

**The University of Texas School of
Dentistry at Houston**



**Exam Site Information for Candidates
Western Regional Examining Board (WREB)
2020 WREB Dental Examination**

7500 Cambridge St.
Houston, TX 77054
713-486-4354

TABLE OF CONTENTS

	<u>Page #</u>
Travel and Housing Arrangements	3
• Airline and Airport Information	3
• Ground Transportation To/From Airports	3
• Housing	4
School of Dentistry Facility and Services	4
• Building Access and Hours	4
• Parking	4
• Registration and Identification Badges	5
• ATM Machines	5
• Food Service	5
Patient Screening and Imaging	5
Preparing for the Exam	6
• Cubicles (Operatories)	6
• Equipment, Instruments and Materials	6
• Endodontics Exam	7
During the Board	8
• Infection Control	8
• Sterilization	9
• Medical Emergencies	9
Handbook Appendices	
• Exam Room Assignments	11
• Dental Supplies	12
• Maps	13
• Dental Equipment Rental Agreement	17

Welcome to the University of Texas Health Science Center at Houston – School of Dentistry

The School of Dentistry is located at 7500 Cambridge St. Houston, TX 77054, which is at the corner of Cambridge St. and East Rd. This handbook has been prepared to assist dental candidates for the Western Regional Examining Board (WREB) Exam. If additional information is needed after reading this handbook, please contact the Office of the Associate Dean for Patient Care at (713) 486-4354 or send email to Ruby.Gorham@uth.tmc.edu.

Travel and Housing Arrangements

1. **Airline and Airport Information**

Houston is served by two airports: Hobby Airport in Southeast Houston and George Bush Intercontinental Airport of Houston (IAH) in North Houston. Depending on origination, candidates may find flights into both airports and should inquire when booking reservations. Being the larger airport, Bush Intercontinental accommodates a larger number of airlines and flights.

2. **Ground Transportation to/From Airports**

In non-rush hour periods, expect a minimum drive time of approximately 35 minutes from Hobby and approximately 55 minutes from Bush Intercontinental. Candidates have three (3) primary choices for ground transportation from Houston's airports:

a. **Shuttle bus**

Texas Bus Lines (713-523-8888) operates the Airport Express Shuttle Service to/from both airports. Shuttle service is provided at the Marriott Medical Center and the Holiday Inn Hotel & Suites. Please call for fares.

b. **Taxi cab**

While several companies serve Houston, candidates may elect to use one of the following and should call for approximate fares:

Liberty Cab	(713) 364-4977
United Cab	(713) 699-0000
Yellow Cab	(713) 236-1111

c. **Rental car**

Both Houston airports are served by all major car rental companies. Those listed below are just a few that are available:

Alamo Rent-A-Car	(800) 327-9633
Avis Rent-A-Car	(800) 331-1221
Hertz Rent-a-Car	(800) 654-3131
National Car Rental	(800) 227-7368
Thrifty Car Rental	(800) 367-2277

d. Directions for Driving from Airports and Freeways

From Bush Intercontinental Airport - Depart Intercontinental Airport onto Will Clayton Boulevard. Take Will Clayton to Highway 59 South. Travel Highway 59 South to Highway 288 (19 miles). Exit Holcombe Blvd. Stay straight and take a right on Old Spanish Trail. Turn left onto Cambridge St. Take the first right onto East Rd. The School of Dentistry is located at the corner of Cambridge St. and East Rd.

From Hobby Airport - Depart Hobby Airport onto Broadway. Travel Broadway to I-45 North. Take I-45 North to 610 Loop West. Follow 610 Loop West towards 288 and exit Yellowstone Blvd. Stay straight and turn left on Old Spanish Trail. Turn left onto Cambridge St. Take the first right onto East Rd. The School of Dentistry is located at the corner of Cambridge St. and East Rd.

3. Housing

Reservations should be made directly with hotels/motels, and accommodations located within a few blocks of the school are listed below. Candidates should call for rates.

Residence Inn Marriott Medical Center 7807 Kirby Dr. Houston, Texas 77030 (713) 660-7993	Hampton Inn & Suites 1715 Old Spanish Trail Houston, Texas 77054 (713) 797-0040	Holiday Inn Hotel & Suites Medical Center 8111 Kirby Dr. Houston, Texas 77030 (713) 790-1900
--	--	--

NOTE: All hotels/motels listed above may provide courtesy transportation to the School of Dentistry Texas.

School of Dentistry Facility and Services

1. Building and Bookstore Access Hours

The School of Dentistry building will be open from 6:00 a.m. to 6:00 p.m. during the WREB, unless otherwise requested by the examiners. The school Bookstore (Room 2202 on the 2nd floor) will also be open from 7 am to 5 pm on Wednesday, Thursday, and Friday of the WREB. It will be closed on Saturday.

2. How to Access Security

A security desk is located in the main lobby on the 1st floor.

3. Parking

Parking is located directly across the street from the School of Dentistry. The rate as of 8/27/19 is hourly with a \$10.00 maximum daily fee. Parking can be paid at the exit by credit card.

4. **Registration and Identification Badges**

Numbered badges will be issued to candidates after candidate orientation and will serve as an I.D. throughout the examination. The badge must be worn at all times while in the building.

5. **Food Service**

The School of Dentistry has a “Grab and Go” located on the first floor room 1202. Food and beverage machines are located on the first floor as well.

Patient Screening

The School of Dentistry **cannot** provide patients for candidates. Candidates should not ask the school for patients or patient records. Candidates may use the School of Dentistry to screen patients on a limited basis. Screenings are to be performed on the school’s 1st floor clinic. Please note the available dates and times below.

Monday May 4th from 9:00 am until 11:00 am and from 1:00 pm – 3:00 pm on and Tuesday May 5th from 9:00 am until 11:00 am and 1:00 pm- 3:00pm.

There will be no screenings during the WREB exam.

** Patient brokering, i.e. the selling of patients, will not be tolerated under any circumstances within the school of dentistry and/or on the premises of the university. Violation of this rule will result in immediate removal from the campus of the university.*

School of Dentistry Imaging (Radiology) Policy

This site will be a digital facility only.

Preoperative radiographs for up to two (2) operative procedures for Provisional Acceptance can be submitted as outlined below.

Submitting Radiographs

Radiographs will be uploaded to WREB’s secure website by a designated staff member at UTSD. Uploads can only be done by the designated staff member(s) during the assigned window which is March 27, 2020 – April 9, 2020. Once the window has closed, no additional radiographs will be accepted for Provisional Acceptance. If you do not submit during the window, you will submit your patient(s) at the clinical exam site.

You may upload two (2) submissions. Once a procedure is submitted, no changes will be allowed. You can send your images, in the correct format as specified in the Candidate Guide to Ruby.Gorham@uth.tmc.edu.

Candidates are solely responsible for providing diagnostic quality radiographs, correct tooth numbers, and a diagnosis of the restorative procedures for all qualifying lesions on the teeth submitted for acceptance.

Imaging Clinic

The Imaging Clinic is located on the first floor adjacent to the patient waiting area. Since our facility's radiography is completely digital, all outside candidates will need to bring your enhanced digital radiographs in a printout form. All radiographs must be on high quality photographic paper.

It is strongly recommended that candidates have radiographs taken before arriving at the School of Dentistry. However, screenings can be performed in the School of Dentistry on the first floor during the times listed above.

Any radiographs obtained on a potential patient require the written authorization of a School of Dentistry Faculty member(s) assigned to the area. The *Radiograph Authorization Assessment Form* is available in the Imaging clinic.

Candidates using the Imaging Clinic are required to follow School of Dentistry infection control policy and to wear proper clinic attire. Staff will not be available to take radiographs. XCP and BW/XCP as well as phosphor plates will be provided. Candidates will be responsible for exposing and scanning their patient's PSP (phosphor plate).

The clinic will be available on the following dates and times prior to the exam.

Monday May 4th from 9:00 am until 11:00 am and from 1:00 pm – 3:00 pm on and Tuesday May 5th from 9:00 am until 11:00 am and 1:00 pm-3:00 pm.

The Imaging Clinic will be available to the candidates and their assistants during the exam on a limited basis (emergency situations only) from 7:30 am – 5:00 pm. Again, please note that the school will accommodate digital radiography only.

Supplies available in Imaging Clinic:

Cotton rolls
Bitewing tabs
Disposable foam Stabe biteblocks
Gowns
Facemask
Sanitizing materials
Latex free gloves
Phosphor plates
XCP's
Film cushions

Preparing for the Exam

1. Cubicles (Operatories)

Each candidate will be assigned a numbered cubicle in the clinic which will correspond to the applicant's numbered I.D. badge issued after orientation. Each cubicle is equipped with one (1) dental chair (Adec), one (1) delivery unit equipped with an air/water syringe (Adec), and one (1) operator's stool. Any equipment malfunctions should be reported to The Office of Patient Care 713-486-4354 room 3510.

2. Equipment, Instruments and Materials

Items to be supplied by candidates and the School of Dentistry are included in the supplements at the end of this handbook (page 11). **Anything not listed the candidate must provide.**

a. **Handpiece Hookups**

Each 12 O'clock delivery unit is equipped with one 6-pin air tubing, one electric motor, and one Satelec Newtron Piezo handpiece tubing (**no handpiece**).



12 O'Clock Delivery Unit



6-Pin Tube with W&H RQ-24 (removable)



Acteon Newtron Piezo Handpiece Tube

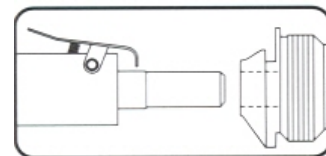


Electric Motor
Will not work w/some Bien Air or Kavo attachments

b. **Ultrasonic Scaler Hookups**

All dental units have quick-connector water sources. The names of some scaler units adaptable to the school's quick connector with ¼" fitting are:

- Cavitron (Dentsply)
- Densonic Scaler (Dentsply)
- Schein
- Titan – Star



3. **Equipment Rental Agreement**

The Equipment Rental Agreement begins on page 17. The completed form must be presented to the cashier station for payment to be made.

4. **Endodontics/Prosthodontic Exam**

The laboratory will be equipped with manikin assemblies. Facial shrouds will not be used. The endodontic and prosthodontic modules will be attached to the typodont base with a screw mount. For specifics on models to be used please refer to the 2020 Candidate Guide or Acadental's website at acadental.com/WREB.

Materials provided in the Endo/Pros Lab

<ul style="list-style-type: none">• Cups• Rubber Dam• Cotton Pellets• Cotton Rolls• Cotton Tips• RC-Prep (EDTA)• Tongue Depressors• Gowns	<ul style="list-style-type: none">• Alcohol 2x2's• Gutta-Percha• Paper Mixing Pads• Floss• Gloves• EDTA Solution• AH Plus• Opti-X w/2mm Sphere• Weigh Dish	<ul style="list-style-type: none">• Mannequin• Endo Gas Burners• Napkins• Syringe• X-Ray Machine• Paper Points• 2x2 Gauze• Surgical Tips• PVS putty material
--	--	--

During the Board

1. Infection Control

a. Surface Asepsis

- Handles of the unit light, x-ray heads, light cure units, and air-water syringes may be covered with either clear plastic wrap or blue adhesive backed plastic wrap.
- The patient chair, dental unit, and counter tops may be disinfected by using disinfectant wipes.
- Plastic head rest covers and plastic wrap are provided. Disinfectant wipes and barrier bags are available on each floor.
- Candidates must furnish their own utility gloves to be worn during scrub and handling of dirty instruments.

b. Personal Protective Equipment

- Appropriate protective clothing, including disposable gowns, are available and must be worn in occupational exposure situations.
- Disposable gloves, masks and gowns are located at each clinical dispensary.
- Candidates are to provide their own OSHA-acceptable protective glasses. Chlorhexidine antiseptic soap is available at sinks in all clinics.

c. Hazardous Waste

- Any blood/saliva-soaked waste is considered hazardous and must be disposed of in biohazard bags available at the clinical dispensary.
- Biohazard bags may be attached to the sides of the bracket tray. At the end of each session, bags should be sealed and placed in biohazard waste containers which are located at the dispensary

d. Sharps Disposal

All needles, anesthetic cartridges, and any potential sharps are to be placed in the plastic sharps containers located in each cubicle.

2. Sterilization

Instruments and handpieces properly cleaned, dried, wrapped and marked with appropriate candidate I.D. # will be accepted for steam sterilization at the second floor clinical dispensary, Room 2520. Sterilization services are available from 8:00 a.m. to 12:00 noon and from 1:00 p.m. to 4:00 p.m. on Monday, May 4, 2020 through Wednesday, May 6, 2020 and From 7:00 a.m. to 5:30 p.m. Thursday, May 7, 2020 through Saturday May 9, 2020. Instruments received after 3:30 p.m. will not be ready until 7:30 a.m. the following day.

3. **Medical Emergencies (“Code Blue”)**

The examiner will have access to the school’s automatic external defibrillator (AED) and provide appropriate action according to the American Heart Association (AHA) standards until emergency responders arrive.

In order to alert emergency personnel to a medical emergency and not unduly alarm the patient population, the following protocol must be followed upon discovering a serious medical emergency:

- a. The patient will remain in the care of the candidate or person discovering the problem. **The patient must not be left alone.** The assistant or responsible person will be sent to report the problem to the floor Examiner.
- b. The Floor Examiner will make a judgment as to whether a “coded” emergency exists.
- c. The assistant will be sent to the nearest dispensary for an emergency crash cart with a request that the dispensary place an immediate call for a “Code Blue” announcement.
 1. If a “coded” emergency has been declared, dispensary personnel will provide the emergency crash cart for the messenger and immediately place calls to the following locations:

Office of Clinical Services (SOD 3210) Dial 486-8873
Office of Patient Care (SOD 3510) Dial 486-4354

The message should be stated clearly and briefly as follows:

“Code Blue in progress on _____ floor, _____ area.”

2. If nursing assistance only is requested, dispensary personnel will immediately notify the Office of Clinical Services, 486-8873.
- d. In all possible emergencies:
 - Place the patient in a supine position, if unconscious
 - Assess consciousness and responsiveness
 - Check airway, assist respiration if indicated
 - Check pulse, be prepared to perform CPR if indicated

- e. Emergency carts are located in all clinical dispensaries, the Special Patient Clinic (Area A), Periodontal Graduate Clinic (Area K) and the Oral and Maxillofacial Surgery Clinic (Area D). A floor RN with a crash cart and emergency personnel will go to the area of the emergency on a “Code Blue”. Emergency manuals are located on the emergency carts.
- f. The examiner assumes responsibility for resuscitative procedure and the administration of emergency drugs until relieved by other personnel. Emergency manuals are located on the emergency cart.

EXAM ROOM ASSIGNMENTS

Schedule* and Locations

	<u>Room #</u>
Wednesday May 6, 2020	
Candidate Orientation	4310
School Tour	4310
Prosth Exam (Simulation Center)	3460
Thursday May 7 thru Friday May 8, 2020	
Clinic Exam Area (2 nd floor)	Bays: H & J
(Left-handed cubicles to be designated by WREB)	
Endodontic Exam (Simulation Center)	3460
Saturday May 9, 2020	
Clinic Exam Area (2 nd floor)	Bays: H & J
Endodontic/Prosth Exam (Simulation Center)	3460
<u>Other Important Rooms</u>	
Clinical Dispensary/Central Sterilization Receiving	2520

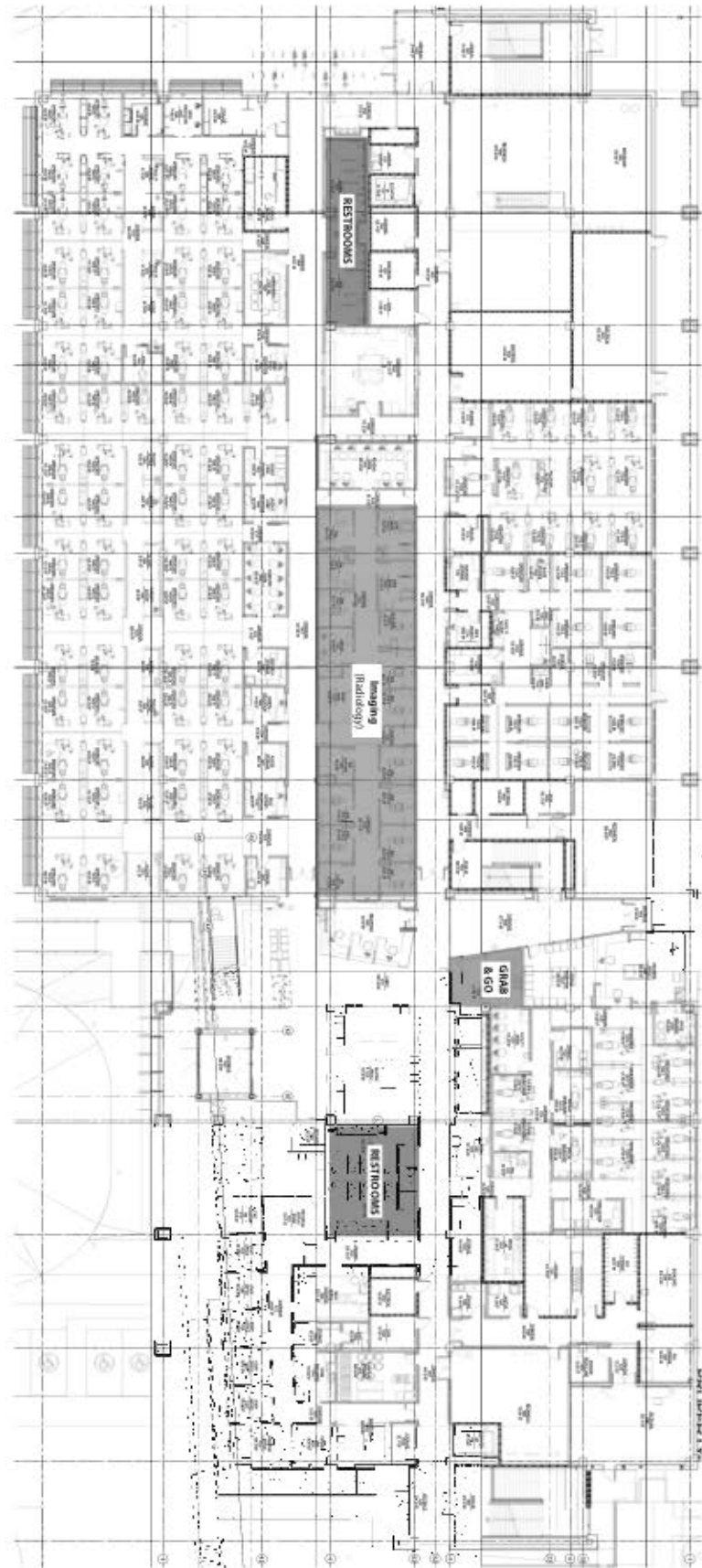
*See official WREB documents for times.

DENTAL SUPPLIES

Items Supplied by Clinical Dispensary (items not listed are the responsibility of the applicant):

<ul style="list-style-type: none"> • Air/Water Syringe Tip, Disposable • Amalgam Capsules • Anesthesia, Local & Topical • Articulating Paper • Bags, Biohazard • Bags, Sterilization • Bags, Trash • Integrity Temp Grip • Cement, Permanent (Duralon, Rely-X Unicem, Rely X-Luting Cement, Rely X-Veneer Cement, Variolink II,) • Composites (Z250) • Cotton Gauze - 2x2 Sponges • Cotton Pellets • Cotton Rolls • Cotton Swabs • Crowns, Temporary • Crown Formers (Ellman's, Integrity) • Cups, Drinking • Disinfectant Wipes (PDI AF3) • Thera Cal LC • Evacuator Tips • Face Masks • Facial Tissue • Floss • Glass Ionomer – Fuji II LC • Gloves-nitrile • Headrest Covers • Impression Material • Impression Trays, Disposable • Mouthwash • Napkins, Patient 	<ul style="list-style-type: none"> • Needles, short and long • Paper Towels • Plastic Wrap • Polishing Materials for Restorations • Prophy Paste • Pulp Testers • Retraction Cord • Rubber Dam & Napkins • Saliva Ejectors, standard • Soap, Hand • Instrument Trays • Temporary Filling Materials (Cavit, Cavit- G, Systemp, IRM) • Tray Cover • Air/Water Syringe w/Hub (on chair) • Gowns • Isopropyl Alcohol Pads
--	---

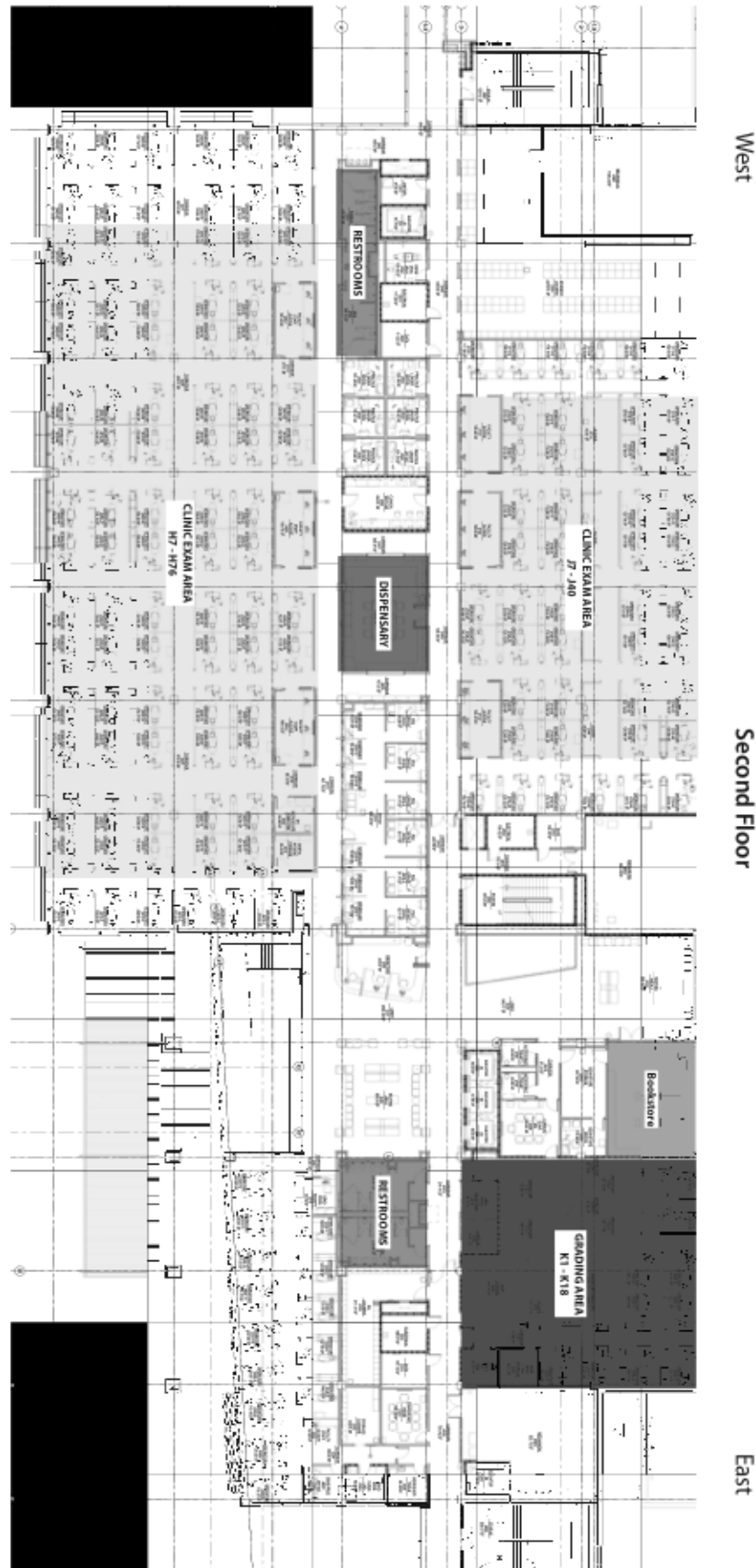
Please Note: Candidates must provide their own endodontic files

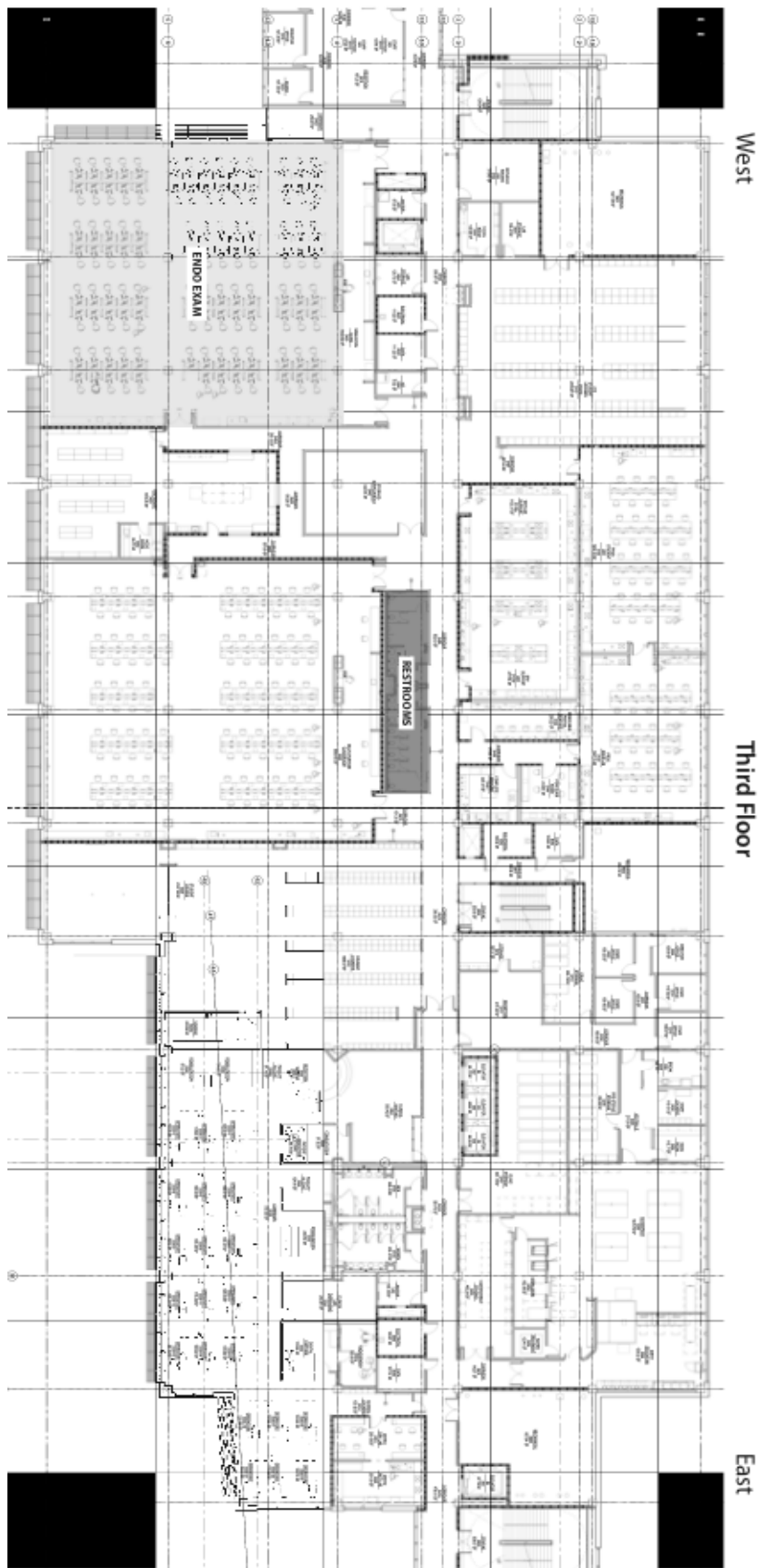


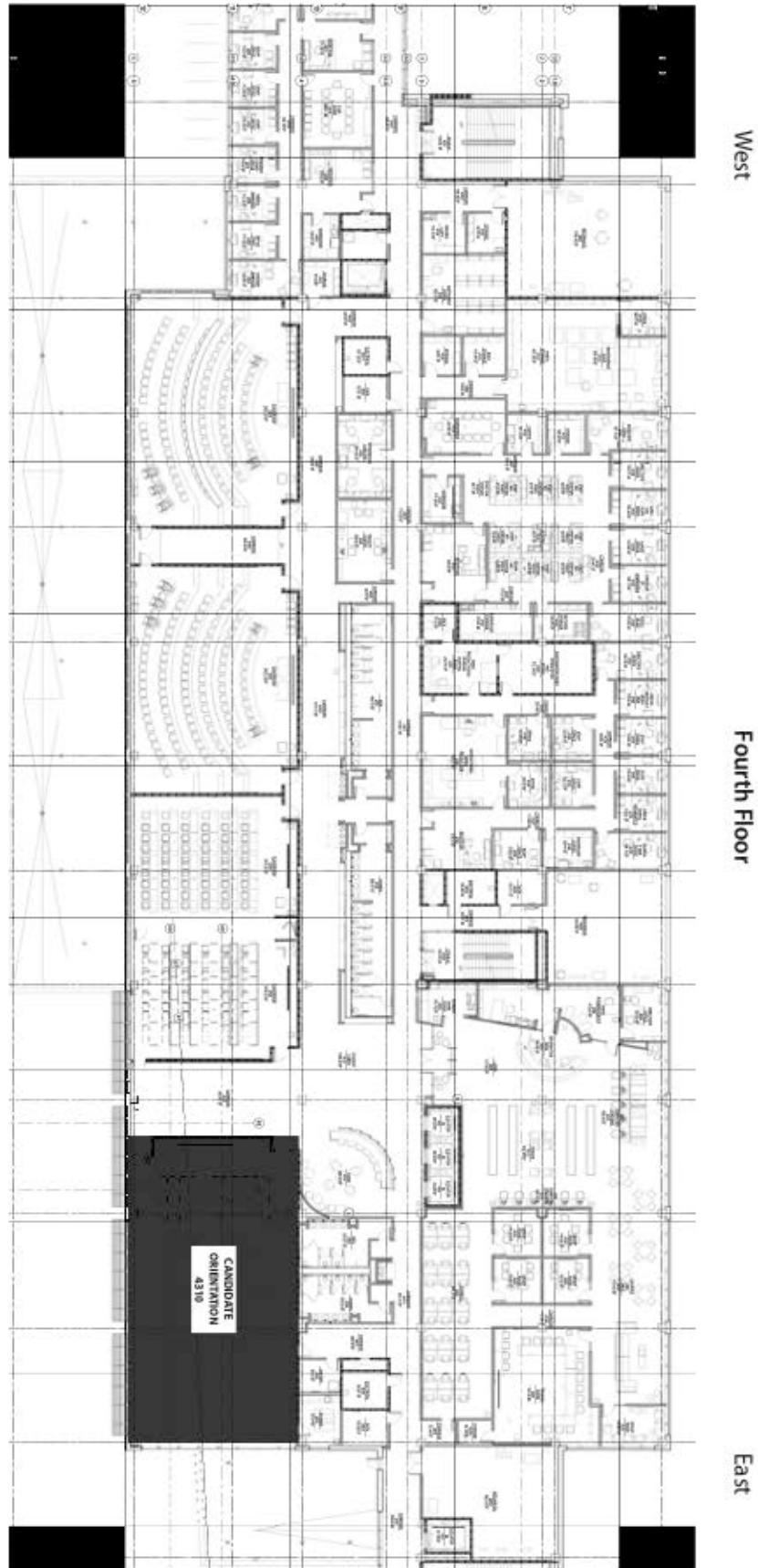
West

First Floor

East









**The University of Texas
Health Science Center at Houston**

School of Dentistry
Division of Clinical & Educational Support Services

EQUIPMENT RENTAL AGREEMENT – WREB EXAM

OWNER:

The University of Texas Health Science Center at Houston (UTHealth)
School of Dentistry
7500 Cambridge Street, Suite 4400
Houston, TX 77054
Phone: 713-486-4093

USER:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____
Organizational/School Affiliation _____
WREB Exam ID Number _____

EQUIPMENT RENTAL AGREEMENT

In consideration for The University of Texas Health Science Center at Houston (“UTHealth”) School of Dentistry allowing the above-named User to rent certain dental equipment and instruments (“Equipment”) for use in taking the WREB Dental Exam on the UTHealth campus, the User agrees as follows:

1. EQUIPMENT

The Equipment may only be used for the purpose of taking the WREB Dental Exam on the date(s) specified in Paragraph 2, and for no other purpose. The Equipment will be provided to the User by the clinical dispensaries at the UTHealth School of Dentistry. The dispensaries will maintain the records of the specific Equipment rented by the User.

2. DATES OF RENTAL

The User shall be permitted to rent the Equipment from _____ to _____.

3. RENTAL FEES

User shall pay UTHealth the following rates for rental of the Equipment.

- o First day of WREB Exam: \$250.00 (all Equipment shall be returned at the end of the first day)

- Two or more days of WREB Exam: \$500.00

Payment is due in full at the time of initial rental. Payment must be made with a credit card. The credit card number will be kept on file by UTHealth until all Equipment is returned and all payments due under this Agreement are collected.

4. LOCATION

The Equipment shall be used only at the UTHealth School of Dentistry located at 7500 Cambridge Street, Houston, TX 77054 (“Premises”). User shall not remove, nor allow any other person to remove, the Equipment from the Premises. Removal of the Equipment from the Premises shall constitute a breach of this Agreement.

5. USE

User shall comply with all laws, regulations, and applicable safety instructions relating to the use, operation or maintenance of the Equipment. The Equipment is and shall remain the property of UTHealth and may bear inventory tags affixed to the Equipment to indicate such. The Equipment tags shall remain on the Equipment for the duration of this Agreement.

6. ALTERATIONS

User shall not make any alterations, additions or modifications to the Equipment.

7. LOSS AND DAMAGE

User hereby assumes and shall bear the entire risk of loss and damage to the Equipment from any and every cause whatsoever. No loss or damage to the Equipment or any part thereof shall impair any obligation of User under this Agreement, each of which shall continue in full force and effect. In the event that any of the Equipment is lost, stolen or damaged, User shall immediately notify UTHealth.

User shall be responsible for the cost of any replacement and/or repair of the Equipment. In the event of loss, damage or failure by the User to return any or all Equipment, UTHealth shall notify the User in writing of the cost of replacement and/or repair. User shall remit payment of such amount in full to UTHealth within 10 business days of notification. If the User fails to remit payment in full within 10 business days, any outstanding amount due will be charged to the User’s credit card on file.

8. SURRENDER

Upon the expiration or earlier termination of this Agreement, User shall return the Equipment to UTHealth in good repair, condition and working order, ordinary wear and tear excepted.

9. WARRANTIES AND LIMITATION OF LIABILITY

USER ACCEPTS THE EQUIPMENT “AS IS” AND UTHEALTH MAKES NO WARRANTIES, EITHER EXPRESSED OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING WITHOUT LIMITATION, THE CONDITION OF THE EQUIPMENT, ITS MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.

UTHEALTH SHALL NOT BE LIABLE TO USER FOR ANY INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, HOWEVER CAUSED AND UNDER ANY THEORY OF LIABILITY, WHETHER BASED IN CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHER THEORY OF LIABILITY, REGARDLESS OF WHETHER UTHEALTH WAS ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. UTHEALTH SHALL NOT BE LIABLE FOR AND USER WAIVES ALL CLAIMS FOR DAMAGE TO PERSON OR PROPERTY SUSTAINED BY USER OR ANY PERSON CLAIMING THROUGH USER RESULTING FROM ANY ACCIDENT OR OCCURRENCE INVOLVING THE EQUIPMENT.

NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED HEREIN, UTHealth HAS NOT AND SHALL NOT BE DEEMED TO HAVE WAIVED ITS SOVEREIGN IMMUNITY.

10. INDEMNIFICATION

User shall indemnify and hold harmless UTHealth, The University of Texas System, their regents, officers, agents and employees, from any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities, including attorney's fees, arising out of or connected with, or resulting from the delivery, possession, use, operation or return of the Equipment.

11. UTHEALTH'S EXPENSES

User shall pay UTHealth all costs and expenses, including attorneys' fees, incurred by UTHealth in exercising any of its rights or remedies hereunder or enforcing any of the terms, conditions or provisions of this Agreement.

12. OWNERSHIP

The Equipment is, and shall at all times, the sole and exclusive property of UTHealth. User shall have no right, title or interest therein or thereto except as expressly set forth in this Agreement.

USER SIGNATURE: _____

Print Name: _____

Date: _____