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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-HURON VALLEY CORR COMPLEX | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | Bureau of Health Care Services | | **4. Civil Service Position Code Description** | **10. Division** | | DENTAL AIDE-E | Health Care | | **5. Working Title (What the agency calls the position)** | **11. Section** | | Dental Assistant | Health Services | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | ; DENTIST-E | Dental Clinic | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | CHOI, JONG R; DENTIST MANAGER-2 | 3201 Bemis Rd Ypsilanti, MI 48197 / 80 Hours Per Pay Period | | |  | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | This position assists the dentist in providing dental care to prisoners at the assigned correctional facility. The position may be assigned to perform duties at dental clinics in other facilities. The position assists with the overall operations of the dental clinic.  This position has a Selective Position Requirement (SPR) - Possession of a radiography certification which involves completion of a dental radiography course taught in a program approved by the Michigan Board of Dentistry, pursuant to the Board of Dentistry, Administrative Rule R338.11307. This is a test-designated position (DART). This position has direct contact with prisoners for more than 50% of work time and is 100% located within the secure perimeter of a Correctional Facility. | | | |  | |  |  |  |  | | | |  |

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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:** | **75** | | Provides chairside assistance to the dentist in providing dental care to prisoners. | | | | **Individual tasks related to the duty:** |  |  | | * Prepares and sets up sterilized instruments. * Passes instruments to/from the dentist during procedures. * Operates air/water syringe and suction to provide maximum visibility for the dentist. * Mixes cement, liners, and filling materials. * Seats and dismisses patients as appropriate. * Takes and processes x-rays. * Assists other dental assistants or hygienists as needed. * Performs any other duties as directed or determined by the Dentist or Dental Director, including assignments at other facilities. | | | | **Duty 2** | | | | **General Summary:** | **Percentage:** | **10** | | Performs housekeeping and clinic maintenance duties. | | | | **Individual tasks related to the duty:** |  |  | | * Sterilizes dental instruments. * Cleans and disinfects dental unit and chair between patients. * Runs cleaner/disinfectant through suction lines. * Lubricates, maintains, and sterilizes hand pieces. * Maintains mechanical equipment per the printed maintenance schedule from SIGMA. * Counts critical tools at the beginning and end of shift. * Maintains all flammables and caustic/toxic items and counts same at the end of shift. * Tests autoclave. Posts dates autoclave was cleaned. * Performs x-ray maintenance. | | | | **Duty 3** | | | | **General Summary:** | **Percentage:** | **10** | | Performs general clerical duties for the dental clinic. | | | | **Individual tasks related to the duty:** |  |  | | * Handles and files patient records. * Makes entries in daily log book, prosthetic log, and kite log. * Enters kites. * Maintains appointment list. * Schedules patients. * Completes caustic/toxic monthly report and flammable monthly report. * Orders supplies. Stocks supplies when delivered from warehouse. * Prepares and boxes prosthetics for mailing to Dental Lab. * Makes entries in needle and blade logs. * Makes entries in autoclave monitoring log. * Maintains logs and enters information into EHR. * Performs any other assigned duties as directed by the Dentist or Dental Director. | | | | **Duty 4** | | | | **General Summary:** | **Percentage:** | **5** | | Maintains Dental lab and clinic. Performs laboratory work. | | | | **Individual tasks related to the duty:** |  |  | | * Prepares and pours models from impressions. * Prepares lab cases for mailing to Dental Lab. * Maintains Lab Log to keep track of lab cases. * Maintains prosthetic tracking system. | | | | | | | | | | |  |
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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.** | | |  |  | | |  | | --- | | Call outs, processing kites, infection control, ordering supplies, monthly reports, lab cases and tool counts. These are directly related to the clinic operation. | | | | | | | | |  |
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|  |  |  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **17. Describe the types of decisions that require the supervisor's review.** | | |  |  | | |  | | --- | | When clarification or modification is required. | | | | | | |  |
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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, standing, excessive walking, stooping, kneeling, reaching, lifting, carrying and bending.  Condition Hazards: Noise including high-pitched hand piece noise, odors, chemicals, fumes, contaminated waste, air, sharps and instruments, body fluid and blood contamination, radiation and exposure to biologic hazards (TB, HIV+, HBV, and other infectious disease) and chemical hazards such as disinfectants and other dental materials.  Participating in dental care requires considerable physical exertion constantly. 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** | | |  | |  |  |  | |  | |  | | --- | |  | |  | |  |  |  | | | | | |  |
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|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):** | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Complete and sign service ratings. | |  | |  | | --- | | N | |  | |  | | --- | | Assign work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Provide formal written counseling. | |  | |  | | --- | | N | |  | |  | | --- | | Approve work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | N | |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve leave requests. | |  |  | |  | | --- | | Review work. | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve time and attendance. | |  | |  | | --- | | N | |  | |  | | --- | | Provide guidance on work methods. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Orally reprimand. | |  | |  | | --- | | N | |  | |  | | --- | | 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?** | | | |  |  | |  | |  | | --- | | Yes | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **23. What are the essential functions of this position?** | | | |  |  | |  | |  | | --- | | The position assists in providing dental care for prisoners in keeping with the dental health care policies of the Michigan Department of Corrections. The position chairside assistance to the dentist. | | | | | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.** | | | |  |  | |  | |  | | --- | | Updating PD to provide more detailed duties and adding SPR. | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **25. What is the function of the work area and how does this position fit into that function?** | | | |  |  | |  | |  | | --- | | Provides general and emergency dental services to prisoners. The dental assistant is an integral part in dental clinic operation. | | | | | | | | | |  |
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|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.** | | | | | | |  | |  |  |  |  |  |  |  | | |  | | --- | | **EDUCATION:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Education typically acquired through completion of high school. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **EXPERIENCE:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | **Dental Aide E8** Two years of experience equivalent to a Dental Aide, including one year equivalent to a Dental Aide 7.  **Alternate Education and Experience**  **Dental Aide E8** Completion of a one-year program in dental assistance may be substituted for the experience requirement. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **KNOWLEDGE, SKILLS, AND ABILITIES:** | | | |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Maturity, satisfactory communication skills, and ability to relate with difficult patients. Knowledge of dental terminology and equipment, techniques of chair-side assistance, and dental record keeping. Tact and similar qualities necessary to meet and deal effectively with others. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **CERTIFICATES, LICENSES, REGISTRATIONS:** | | | | |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | This position has a Selective Position Requirement (SPR) - Possession of a radiography certification which involves completion of a dental radiography course taught in a program approved by the Michigan Board of Dentistry, pursuant to the Board of Dentistry, Administrative Rule R338.11307. | | | | | | | | |  |  |  |  |  |  |  | |  | |  | | --- | | ***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.** | |  | |  |  |  | |  | |  | | --- | | NA | |  | |  |  |  | | | |  |
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|  |  |  |  |  |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***I certify that the entries on these pages are accurate and complete.*** | | | |  | |  |  |  |  |  | |  | |  | | --- | | LAESTER PRIEST | |  | |  | | --- | | 12/17/2021 | |  | |  |  |  |  |  | |  | |  | | --- | | **Appointing Authority** | |  | |  | | --- | | **Date** | |  | |  |  |  |  |  | | | |  |
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