, disinfected and contained for transport.
- Instruments and hand-pieces sterilized before dispatch for repair.

Incident Report Format

Date

To Dr.
College of Dentistry
University of Dammam

From Dr.
College of Dentistry
University of Dammam

Subject Incident Report

Type of Incident

When it happened

Actual Description

.....

.....

Date/Time

Location

Reported by

Witness(s)

Category / type

Name and Signature

Preventive Action Taken

CC: Vice Dean for Clinical Affairs
Medical Director

Infection Control Violations and Breaches

Significant breaches

- Failure to comply with completion of the immunization schedule as outlined in infection control manual.
- Failure to comply with dress code regulation.
- Failure to comply with safety practices while working in clinical or laboratory areas.

Outcome

1. Students

1.1 I case of violation of working guidelines and or dress code they will receive a verbal breach notification from Course Director and the Infection Control Coordinator will be notified.

1.2 If the same action is repeated; the student will receive a written breach letter that will be saved in his/her file records.

1.3 Persistent or repeating of the same action the student will be suspended from clinical activities.

2. Staff

2.1 Those who fail to comply with vaccination requirement will be suspended from their clinical activities.

2.2 In case of violating safety work practices and or dress code regulations; a verbal notification will be provided by the Infection Control Coordinator followed by a written letter if the action continues to happen.

2.3 The Vice Dean for Clinical Affairs has will use his authorities to deal with any persistent noncompliance.

Evaluation Form

Faculty

Student (yr.)

Gender

1. Did you attend any previous workshop on occupational hazards or infection control?

Yes No

2. Are you aware with the infection control policy of the college?

Yes No

3. Do you find work practices in the faculty safe?

Yes No

4. Are protective equipment available in each clinic?

Yes No

5. Do you use personal protective equipment in all treatment procedures?

Yes No

6. Was vaccination program clear for you?

Yes No

7. Did you have a needle stick injury in past two years?

Yes No

8. Are you aware with post exposure protocol of the college?

Yes No

9. Do you think infection control practices of the college are enough for you?

Yes No

10. Did you report in incident or violation that was not dealt with?

Yes No

Resources

1. CDC Guidelines for Infection Control in Dental healthcare Settings. (2003). <http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm>.
2. Recommended infection control practices in dentistry. Morbidity and Mortality Weekly Report RR-8, May 28, 1993. (<ftp://ftp.cdc.gov/pub/Publications/mmwr/RR/RR4208.pdf>).
3. The Organization for Safety and Asepsis Procedures (OSAP): <http://www.osap.org/>.
4. The Canadian Dental Association. Infection Prevention and Control in the Dental Office. <https://www.cda-adc.ca/>
5. The British Dental Association. Infection Control in Dentistry: Advice Sheet (A12). <http://www.bda-dentistry.org.uk/>.
6. Dalhousie University. College of Dentistry: Infection Control manual.
7. King Abdul-Aziz University .Faculty of Dentistry .Infection Control Manual.

College of Dentistry
Administration Directory

Name	Office Tel.numbers	# Room
Dean	333-1400	D1029
Director of Administration and Finance	333-1401	D1013
Vice Dean for Academic Affairs	333-1402	D1022
Vice Dean for Clinical Affairs	333-1403	D1024
Vice Dean for Female Student Affairs	EXT. +966-13-8574928 114/126 333-1502	Rm. 035
Supervisor General for Vice Deanship for Quality and Development	333-1504 128/216	Rm. 098
Vice Dean for Post Graduate Studies and Scientific Research	333-1404	D1033
Medical Director	EXT. +966-13-8574928 222	3F Bldg. 2 # Room
Chairman- Biomedical Dental Sciences Department		D3085 D3084
Chairman- Preventive Dental Sciences Department	333-1422	D3069 D3066
Chairman- Restorative Dental Sciences Department	333-1424	D3030
Chairman- Substitutive Dental Sciences Department	333-1400	D3022 D3025
Chairman- Dental Education Department	EXT. +966-13-8574928 126	Rm. 101

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