

Dear Dental Applicant:

Thank you for your interest in becoming an Operation Smile Dental Volunteer! As you know, Operation Smile relies on volunteers to give their time and expertise to help bring smiles to the faces of children at home and around the world.

Enclosed you will find an application and introduction to the role of dental volunteers.

To help expedite the application process, please submit the completed application along with:

- Current Curriculum Vitae/Resume
- Current licensure
- Current Board certification (if applicable)
- Copies of diplomas

Please do not send incomplete application packages. Upon receipt of your complete application packet, it will be forwarded to the Dental Council Chair for review. The Chair may telephone you to clarify information and will determine the status of your application. This process can take up to 8 weeks.

Operation Smile will inform you of the results of your application. Upon approval by the council, an applicant will be entered into the Operation Smile Medical Volunteer database, indicating eligibility to participate on a medical mission. Mission selection guidelines state that all mission teams are to be comprised of at least 50 percent experienced Operation Smile team members and the remainder of the team of new volunteers.

At the conclusion of this application, you will find the Dental Volunteer job description. This information is provided as an introduction to the role and responsibilities of dental volunteers on Operation Smile missions.

Please note that the fabrication of obturators is a key component of the work that dental volunteers do on the mission and therefore a required skill of all volunteers.

We look forward to hearing from you soon. If you have any questions, please feel free to contact the Medical Volunteers Department at 1-888-OPSMILE (888-677-6453) or via e-mail at credentialing@operationsmile.org.

Best regards,

Medical Volunteers Department

MEDICAL MISSION DENTAL VOLUNTEER APPLICATION

Name: _____
(Last) (First) (Middle)

Home Phone: (____) _____ Work Phone:(____) _____

Cell Phone: (____) _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Place of Work: _____

Work Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Preferred Mailing Address (check one): _____ Home Address _____ Work Address

PLEASE CHECK APPROPRIATE SPECIALTY

_____ **Pediatric Dentist** _____ **Orthodontist** _____ **General Dentist**
_____ **Prosthodontist** _____ **Oral Surgeon** _____ **Periodontist**

CURRENT EXPERIENCE: Please indicate which types of patients/programs you have had experience with in the last 3-5 years, and describe your current work.

_____ Pediatrics (0-6 years old) _____ Prosthetic Treatment
_____ Youth (7-14 years old) _____ Periodontal Therapy
_____ Adult (over 14 years old) _____ Root Canal Therapy

Please describe your experience fabricating obturators, orthodontic retainers or partial dentures and taking impressions on patients with cleft palate.

Please describe your experience with extractions, endodontics, restorations (amalgam and composite), and other procedures you do on a routine basis. In addition, please describe how comfortable you are working in pediatric dentistry.

Board Certified: YES Specialty: _____ Date: _____ NO

Have your medical privileges ever been suspended? YES NO

If YES, please explain: _____

Have you ever participated in any overseas medical/healthcare work? YES NO

If YES, please explain: _____

Languages spoken and sign language (please indicate level of fluency): _____

Are you available on short notice to join a mission team?

- Yes with 1 – 2 weeks notice
- Yes with 3 – 4 weeks notice
- No

Short notice availability does not affect the application process but allows Operation Smile to adjust to the changing circumstances of our mission countries and volunteers.

PASSPORT INFORMATION

Passport #: _____ Passport Type: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____

Issuing Authority name and city: _____

Date Issued: _____ Expiration: _____

References

Please provide information for three individuals from within your specialty who can attest to your clinical ability, professionalism, and ability to work as a part of a team in high-stress situations. One of these references MUST be the head of the department where you currently practice. Our Dental Specialty Council may contact these references during the application review.

Reference #1

Name: _____
 Position: _____
 Company/Hospital: _____
 Telephone #: _____
 Email: _____
 For how long did you work closely with this reference? ____ years ____ months
 In what capacity did you work with this reference? _____

 Is this reference an Operation Smile volunteer? (circle) YES NO

Reference #2

Name: _____
 Position: _____
 Company/Hospital: _____
 Telephone #: _____
 Email: _____
 For how long did you work closely with this reference? ____ years ____ months
 In what capacity did you work with this reference? _____

 Is this reference an Operation Smile volunteer? (circle) YES NO

Reference #3

Name: _____
 Position: _____
 Company/Hospital: _____
 Telephone #: _____
 Email: _____
 For how long did you work closely with this reference? ____ years ____ months
 In what capacity did you work with this reference? _____

 Is this reference an Operation Smile volunteer? (circle) YES NO

APPLICATION PROCESS:

Please send this completed application along with:

- **Current Curriculum Vitae/Resume**
- **Current copies of licensure**
- **Current copy of Board certification (if applicable)**
- **Copies of diplomas and degrees**

It is very important that you send all of the above information together with the completed application. If any of the above information is not in the application packet, the application is considered incomplete. You will be notified if your application is incomplete.

Completed application packets will be sent to their respective medical specialty council for review at which time you may be interviewed by telephone or asked to submit additional information. Operation Smile will inform you of the results of your application.

If an applicant is selected for a mission, all of his/her work will be done on a volunteer basis. Transportation and lodging are provided by Operation Smile, but each team member will be required to pay a sponsorship fee (\$500) to help defray part of the mission expenses. Mission selection guidelines state that all mission teams are to be comprised of at least 50 percent experienced Operation Smile team members and the remainder of the team of new volunteers.

Please send all completed forms to:

**Operation Smile
Medical Volunteer Management
6435 Tidewater Drive
Norfolk, VA 23509-1600
USA**

I have read the above and certify that the foregoing is true, correct and complete. I shall promptly inform Operation Smile if there is any change to the facts herein.

Signature: _____

Date: _____

Dentist Job Description

Revised April 2008

Roles and Responsibilities

- Contact and work with local counterparts
- Procure donated dental supplies
- Assess the quality of dental care available on site
- Set up dental area, confirm the voltage is adapted appropriately
- Support Surgical Mission
- Screen patients for related dental problems
- Fabricate obturators and extract teeth that interfere with surgical repair of cleft lip and/or palate
- Provide education for counterparts and patients/parents
- Complete all forms and evaluations
- Provide preventative and home care instruction

Principles and Goals

- Integrate dental care for the cleft lip and cleft palate patient into the interdisciplinary team
- Assess the quality of dental care available and provide appropriate home care instructions and materials, if possible, to the patient
- Improve intra-oral function by excellent treatment planning using knowledge of growth, development and space considerations **by appropriate extractions**
- Construct obturators for those patients for whom cleft palate closure cannot be performed either due to the medical or anatomic considerations. Construct obturators to be used as partial dentures to supply teeth for chewing, improve aesthetics and to facilitate normal speech

Criteria and Guidelines for Successful Outcome

- Improve intra-oral function
- Improve aesthetics and speech
- Remove only those teeth that are required to facilitate surgery and prevent infection during healing of the surgical procedure. This generally includes teeth that interfere with lip or palatal closure and those teeth which are severely infected
- Avoid difficult, time-consuming extractions in the operating room as lip and palate surgery must proceed on a tight schedule
- Avoid unwanted dental or medical sequelae. These might include breaking teeth during surgery or removing more bone than anticipated. This may compromise cleft palate surgery rendering the ultimate care less effective and may disrupt the surgical schedule by taking unnecessary, excessive time.
- Minimize the dental surgical procedures to reduce bleeding during the operation. As you cannot be certain of the availability of post-operative care after the departure of the Operation Smile Team, it is important that trauma and the potential for post-operative bleeding or infection be minimized
- Secure a dental hygienist or other person trained to educate patients. Assess the information that your assistant is giving to the patients (this person might be local or part of the team)
- Provide the patient or parent with the proper education for diet and oral hygiene necessary to prevent further deterioration of the dentition and to provide for the best possible healing environment of the surgical site
- Utilize translators whenever necessary to facilitate communication with patients and others
- Work with Speech Language Pathologists

Supplies and Instruments Provided in Cargo

- 1 EA BUR CARBIDE HP #HM79GX-060
- 1 PK CLASP ADAMS 8MM PK100
- 1 PK CLASP SS BALL .028 PK100
- 1 BX STONE STAT POUCH 120GM BX24
- 2 KT EMULATE ALGINATE 1# FAST KT
- 1 BX TRAY #5 PERF SM UP BX12 GRN
- 1 BX TRAY #3 PERF MED UP BX12 GRN
- 1 BX TRAY #1 PERF LG UP BX12 GRN
- 1 BX TRAY #4 PERF MED LOW BX12 GRN
- 1 PK TRIAD VLC MAT SHEET LPFIB PK30
- 1 EA KNIFE #7R
- 1 EA SPATULA ALGINATE
- 1 BX WAX UTILITY STRIPS LG RED
- 1 JR PETROLEUM JELLY JAR 3.75OZ
- 1 PK RETAINER BX REG 1" ASST BX12
- 1 BX SCALPELS DISP SS STER #11 BX10
- 1 PK TRUECHROME ORTHODONTIC WIRE .020 1OZ
- 1 PK WIRE TRUCHROME .030 RND PK10
- 2 BG MIRRORS DISP PLASTIC BG10
- 1 EA NIPPERS PLASTER STAINLESS
- 1 EA ALGINATE MIXING BOWL LG 600CC
- 1 EA MIRROR PATIENT 5X6
- 1 EA CURING LIGHT

Supplies and Instruments to Bring

- Orthodontic forceps for wire bending
- Wire cutter
- Dremel motor and acrylic trimming and polishing burs (with bit that fits motochuck)
- Pencils, pens, flashlights, handy wipes
- Extraction universal forceps, elevators, rongeur
- Examining gloves
- Assortment of anterior teeth
- Scissors
- Any equipment you require to perform the procedures

Key Concepts and Competencies

I. PRE-MISSION

- 1. Contact if possible dental counterparts prior to the mission to arrange for an on-site dental team to be assembled. Support is generally available if the local dentists can be identified prior to the mission. To this end, the Operation Smile dentists should attempt to contact local mission country dentists through the mission coordinator and the on-site Operation Smile Manager as soon as he/she has been assigned to the mission.
- 2. Bring all supplies likely to be needed. Out-patient facilities vary from site to site. Even if out-patient facilities are available, it is advisable to bring all the supplies that will be used in the mission so as not to deplete the supplies of the host clinic. An excessive number of instruments are neither necessary nor desirable, as most surgeries will be fairly simple.
- 3. Assess the electrical requirements in country; bring a small transformer and proper adapters. *Portable transformers are usually available through Operation Smile; however, consider bringing one small travel transformer adapter. The low wattage (50W) transformers will run a Mototool. Higher wattage transformers (1300W) for irons and dryers will damage small motors and battery chargers.*

II. ARRIVAL and SET UP

Identify an area for laboratory work that is in a convenient location with respect to the operating room and sterilizing area. It should have power, lighting and water. Use bottled water for impressions.

Identify a place to make impressions. If no out-patient facility is available, utilize the recovery room or another determined site.

III. SCREENING and PRE-SURGICAL ORTHODONTIC ASSESSMENT

Screening typically takes place during the two or three week days preceding surgery and often continues as new patients arrive throughout the week. The dental/orthodontic screening should immediately follow the surgical screening. The surgeon will make the initial decision as to which operations can be performed; the dentist can then adapt the dental plan to the anticipated surgical plan.

- 1. Identify teeth for extraction and patients who will need obturators and out-patient services.
- 2. Set up the dental evaluation prior to the speech evaluation.
- 3. Regularly meet with the speech pathologist so obturators are constructed for the appropriate patients.
- 4. Identify assistants to expedite the screening process. The ratios of surgeons to dentists conducting screenings are not proportional. Therefore, patients must be assessed rapidly and efficiently to maintain a steady patient flow.
- 5. Record in the medical record what teeth are to be removed. Time is not available for detailed charting of caries and for periodontal probing. Patients who require more complex exams should be appointed at a later time and seen on an out-patient basis
- 6. Keep a personal schedule in a small daily planner so that you can plan impression, lab, and delivery timing, and identify needed extractions by patient prior to going to the ER.

IV. SCHEDULING PATIENTS

- 1. Follow the dental screening and scheduling process in the medical record section of this manual. The forms and schedule sheets are included in this section.
- 2. Check the surgical schedule carefully each morning. Re-examine the dental needs of each patient in the pre-operative area prior to surgery. Keep your own notebook and log of anticipated and completed procedures.
- 3. Mark the surgery schedule with a large “D” for each patient that will need a dental procedure and inform each anesthesiologist-surgeon team and medical records personnel which patients need dental care.
- 4. Make sure you are available prior to the patient being put to sleep. As soon as the patient is asleep, the dentist should perform the dental procedure and be done prior to the surgeon being ready to begin. This is the most efficient way to operate. If you are not at the table, the surgeon may start and the dental procedure may be missed.
- 5. Check each patient carefully, as the patients and schedules can become unsynchronized. Knowledge of schedule changes is extremely important to ensure that all dental procedures planned during the screening process are performed.

V. PRE-OPERATIVE

- 1. Assess the availability and level of dental services where you will be working.
- 2. Identify possible dental providers for follow-up care.
- 3. Integrate the Chiefs of Service or designees into the Operation Smile mission, as often as possible, not only to strengthen the mission, but also to provide follow-up care to the mission patients as often as possible.
- 4. Identify if a dental school is available in the host city. The school will usually be willing to participate in the mission and in follow-up care.

VI. OPERATIVE MANAGEMENT and TREATMENT

- 1. Re-examine patients who will have surgery that day in the pre-operative area.
- 2. Sterilize your own instruments using the Operation Smile steam autoclaves. Bring enough instruments to provide for adequate sterilization time. Keep your dental instruments separate from the general instrument supply to ensure their availability when needed.

Extractions

Most extractions will be done on in-patients under general anesthesia. Very infrequently out-patients may require extractions under local anesthesia.

Extraction criteria:

- *Active intra-oral infection*
- *Teeth interfere with operative site (Not for decay)*