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|  |  | |  |  | | --- | --- | | |  | | --- | | This position description serves as the official classification document of record for this position. Please complete the information as accurately as you can as the position description is used to determine the proper classification of the position. | | |  | | |  |  | | --- | --- | | **2. Employee's Name (Last, First, M.I.)** | **8. Department/Agency** | |  | DOC-PARNALL FACILITY | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | Bureau of Health Care Services | | **4. Civil Service Position Code Description** | **10. Division** | | Dentist-E | Health Care – Correctional Facilities | | **5. Working Title (What the agency calls the position)** | **11. Section** | | DENTIST | Health Care – Dental Clinics | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | CHOI, JONG R; DENTIST MANAGER-1 | Assigned Correctional Facility | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | CHOI, JONG R; STATE DIVISION ADMINISTRATOR | VARIES / 80 hours per pay period | | |  | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | Provide Dental Services to prisoners at assigned Correctional Facility and other Dental Clinics, as assigned.  These Dental Services include, but are not limited to: diagnosis, operative/restorative, surgical (including extractions), endodontic, and prosthetic treatment.  To document and record patient treatment information, as required by the Facilities Dental Program guidelines, to ensure performance compliance of supervised Dental Staff, to provide patient care in accordance with established and perceived “standard of care guidelines” and to maintain the facility Dental Clinic operational modalities at MDOC Facilities Dental Program standards. | | | |  | |  |  |  |  | | | |  |

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|  |  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **15. Please describe the assigned duties, percent of time spent performing each duty, and what is done to complete each duty.  List the duties from most important to least important. The total percentage of all duties performed must equal 100 percent.** | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **Duty 1** | | | | **General Summary:** | **Percentage:** | **65** | | Clinical Dentistry | | | | **Individual tasks related to the duty:** |  |  | | * Diagnose and treat diseases of the oral cavity by utilization of examination and radiographs. * Perform necessary dental surgery including extraction of teeth and roots and removal of soft tissue or bony lesions. * Preserve natural dentition when possible either by fillings and/or root canal therapy. * Provide periodontal services including oral hygiene instruction for prevention of the spread of oral diseases. * Prosthetic replacement of missing teeth. | | | | **Duty 2** | | | | **General Summary:** | **Percentage:** | **15** | | Administrative | | | | **Individual tasks related to the duty:** |  |  | | * Maintain dental charts and histories (paper and electronic as indicated), and log book entries of each patient treated. * Coordinate and schedule the treatment of all patients. * Answer grievances as related to dental treatment or assist Health Unit Manager or designee in providing information to answer grievances. * Maintain compliance of OSHA standards and Department of Corrections Policies and Procedures related to dental clinic operation. * Arrange for specialty referrals. * Follow guidelines related to the MPRI program. | | | | **Duty 3** | | | | **General Summary:** | **Percentage:** | **10** | | Supervision | | | | **Individual tasks related to the duty:** |  |  | | * Periodic checks on the routine performance of the dental assistant and dental hygienist. * Assignment of patients to the dental hygienist. * Yearly evaluation of dental assistant and dental hygienist. | | | | **Duty 4** | | | | **General Summary:** | **Percentage:** | **5** | | Laboratory and Clinic Maintenance | | | | **Individual tasks related to the duty:** |  |  | | * Supervise lab work and maintenance of dental clinic equipment. * Check regularly to assure that lab cases are sent expeditiously to the lab. * Maintain lab log so that cases are easily traced from start to finish. * Keep regular maintenance log. | | | | **Duty 5** | | | | **General Summary:** | **Percentage:** | **5** | | Professionalism and Training | | | | **Individual tasks related to the duty:** |  |  | | * Serve as a role model by maintaining a professional atmosphere at all times with sensitivity and understanding toward patients and staff which is conducive to high quality health care and a humane environment. * Complete all Department of Corrections training and certification requirements for employment. * Complete continuing education requirements and certification for maintaining a current State of Michigan license. * Assures that staff under supervision meet all Department of Corrections and State of Michigan training, certification, and continuing education requirements for employment and licensure. * Actively promotes the MPRI program. | | | | | | | | | | |  |
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|  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.** | | |  |  | | |  | | --- | | All decisions that affect the dental care of patients under care.  These decisions affect the clinic dental assistant, dental hygienist, health care support staff, and custody. | | | | | | | | |  |
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|  |  |  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **17. Describe the types of decisions that require the supervisor's review.** | | |  |  | | |  | | --- | | Issues having financial or legal impact. | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **18. What kind of physical effort is used to perform this job? What environmental conditions in this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.** | | |  |  | | |  | | --- | | Physical Activities:  Sitting, stooping, reaching, lifting, carrying and bending.  (Sitting–80%, Standing–15%, Carrying–5%)  Condition Hazards:  Noise, odors, chemicals, contaminated waste, radiation and exposure to TB, HIV+ and HBV.  The practice of dentistry requires considerable physical exertion constantly.  This exertion includes moving between chairs, standing during long surgical procedures, and hand strength for the retraction and removal of teeth.  This position is also constantly exposed to adverse environmental conditions such as biologic hazards (TB, HIV+, & HBV) and chemical hazards such as disinfectants and other dental material.  The dental clinic is located within the secure perimeter of a prison. | | | | | | | | | |  |
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|  |  |  |  |  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **19. List the names and position code descriptions of each classified employee whom this position immediately supervises or oversees on a full-time, on-going basis.** | | | | |  |  |  | | |  | | --- | | **Additional Subordinates** | | |  | |  |  |  | |  | |  | | --- | | Dental Hygienist and/or Dental Aide | |  | |  |  |  | | | | | |  |
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|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):** | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | Y | |  | |  | | --- | | Complete and sign service ratings. | |  | |  | | --- | | Y | |  | |  | | --- | | Assign work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | Y | |  | |  | | --- | | Provide formal written counseling. | |  | |  | | --- | | Y | |  | |  | | --- | | Approve work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | Y | |  |  |  | |  | |  | | --- | | Y | |  | |  | | --- | | Approve leave requests. | |  |  | |  | | --- | | Review work. | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | Y | |  | |  | | --- | | Approve time and attendance. | |  | |  | | --- | | Y | |  | |  | | --- | | Provide guidance on work methods. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | Y | |  | |  | | --- | | Orally reprimand. | |  | |  | | --- | | Y | |  | |  | | --- | | Train employees in the work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?** | | | |  |  | |  | |  | | --- | | Agree. | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **23. What are the essential functions of this position?** | | | |  |  | |  | |  | | --- | | Same as 15. | | | | | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.** | | | |  |  | |  | |  | | --- | | N/A | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **25. What is the function of the work area and how does this position fit into that function?** | | | |  |  | |  | |  | | --- | | Provides general and emergency dental services including prophylaxis, extractions, restorations, endodontics, and prosthetic treatment to the prisoners at the assigned Correctional Facility. | | | | | | | | | |  |
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|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.** | | | | | | |  | |  |  |  |  |  |  |  | | |  | | --- | | **EDUCATION:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Possession of a Doctorate of Dental Surgery or Doctorate of Medical Dentistry degree. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **EXPERIENCE:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | **Dentist P15** No specific type or amount is required. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **KNOWLEDGE, SKILLS, AND ABILITIES:** | | | |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Demonstrated competence in general dentistry, maturity, satisfactory communication skills and ability to relate with difficult patients, specifically prisoners. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **CERTIFICATES, LICENSES, REGISTRATIONS:** | | | | |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Current Michigan Dental License.  Current BLS/CPR certificate. | | | | | | | | |  |  |  |  |  |  |  | |  | |  | | --- | | ***NOTE: Civil Service approval does not constitute agreement with or acceptance of the desired qualifications of this position.*** | | | | |  |  | |  |  |  |  |  |  |  | | | | | | | | |  |
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|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*** | | | |  | |  | |  | | --- | |  | |  | |  | | --- | |  | |  | |  |  |  |  |  | |  | |  | | --- | | **Supervisor** | |  | |  | | --- | | **Date** | |  | |  |  |  |  |  | | | | | | | | |  |
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|  |  |  |  |  |  |  |  | |  | | --- | | **TO BE FILLED OUT BY APPOINTING AUTHORITY** | |  |  |
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|  |  |  |  |  |  |  | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | | **Indicate any exceptions or additions to the statements of employee or supervisors.** | |  | |  |  |  | |  | |  | | --- | | N/A | |  | |  |  |  | | | |  |
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