

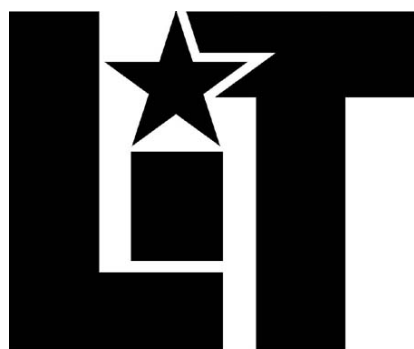
**Lamar Institute of  
Technology**

**DHYG 2262**

**Course Syllabus**

**Spring 2010**

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**CLINICAL-ADVANCED**

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**DATES TO REMEMBER**

**Register for the Jurisprudence Exam on-line.**

<b>JANUARY</b>	11	<b>First Day of Class and Clinic</b>
	18	<b>NO CLINIC – MLK Holiday</b>
	25	Week of Progress checks
<b>FEBRUARY</b>	5	<b>NO CLINIC – SADHA Convention</b>
	8	Week of Progress checks
	19	Pick up print-outs
	22	Week of Mid-Semester Counseling
	25	Radiographic Eval. (FMX) 3:00 pm
<b>MARCH</b>	1 or 2	Difficult Cal. Eval
	6	1 competency should be completed
	8-12	<b>NO CLINIC – Spring Break</b>
	15	Week of Progress checks
	18	Radiographic Eval. (PNX) 3:00 pm
	26	Portfolios Due
	29	Week of Progress checks
<b>APRIL</b>	1	<b>NO CLINIC – All College Day</b>
	2	<b>NO CLINIC – GOOD FRIDAY</b>
	6 or 8	Mock Board
	12	Week of Progress checks
	6	LAST TUESDAY CLINIC
	7	LAST WEDNESDAY CLINIC
	12	LAST MONDAY CLINIC
	15	LAST THURSDAY CLINIC
	20	LAST FRIDAY CLINIC
	22	<b><u>ALL REQUIREMENTS DUE BY 3:00 PM (This includes radiographs)</u></b>
	28	Pick up print-outs after 11:00 am
<b>May</b>	3	Final Clinical Counseling
	5	Clinic clean-up

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### **PREREQUISITE**

DHYG 1401, 1431, 1304, 1235, 1103, 1319, 2301, 2133, 1260, 1311, 2261, & 2331.

### **COURSE DESCRIPTION**

A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional.

### **CLINIC GOALS**

- I. The student will demonstrate the ability to provide therapeutic dental care directed toward the treatment of oral disease at appropriate competency levels. (F5.5, F6.5, F7.5, F8.5, F9.5, F11.5, F12.4, F13.5, F15.4, F16.5, F17.5, C1.5, C3.5, C4.3, C5.5, C6.5, C7.5, C9.5, C10.5, C11.5, C12.5, C12.5, C13.5, C14.5, C18.4, C20.4)\*
- II. The student will use didactic knowledge, communication, and patient management skills to assess, plan, and evaluate a comprehensive dental hygiene care program directed towards healthy periodontium for individuals with moderate and advance periodontitis. (F5.5, F6.5, F7.5, F8.5, F9.5, F12.5, C5.5, C6.5, C7.5, C10.5, C11.5, C12.5, C12.5, C13.5, C14.5)\*
- III. The student will function as a member of a dental health delivery team within the dental hygiene clinic. (C7.5, C9.5, C12.5, C13.5, C14.5, C16.5, C15.4)\*
- IV. The student will accept responsibility to develop a professional and ethical value system while providing comprehensive dental hygiene services within the health care community. (F1.4, F5.5, F6.5, F7.5, F8.5, F9.5, F11.5, F12.4, F13.5, F15.4, F16.5, F17.5)\*

### **SCANS SKILLS AND COMPETENCIES**

Beginning in the late 1980's, the U.S. Department of Labor Secretary's Commission on Achieving Necessary Skills (SCANS) conducted extensive research and interviews with business owners, union leaders, supervisors, and laborers in a wide variety of work settings to determine what knowledge workers needed in order to perform well on a job. In 1991 the Commission announced its findings in *What Work Requires in Schools*. In its research, the Commission determined that "workplace know-how" consists of two elements: foundation skills and workplace competencies. The three-part foundation skills and five-part workplace competencies are further defined in the student handbook.



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Faculty has the authority to modify the above policies if unusual circumstances mandate a change.

### **DISABILITIES STATEMENT**

The Americans with Disabilities Act of 1992 and Section 504 of the Rehabilitation Act of 1973 are federal anti-discrimination statutes that provide comprehensive civil rights for persons with disabilities. Among other things, these statutes require that all students with documented disabilities be guaranteed a learning environment that provides for reasonable accommodations for their disabilities.

If you believe you have a disability requiring an accommodation, please contact the Special Populations Coordinator at 409-880-1737 or visit the office located in the Cecil Beeson Building, room 116B.

### **PROFESSIONAL BEHAVIOR AND ETHICAL JUDGMENT**

Demonstrating professional behavior and ethical judgment is an integral component of patient care. A student should exhibit a professional attitude and conduct themselves in a professional manner at all times. A Professional dress code is stated in the student handbook and compliance with this code is expected. A professional behavior and ethical judgment grade will be recorded on the Clinical Evaluation Record (CER) for every patient. This grade will reflect the student's compliance with the dress code, their attitude and demeanor when dealing with patients, and their compliance with all clinic rules.

**The following circumstances will result in an automatic “unacceptable” rating on the CER.**

- Failure to record a receipt number on the CER by the second appointment.
- Failure to have informed consent signed by the patient, student and instructor before beginning treatment. (CER should be brought to instructor on clipboard when student has any questions of instructor regarding the patient.)
- Failure to correctly complete Chart Audit after patient treatment.

**Additional Policies:** Refer to the student handbook for a comprehensive listing of program policies.

### **TEACHING METHODS**

1. Guest demonstrations
2. Faculty demonstrations
3. Individual assignments and instruction
4. Observation and feedback
5. Peer review

### **EVALUATION CRITERIA**

Each student must meet minimal competency for all requirements in order to pass DHYG 2262. Criteria for achieving a grade of “A”, “B”, “C”, or “F” can be found on page 8 and 9 of this syllabus. All criteria must be met in each grading category in order to achieve the desired grade. (EXAMPLE: If all criteria except one are met for a grade of “B” then the student would receive a grade of “C”.) These criteria place the responsibility for learning in the hands of the student and are meant to identify those who strive for excellence in the clinical setting.

The student must achieve successful completion of patients at a minimal competency of 85%. If the student does not meet minimal competency on a patient, he/she will be responsible for successfully completing another patient at a minimal competency level of 85%, in order to satisfy requirements for the course. All clinical requirements must be met in order to pass this course.

All course work must be successfully completed by **April 22, 2010, this includes radiographs.** **To receive credit for the patient all chart audits must be completed by April 26, 2010 by 12:00 pm.** Failure to successfully complete all course requirements will result in an “F” being awarded in DHYG 2261 and dismissal from the DH program. Exclusions from this policy will be dealt with on an individual basis by the instructor.

**REQUIREMENTS FOR GRADES**

		<b>A</b>	<b>B</b>	<b>C</b>	<b>F</b>
<b>Requirements</b>				Minimal Competency	
Total Patient Points		48 Total points 22 points in Class III and above	45 Total points 19 points in class III and above	42 Total points 16 points in class III and above	Does not meet <u>all</u> requirements for a grade of "C".
X-rays		7 FMX, 7 BWX, 4 PNX	6 FMX, 6 BWX, 3 PNX	5 FMX, 5 BWX, 2 PNX	
Digital X-rays (counts towards x-ray requirements)		1 FMX or 1 BWX	1 FMX or 1 BWX	1 FMX or 1 BWX	
Calculus detection		1 patient/ IV or V	1 patient/ IV or V	1 patient/ IV or V	
Dentrix Dental Charting		1 dental charting	1 dental charting	1 dental charting	
Private practice patients		6 patients	5 patients	4 patients	
Sealants		4 patients	3 patients	2 patients	
Perio charting		1 patient	1 patient	1 patient	
Ultrasonic patients		12 quadrants	10 quadrants	8 quadrants	
Community service		11 hrs/semester	10 hrs/semester	9 hrs/ semester	
Continuing education		2 sessions	1 session	0 sessions	
<b>Treatment plans</b>					
Difficult calculus patient		Passing on initial writing	Passing on initial writing	Passing on second writing	
<b>Written evaluations</b>					
Radio-graphic (FMX)	90%	Passing both evaluations on initial attempt	Passing one evaluation on initial attempt	Passing both evaluations on second attempt	

	<b>A</b>	<b>B</b>	<b>C</b>	<b>F</b>
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Radio-graphic (panorex)	90%	Passing both evaluations on initial attempt	Passing one evaluation on initial attempt	Passing both evaluations on second attempt	
<b>Clinical Competency</b>					
Difficult calculus		Meet minimal competency on 3 out of 3 on initial try.	Meet minimal competency on 2 out of 3 on initial try.	Meet minimal competency on 1 out of 3 on initial try.	Does not meet all requirements for a grade of "C".
Root Planing		Meet minimal competency on 3 out of 3 on initial try.	Meet minimal competency on 2 out of 3 on initial try.	Meet minimal competency on 1 out of 3 on initial try.	
Patient Education		Meet minimal competency on 3 out of 3 on initial try.	Meet minimal competency on 2 out of 3 on initial try.	Meet minimal competency on 1 out of 3 on initial try.	

**Students will have two attempts at each clinical competency. Students who do not reach competency on the second try will result in the student repeating DHYG 2262.**

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**APPENDIX A**

Radiographic Information  
Patient Point Information  
Patient Selection  
Special Patient Information

## **RADIOGRAPHIC INFORMATION**

A student must demonstrate minimal competency by exposing acceptable quality surveys. Surveys will be graded as either acceptable or non-acceptable by the Second-Year Clinic Coordinator. Surveys turned in after two weeks of taking will not be graded.

- **All radiographs must be completed and graded by 3:00 p.m., Tuesday, April 22, 2010.**
- All surveys taken and the justification for each patient exposure must be documented on the progress notes. (Example: FMX-patient has numerous suspicious areas).
- Only technique errors, suspicious areas and those areas requiring referral should be documented on the radiographic critique sheets.
- **IF A PATIENT CANNOT RETURN FOR RETAKES, THAT PARTICULAR SURVEY WILL NOT BE ACCEPTED AS A COMPLETED SURVEY.** Therefore, it is advisable to discuss this with your patient before the need arises.
- One of the required FMX or BWX surveys must be taken with digital x-ray technology. The survey may be either a FMX or BWX depending on the patient's needs. The survey will be printed to be placed in the patient's chart and for utilization during treatment. The digital survey will be viewed with the DDS in the radiology area for dental charting.

### **Radiographic Interpretation Evaluations**

The student will be required to successfully complete two radiographic interpretations. One will be done on a full-mouth set of radiographs and another will be done on a panorex radiograph. These evaluations require the student to identify landmarks, suspicious areas, unusual conditions and processing/technique errors which are pointed out by the instructor. This evaluation will be set up as a lab practical with the student moving from station to station to identify areas in question. The dates for the evaluations will be **Thursday, February 25 at 3:00 pm and Thursday, March 18 at 3:00 pm** in the Dental Hygiene Clinic. A score of 90% or higher is required for successful completion of this evaluation. Failure to meet this score on the second try will result in dismissal from DHYG 2262.

## **PATIENT POINT REQUIREMENTS**

### ***Prophylaxis points***

Total patient points will be dependent on the grade the student is striving to attain. The number of points required for specific grades can be found on pages 8 and 9 of this syllabus. All patients must be completed at minimal competency. Minimal competency will be reflected by 85% of the CER grades being "satisfactory". A minimum of two (2) quadrants must be satisfactorily scaled in order to receive credit for the patient. **ALL PATIENTS ARE EXPECTED TO BE COMPLETED.** Incomplete patients will adversely affect the final clinic grade of the student. Cases of that are not completed will be addressed on an individual bases and action on these cases will be at the discretion of the faculty.

- **PROPHYLAXIS POINTS AND PERIODONTAL CASE TYPES WILL BE AWARDED ONLY AT COMPLETION OF COMPREHENSIVE TREATMENT (i.e., all indicated treatment must be completed at minimal competency).**
- **SERVICES RENDERED TO PATIENTS WILL BE CONDUCTED BY ONE (1) STUDENT (i.e., Mary and Jane cannot earn credit for Miss Smith who is a class VIII) unless preapproval by the instructor.**

**Patient Point Value**

Class I = 1 points	Class V = 5 points
Class II = 2points	Class VI = 6 points
Class III = 3 points	Class VII = 7 points
Class IV = 4 points	Class VIII = 8 points

**Periodontal Case Type:** Patient selection must include the following perio case type for all students.

Class Type II	Four (4) patients required
Class Type III	Three (3) patients required
Class Type IV	One (1) patient required

**Patient Selection**

Patient selection is very important; therefore it is advisable to select a variety of patients to enhance clinical experience. Students will be given credit for a maximum of 18 points in class I and II during the first half of the semester (before February 19, 2010). After this date, the student may treat any prophy class and earn credit if the patient is successfully completed. **SCREENING NEW PATIENTS WHO HAVE NOT BEEN SEEN IN THE CLINIC BEFORE WILL HELP YOU IN LOCATING THOSE HIGHER CLASS PATIENTS YOU WILL NEED AT THE BEGINNING OF THE SEMESTER.**

\*Dental hygiene students may treat ONE hygiene student or faculty/staff member per semester. Also, remember that DH students, faculty and staff who are patients are not exempt from payment of customary charges. THESE PATIENTS WILL ONLY BE USED TO COUNT FOR POINTS.

- **DH STUDENTS, FACULTY/STAFF, DENTISTS, OR HYGIENISTS MAY NOT BE USED FOR ANY REQUIREMENTS FOR THE COURSE OTHER THAN POINTS.**

\*Each student may choose to waive the fee for one patient per semester.

## **SPECIAL PATIENTS**

The student will be required to complete several special patients in this course. They will include a difficult calculus patient and private practice patients. Specific information on each of these can be found in Appendix C, pages 28-37 of this syllabus.

### **Pit and Fissure Sealant Patients**

The number of pit and fissure sealant patients will depend on the grade the student is striving to attain. This information can be found on page 8 of this syllabus. Sealants should be placed on those susceptible teeth that are caries free and are at risk for caries due to deep pits and fissures. Teeth are designated as caries free by the D.D.S. upon completion of the dental charting. Teeth that are sealed will be verified by the tooth number on the CER and on the progress notes.

### **Hand Scale patients**

All patients prophylaxis class I-III must be hand scaled. The ultrasonic will not be utilized on these patients unless authorized by an instructor.

### **Calculus Detection Patient**

One class IV or V patient will be utilized to chart calculus. The calculus detection will require a special form for recording the findings and two instructors will check the calculus detection. The calculus detection should be done on your Difficult Calculus patient. Only subgingival "clickable" calculus will be recorded for the calculus detection patients.

### **Patient Education Patient**

The periodontal patient from the Fall semester will be utilized for one, formal follow-up patient education session. *This competency will be conducted in the patient education room.* Student assists the patient in evaluating his/her progress towards specified goals. The student assists the patient in determining further steps that may need to be taken to reach the stated goals.

## **DENTRIX SOFTWARE DENTAL CHARTING**

The student will complete one dental charting using the Dentrix software. The student will use a dental charting from a current patient and transfer the charting information to the computer using the Dentrix software. The dental charting will be printed from the computer and turned in with the patient's chart to the student's advisor to satisfy this requirement.

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**APPENDIX B**

Counseling Assignments  
Progress Check Information  
General Clinical Information  
Clinical Grading Criteria  
Instructions for Mid-Semester Counseling  
Instructions for Final Counseling  
Requirement Completion Record  
Chart Audit Information and Check List

**PROGRESS CHECK**

Listed below you will find the weeks of progress checks. Students must meet with their clinical advisors to report on their progress in clinic. Record sheets from the clinic grade book, CER's, patient charts, and requirement completion sheets should be brought to each progress check.

Week of January 25, 2010

Week of February 8, 2010

Week of March 15, 2010

Week of March 29, 2010

Week of April 12, 2010

**MID-SEMESTER CLINICAL COUNSELING**

Week of February 22, 2010

**FINAL CLINICAL COUNSELING**

Thursday, April 29, 2010

Chart Audits will be completed as the patient care is completed. These will be checked at each progress check. However, it is the responsibility of the student to make sure that chart audits are completed in a timely manner.

- CHARTS THAT ARE NOT AUDITED WITHIN ONE WEEK OF COMPLETION OF PATIENT CARE WILL RESULT IN PENALTIES INCURRED BY THE STUDENT.
- These penalties will mean that the student may not use that patient toward meeting requirements for DHYG 2262.

**Please make an appointment with your clinical advisor before counseling sessions. See pages 21 and 22 in Appendix B for items needed in each session.**

## **GENERAL CLINICAL INFORMATION**

### **Evaluation of Scaling Procedures**

Evaluation criteria for scaling includes: calculus removal, stain removal, smooth root surfaces, and tissue trauma. Prophy class IV and below require one instructor to evaluate scaling for credit. Significant tissue trauma will be noted on the CER and will be reflected in the patient grade. Prophy class V or higher requires an evaluation from two instructors. Errors will be recorded under comments on the CER. Errors documented for scaling must be re-scaled by the student and re-checked by one instructor. An instructor must sign in the appropriate box on the CER indicating that the areas have been rechecked to receive credit for patient points. **It is the responsibility of the student to see that all procedures are appropriately signed off by an instructor.**

- Areas identified by faculty as still remaining after the rescale will be counted as additional errors against the student and will be reflected in the student grade. (EX. Areas 29D, 30M and 25L were found on initial checking of scaling. When the instructor checked after rescale, the area on 29D was still present. This student would then have 4 errors on this patient.)

### **Periodontal Charting**

A periodontal assessment of all patients will be conducted by the student during data collection. All abnormal conditions should be noted including 4mm or greater pockets, recession, furcation and mobility.

### **Post Calculus**

All patients class V and above must be scheduled two weeks after prophylaxis for re-evaluation (Post Calculus). The student is expected to thoroughly explore, re-scale needed areas, and have the treatment evaluated by an instructor. Only one instructor checks post calculus evaluation.

### **Extra Oral and Intra Oral Evaluations**

Report only conditions warranting referrals (fixed lymph nodes) and patient education items (plaque on the tongue). Generally these will be abnormal findings.

### **Gingival Examination**

Record findings on gingival form as indicated. Chart all pockets 4mm and greater on the periodontal chart and recession areas. A generalized statement regarding the gingival and periodontal condition should be noted.

### **Plaque and Gingival Bleeding Indices**

Pre and post plaque scores and bleeding indices utilizing indicator teeth are to be taken on all patients. Bleeding and plaque scores are to be taken on all **class V and above** patients at every appointment. Failure to take these scores will result in an Unacceptable on the Professional Judgment portion of the patient's CER. The initial scores and post scores are to be documented on the record sheet. Failure to document will also result in an Unacceptable on the patient CER.

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### **Dental Charting**

Chart existing restorations, suspicious areas, missing teeth, fixed bridges and positive findings that affect the periodontal condition (overhangs, rotations, abfractions). Dental charting must be evaluated by a dentist.

### **Grading of Data collection**

All data collection will be graded at one time (all data will be graded at completion of intra/extra, gingival, perio charting, radiographs, and dental charting). The student must have radiographs mounted and displayed before any data will be graded. Student may begin scaling one quadrant before having dental charting evaluated if a dentist is not available. All other data must be evaluated before scaling can begin.

### **Patient Selection**

It is advised to select a variety of patient to enhance clinical experience working on all types of patients. On prophy class V and above remember to consider the amount of root planing indicated on those patients and the time required for post-cal evaluation.

- \*Patients who have been designated as special patients (i.e. perio, recall, difficult calculus) in the past three years at LIT will not be good candidates as special patients for you. DH students, faculty, DDS, or RDH may not be utilized for special patients or for evaluations.

### **Clinic Time**

If students feel that they are spending an excessive amount of time scaling per quadrant on a specific patient, then it is advisable to have the patient re-evaluated by an instructor. This must be done during or after the completion of one quadrant. Patient classification will not be changed if more than one quadrant has been scaled.

### **Patient Dismissal**

Patients must be evaluated by an instructor before dismissal at each appointment. An instructor must see the patient even if no clinical procedures were completed.

### **Non-Productive Clinic Time**

Students are expected to have a patient in their chair through the completion of the semester. Completion of the student requirements is not an excuse for non-productive time through the end of the semester. It is to the student's benefit to continue practicing clinical skills throughout the semester.

### **Progress Checks and Clinical Advising**

Students must meet with assigned instructor on the dates outlined on page 15 of this syllabus. Students must bring CER's, patient charts, appointment book and student clinic requirement completion record to all progress checks.

### **Chart Audits**

Students will meet weekly with their advisors to review the charts of patients they have seen that week. Guidance will be given to the students in the areas of documentation and general information/chart management. All charts must be audited upon completion

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of treatment. **Students have one week following the patient's last appointment to audit the chart and turn it into their clinical advisor to be closed out.** Criteria for auditing the chart can be found in Appendix B, pages 25 and 26 of this syllabus.

Chart audits that are incomplete and/or turned in to faculty later than one week after completion of treatment will be unacceptable. A grade of "unacceptable" will be noted on the CER in the professional judgment category and no points will be awarded for the work done on the patient. Students who submit more than four charts that are inaccurate or incomplete for final audit will be penalized. Two points for each incorrect chart, above the initial four, will be subtracted from the total patient points completed by the student. In order to receive credit for patients, all charts must be audited no later than **April 26, 2010, by 12:00 pm** or no credit will be awarded.

**CLINICAL GRADING CRITERIA FOR SATISFACTORY ON “CER”**

	S	U
1. <b>Medical/Dental History</b>	no errors	1 or more
2. <b>Oral Exam</b>	0-1 errors	2 or more
3. <b>Gingival Exam</b>	0-1 errors	2 or more
4. <b>Treatment Plan</b>	85-100	84 or below
5-6. <b>Dental Charting</b>	0-1 errors	2 or more
7. <b>Periodontal Charting</b> (per quad)	0-3 errors	4 or more
8-11. <b>Ultrasonic Scaling</b> - More than two calculus deposits, stain and/or plaque remaining per quadrant will result in a “U”. 0-2 deposits-“S”.		
12-15. <b>Scaling</b> - Errors include evaluation of: rough tooth surfaces, tissue trauma, calculus, stain and/or plaque removal.		

**GRADE/QUADRANT**

Class I	0 surface	1 or more
Class II	1 surface	2 or more
Class III	2 surfaces	3 or more
Class IV	3 surfaces	4 or more
Class V	4 surfaces	5 or more
Class VI	5 surfaces	6 or more
Class VII	6 surfaces	7 or more
Class VIII	7 surfaces	8 or more
16. <b>Polishing Plaque Free</b> (surfaces/mouth)	0-2 surfaces	3 or more
17. <b>Air Polishing</b> (surfaces/mouth)	0-3 surfaces	4 or more
18. <b>Fluoride Treatment</b> - Failure to remove most dental plaque, dry teeth prior to application, place saliva ejector, stay with patient the entire time, give appropriate patient instruction nor check tissue response will result in a “U”.		
19. <b>Tissue Trauma</b> (surfaces/mouth)	0-2 surfaces	3 or more surfaces
20. <b>Subgingival Irrigation</b>		
21. <b>Pit and Fissure</b> - Proper occlusion maintained, no evidence of voids in sealant, cannot be displaced with explorer, somewhat high but other criteria satisfactory = “S”. Voids in sealant material or is removed with explorer = “U”.		

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23. **Post Cal Evaluation** – Graded for entire mouth. Calculus, stain and plaque are evaluated.

	<u>S</u>	<u>U</u>
Class I	1	more than 1
Class II	1	more than 1
Class III	1	2 or more
Class IV	2	3 or more
Class V	4	5 or more
Class VI	5	6 or more
Class VII	6	7 or more
Class VIII	7	8 or more

24. **Post-op Perio Charting**- Use criteria for #7.

- |     |  |   |
|-----|--|---|
| 25. | <b>Radiographs-BWX</b>   | Acceptable<br>Equivalent to 4 improvable      |
| 26. | <b>Radiographs-FMX</b>   | Equivalent to 12 improvable                   |
| 27. | <b>Radiographs-PNX</b>   | 2 improvable                                  |
| 28. | <b>Professional Judgment and Ethical Behavior</b><br>(See exceptions on pg.6 of this syllabus) | no errors/patient    1 or more errors/patient |

**INSTRUCTIONS FOR MID-SEMESTER CLINICAL COUNSELING**

**STUDENTS:**

1. Bring your CER's, patient charts, x-ray critique sheets, appointment book, etc., for documentation.
2. Bring your corrected copy of the computer print-out. Be able to document any errors with CER's.
3. Provide a type-written or word processed critique of yourself in terms of performance exams, evaluations, x-ray requirements and prophylaxis requirements, time utilization, strengths and weaknesses.

**FACULTY:**

1. Document grades and patient #/codes on the grade sheets on the "R" Drive grade book.
2. Check on status of incomplete patients from previous semester.
3. Check computer print-out (DHP002S, DHP003, DH005, DH006) for the following:
  - a. Accuracy
    1. Match completed patients from DHP003 and patients listed on grade sheet on "R" Drive..
    2. Check to see if any clinic requirements were successfully completed.
  - b. Check proficiency in each skill areas.
  - c. Check accuracy of clinic time.
  - d. Check receipt numbers of DHP002
5. Collect written critique from student.
6. Return to me the following:
  - a. Computer print-out
  - b. Written critique
  - c. List of patients to be completed from previous semester.
7. Corrected CER's that need to be re-entered or just entered should be taken to Mrs. Woods for input. Students should stay with Mrs. Woods until corrections are made. (Corrections hi-lighted in light pink)

## **INSTRUCTIONS FOR FINAL CLINICAL COUNSELING**

### **STUDENTS:**

1. Bring your CER's, patient charts, x-ray critique sheets, appointment book, etc., for documentation. You will also need to bring your handpiece and ultrasonic sleeve.
2. Bring your corrected copy of the computer print-out. Be able to document any errors with CER's.
3. Provide a type- written or word processed critique of you in terms of performance exams, evaluations, x-ray requirements and prophy requirements, time utilization, strengths and weaknesses.

### **FACULTY:**

1. Check computer print-out (DHP002S, DHP003, DHP005, DHP006) for the following:
  - a. Accuracy
    1. Match completed patients from DHP003 and patients listed on grade sheet on "R" drive.
    2. Check to see if any clinic requirements were successfully completed.
  - b. Check proficiency in each skill area.
  - c. Check accuracy of clinic time. Students should have a total of 144 hours of clinic time.
  - d. Check receipt numbers on DHP002.
2. Collect written critique from student, list of incomplete patients.
3. Document grades and patient #/codes on the "R" Drive for the senior grade book.
4. Return to me the following:
  - a. computer print-out
  - b. Written Critique
  - c. List of incomplete patients.
  - d. instrument key
  - e. locker key
  - f. film badge will be left on outside of locker
  - g. Corrected CER-s that need to be re-entered or first time entered should be taken to Mrs. Woods. The student should stay with Mrs. Woods until corrections have been made. (Corrections highlighted in blue)

**REQUIREMENT COMPLETION RECORD**

Requirements (place appropriate patient number/code in space) Record all patients started in pencil. Circle when the patient number/code is completed.

Class I Pts.	___	___	___	___	___	___	___	___	___
Class II Pts.	___	___	___	___	___	___	___	___	___
Class III Pts.	___	___	___	___	___	___	___	___	___
Class IV Pt.s	___	___	___	___	___	___	___	___	___
Class V Pts.	___	___	___	___	___	___	___	___	___
Class VI Pts.	___	___	___	___	___	___	___	___	___
Class VII Pts.	___	___	___	___	___	___	___	___	___
Class VIII Pts.	___	___	___	___	___	___	___	___	___

**PERIODONTAL CASE TYPES**

Case Type I	___	___	___	___	___	___	___	___	___
Case Type II	___	___	___	___	___	___	___	___	___
Case Type III	___	___	___	___	___	___	___	___	___
Case type IV	___	___	___	___	___	___	___	___	___
Private Practice Patients (Class I or II Completed within two hours)	___	___	___	___	___	___	___	___	___

**Treatment Plan**

Difficult Calculus \_\_\_\_\_

**Requirements**

ADULT BWX	___	___	___	___	___	___	___	___	___
ADULT FMX	___	___	___	___	___	___	___	___	___
ADULT PNX	___	___	___	___	___	___	___	___	___
Perio Charing	___	___	___	___	___	___	___	___	___
Perio Case	___	___	___	___	___	___	___	___	___
Pit & Fissure Sealants	___	___	___	___	___	___	___	___	___
Ultrasonic Scaling	___	___	___	___	___	___	___	___	___
Calculus Detection	___	___	___	___	___	___	___	___	___

**STUDENT RECORD OF COMPETENCY EVALUATIONS**

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Task                      Minimal Competency   Percentage   Date   Patient Number/Code

**Competencies**

Patient Education	Acceptable	_____
Root Planing (with Graceys)	Acceptable	_____
Difficult Calculus	Acceptable	_____
Radiographic Interpretation (Panorex)	90%	_____
Radiographic Interpretation (FMX Series of Films)	90%	_____

**Care Plans**

Difficult Calculus	A/U	_____
--------------------	-----	-------

### **CHART AUDIT INSTRUCTIONS**

The following items should be completed in the proper manner before receiving a grade on the CER for professional judgment.

1. **Charts should be properly labeled**  
Last name, first name, address and phone numbers
2. **Appropriate identification labels should be affixed to the left hand side of chart.**  
First two letters of last name  
Year of appointment placed directly above last year
3. **All paperwork should be present, in correct order, labeled with patient name and proper signatures. All like forms should be stapled together with the most current form on top. (Progress notes will be the only forms that are stapled together in chronological order.)**

#### **CORRECT ORDER FOR PAPERWORK IS AS FOLLOWS:**

Statement of Release  
Acknowledgement of HIPPA  
Communication Log  
Informed Consent  
Medical Release if applicable  
Patient Health Record (2 pages)  
Extra/Intra Oral Exam  
Periodontal Assessment Form  
Dental Charting  
Plaque Score and Bleeding Score Form  
Progress Notes (On pedo. cases dental charting will be on reverse side)  
Screening sheet if applicable  
Completed CER  
Chart Audit Checklist

4. **Radiographs should be placed in a coin envelope which is dated and labeled with the patient name.**
5. **Progress notes should be complete and signed by student and faculty.**
6. **D.D.S. should sign progress notes for dental charting, anesthesia, and sealants.**

At weekly chart reviews, faculty should affix a stamp to the outside of the chart, mark the appropriate box, date and initial. Stamp placement should start in the upper left hand corner on the front of the chart and continue below each proceeding stamp. When there is no more room in that column, start another column to the right of the first. A final stamp will be affixed upon completion of treatment at final chart audit.

All extraneous material should be removed from the patient chart. If any part of the information being audited is incomplete, return the chart to the student for completion. The students should do any corrections that are needed to bring the chart into compliance with the audit procedure.

CHART AUDIT CHECKLIST (Example)

**Patient Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

	Yes	No	Comments
Charts are properly labeled with last name, first name, address and phone numbers			
Appropriate identification letters and year of treatment affixed to the left side of chart			
Paperwork is in correct order			
Radiographs are in a coin envelope with patient name and date			
Progress notes are dated and signed by student			
Progress notes are signed by faculty			
Appropriate signature of D.D.S. for dental charting, anesthesia, sealants and bleaching.			
Faculty stamps, dates and signs outside of chart at completion of chart audit			

**Student signature:** \_\_\_\_\_

**Faculty signature:** \_\_\_\_\_

**ORDER OF PAPAERWORK**

- Statement of Release
- Acknowledgement of HIPAA
- Communication Log
- Informed Consent
- Medical Release (if applicable)
- Patient Health Record (2 pages)
- Head & Neck/Intra Oral Exam Form
- Periodontal Assessment Form
- Dental Charting
- Plaque Score and Bleeding Score Form
- Progress notes
- Screening Form (if applicable)
- Chart Audit Checklist

**PROGRESS NOTES SHOULD CONTAIN**

- Medical/Dental History
- Pre-rinse
- Head & Neck/Intra Oral Exam
- Periodontal Assessment
- Dental Charting
- Treatment Rendered (EX. Anesthesia, scaling, sealants, bleaching....)
- Patient Education Topics
- Learning Level
- Plaque Score and Bleeding Score
- Referrals
- Gingival Statement
- Receipt Number
- Recall  
 (Prophy class and perio case type in left margin)

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## APPENDIX C

Difficult Calculus Case  
Private Practice Patient

### **DIFFICULT CALCULUS CASE**

The following pages contain criteria, instructional information, competency forms, care plan forms and evaluation forms for the Difficult Calculus Case.

#### *Criteria for Difficult Calculus Evaluation*

Student is responsible for patient selection using the following criteria.

- **Calculus Detection:** Each tooth has four surfaces: mesial, distal, facial and lingual. A qualifying surface is a tooth surface upon which there is “clickable” subgingival calculus.
- **PATIENT REQUIREMENTS:** Patient should be a Prophy Class IV or V. The patient should have a minimum of 12 “clickable” surfaces in one quadrant plus up to four teeth in one other quadrant, if needed. At least four (4) of the twelve (12) surfaces must be located on molar teeth. A Maximum of six (6) of the twelve (12) qualifying surfaces may be located on the anterior teeth (canine to canine). Student is responsible for patient selection of the patient.
- **DEFINITION OF “CLICKABLE” CALCULUS:** “Bump” with thickness readily discernible.
  - Definite “jump” felt with an explorer
  - Interproximal deposit felt from lingual and/or buccal
- **EXEMPTIONS:** Calculus surfaces located on supra erupted or partially erupted third molars. A third molar is considered erupted if the occlusal plane of the third molar is in alignment with the occlusal plane of the rest of the teeth. A third molar with tissue covering the tooth, even though it is in the occlusal plane is also exempt.
- **QUALIFYING SURFACES:** The twelve qualifying surfaces must be on natural teeth and must not have the following: Class III furcations, Class III mobility, gross decay, orthodontic bands. (Bonded lingual arch wires are acceptable.) Surfaces with greater than 6 millimeter pockets will not qualify.
- **ULTRASONIC USE:** The use of ultrasonics will be allowed on this examination
- **PERIODONTAL CHARTING:** A complete periodontal charting is required on the difficult calculus patient. This includes periodontal charting with notation of all pocket depths, recessions, mobility and percussion.

Once the patient has been selected for this case, the student will complete a full assessment on the patient and calculus detection on the entire mouth. **ONLY SUBGINGIVAL CLICKABLE AREAS WILL BE NOTED ON THIS DETECTION.** Two instructors will then do a blind check to evaluate the student’s detection skills and to determine qualifying surfaces for the difficult calculus evaluation. A date and time will be set up with the clinic coordinator for the difficult calculus evaluation. Only the surfaces agreed upon by the two (2) instructors will be used in qualification and evaluation. The student must remove seventy five percent (75%) of those surfaces in order to meet minimum competency for the evaluation on the patient.

**Difficult calculus evaluations will be scheduled on March 1 or March 2, 2010.** Students will be assigned to one of these dates by the instructor.

LIT Dental Hygiene Program <b>DIFFICULT CALCULUS COMPETENCY</b>			
DHYG 2262			
ADA Standard	2-19	Graduates must be competent in providing the dental hygiene process of care that includes assessment, planning, implementation and evaluation.	
Student		Date:	
Instructor		AAP Type	I II III IV
Patient		Prophy Type	0 1 2 3 4 5 6 7 8
		Grade	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.		Critical Error	Yes	No
1	Utilize accepted infection control procedures	Yes		
2	Apply basic and advanced principles of dental hygiene instrumentation	No		
3	Maintain clinic and laboratory records as instructed	Yes		
4	Identifies information which may contraindicate treatment	Yes		
5	Explains procedure and rationale to their patient	Yes		
6	Procedures are carried out in an efficient and systematic manner	No		
7	Utilizes radiographs and perio charting during procedure	No		
8	Obtains removal of calculus without excessive tissue trauma	Yes		
9	Completes procedure in designated time	Yes		
10	Demonstrates professional conduct and ethical judgment	Yes		

Comments:

**Difficult Calculus Case**

The difficult calculus evaluation requires a difficult calculus care plan. The care plan consists of the Difficult Calculus Care Plan forms on pages 33-36 and the Difficult Calculus Patient Appointment Manager Form on page 37 of this syllabus. Care plans must be turned in 72 hours after the completion of assessment and data collection. Difficult calculus care plans should be submitted to the second year clinic coordinator.

When completing the care plan forms, the student should take particular care to include all positive findings gathered during the assessment phase of the appointment. It is also important that the student discuss any implications that these positive findings could have concerning the patient's treatment. The importance of developing a care plan is to enable the student to fit all pieces of information gathered into a clear picture of the patient's needs.

The patient Appointment Manager Form, on page 37 of this syllabus, is an easy way to plan the number of appointments you will need to complete treatment on this patient. It is also a good way to set goals for each appointment and meet the needs of the patient in a timely manner. Using the information you have gathered, you should use this form to plan out all appointments needed for the patient starting with the first appointment and ending with the completion of treatment. Be sure to fill in all applicable material under assessment, patient education, treatment procedures, sub-total appointment time (length of each singular appointment), total appointment time (length of all appointment times added together), recalls and referrals.

All areas of the Difficult Calculus Care Plan should be read carefully and answered completely in order to achieve full credit on the assignment.

**DIFFICULT CALCULUS CARE PLAN**

STUDENT NAME \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

DATE \_\_\_\_\_

Synopsis of patient history

Age:	Blood pressure:	Bleeding score:
Sex:	Pulse rate:	Race:
Height:	Respiration rate:	Prophy class:
Weight:	Plaque score:	AAP:

Current Oral Self Care Methods

	TYPE	FREQUENCY
Toothbrush		
Toothpaste		
Floss		
Power Assisted Appliances		
Rinses		
Fluoride		
Other		

- Is patient currently under the care of a physician? If yes, list condition.  
 Yes       No
- Has patient been hospitalized within the last 5 years? If yes, list the reason.  
 Yes       No
- List any conditions or allergies that the patient has reported.
- List medications currently taken by the patient.
- Does the patient smoke or use tobacco products?  
 Yes       No
- When was the patient's last dental visit? What treatment was rendered at this visit?



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10. Using the information that you have provided from the data gathered, what do you see as the major problem/problems confronting this patient? Prioritize your answers and support them with correlating information, predisposing factors and/or contributing factors.

11. Discuss patient education topics that would be of benefit to this patient.



## Difficult Calculus Patient Appointment Manager

Minutes per appointment								
<b>ASSESSMENT</b>								
Health History								
Intra/Extra Oral Exam								
Dental Charting								
Gingival/Periodontal								
Radiographs								
Indices								
<b>PATIENT EDUCATION</b>								
Brushing Technique								
Interdental Aids								
Perio Disease								
Tobacco Use								
Caries/Fluoride								
Nutritional Counseling								
Other								
<b>TREATMENT PROCEDURES</b>								
Anesthesia (Quad)								
Ultrasonic Debridement								
Hand Debridement (Quad)								
Selective Polishing								
Fluoride								
Subgingival Irrigation								
Sealants								
Amalgam Polishing								
Other								
SUB-TOTAL APPT. TIME								
TOTAL APPT. TIME								
Recall Interval:	Referral:							

Complete this appointment manager by filling in the expected date of each appointment. Next, place the amount of time you expect to use to complete specific procedures on each appointment. Remember to note which quadrant you are working in under "treatment procedures". Sub-total all appointment times and then add those times together to get the total appointment time you expect to use on completing this patient. Patient referrals that are made and an appropriate recall interval should also be included on the appointment manager.

LIT Dental Hygiene Program			
<u>DIFFICULT CALCULUS CARE PLAN EVALUATION</u>			
DHYG 2262			
ADA Standard	2-19	Graduates must be competent in providing the dental hygiene process of care that includes assessment, planning, implementation and evaluation.	
Student		Date:	
Instructor		AAP Type	I II III IV
Patient		Prophy Type	0 1 2 3 4 5 6 7 8
		Grade	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.		Critical Error	Yes	No
1	Utilize accepted infection control procedures	NA	NA	NA
2	Apply basic and advanced principles of dental hygiene instrumentation	NA	NA	NA
3	Synopsis of patient history is accurately completed.	Yes		
4	Current oral self care methods are noted and commented on when applicable.	Yes		
5	All positive findings gathered from assessment data are noted.	Yes		
6	Major problems are prioritized and supported with correlating information, predisposing factors and/or contributing factors.	No		
7	All patient education topics appropriate to the patient are discussed.	No		
8	Preventive therapies and treatment options appropriate to patient are noted.	No		
9	Prognosis for the patient is established based on existing facts.	Yes		

**Comments:**

### **PRIVATE PRACTICE PATIENTS**

The number of patients seen as private practice will depend on the grade the student is striving to attain. This information can be found on page 8 of this syllabus.

#### ***Patient Criteria***

**Private practice patients should be adult patients, (18 years of age or older) either proph class I or class II, and must be successfully completed in a two (2) hour time segment. One of these patients needs to be a perio case type III or IV.** Documentation for the time will be recorded on the CER.

- **The two hour time period includes all data collection, oral prophylaxis, patient education, radiographs, plaque free/polishing, and grading by faculty.**
- **An instructor will check patient at completion of oral prophylaxis but before fluoride treatment.**
- The student should class these patients themselves and begin treatment. **Informed consent should be signed by the patient, student and instructor before any scaling is initiated.** Failure to do so will result in the loss of patient points for the student.

These patients are intended to prepare the student for private practice by enhancing their efficiency and patient management skills.

**APPENDIX D**

### **PATIENT EDUCATION COMPETENCY EVALUATION CHECK LIST**

*This skill evaluation will be conducted in the patient education room.*

**Session:**

1. Utilizes time effectively and efficiently.
2. Uses current infection control procedures
3. Preparation of operatory is appropriate for procedure and effective instructional materials are present.
4. Professional behavior and ethical judgment demonstrated by;
  - providing for patient comfort
  - providing proper patient communication
  - accepting constructive criticism
  - adapting to new situations
  - instilling confidence in the patient
  - explaining procedures to the patient
  - exhibiting self-confidence to perform procedure
5. Student reviews short and long term goals with patient
6. Student assists patient in evaluating his/her own oral condition and relates goals and methods of evaluation to the oral conditions present. (Patient carries out home regimen and discloses.)
7. Demonstrates new oral hygiene procedure(s) or modifies patient's technique on typodont and in the patient's mouth. Evaluate technique by having patient demonstrate technique and re-disclose patient. Modify areas where indicated. (Based on plaque/bleeding scores.)
8. Student stresses the patient's responsibility for self care in partnership with the clinician.
9. Student discusses current concepts of dental practice as well as basic principles of dental disease as they apply to the patient's needs. Instructions are individualized with the use of available visual aids, pamphlets and models.
10. The level of information is appropriate for the learning level of the individual.
11. The patient is involved in the learning process by answering questions, stating opinions or performing skills, etc., throughout the session.
12. The information and discussion follow a logical sequence starting with background knowledge and a review of what the patient is already aware of before advancing to new topics or more in-depth information.
13. The student provides only small units of instruction at any one time and should expand on this information throughout the dental hygiene appointment.
14. The student actively searches for opportunities to provide positive reinforcement and provides that reinforcement.
15. Student reviews methods that will be used to evaluate progress and states what information etc. will be covered I the next session.

LIT Dental Hygiene Program			
<b><u>PATIENT EDUCATION SESSION COMPETENCY</u></b>			
DHYG 2262			
ADA Standard	2-19	Graduates must be competent in providing the dental hygiene process of care that includes assessment, planning, implementation and evaluation.	
Student		Date:	
Instructor		AAP Type	I II III IV
Patient		Prophy Type	0 1 2 3 4 5 6 7 8
		Grade	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.		Critical Error	Yes	No
1	Utilize accepted infection control procedures	Yes		
2	Apply basic and advanced principles of dental hygiene instrumentation	NA	NA	NA
3	Maintain clinic and laboratory records as instructed	Yes		
4	Identifies patient needs and reviews goals with patient	Yes		
5	Assists patient in evaluating home care and modifies as needed	Yes		
6	Demonstrates new oral hygiene procedures	No		
7	Emphasizes patient responsibility in oral health care partnership	Yes		
8	Individualizes instruction based on patient need and learning level	Yes		
9	Involves patient and provides positive reinforcement	No		
10	Concludes with review of session and previews future session	No		
Comments:				

## **CRITERIA FOR ROOT PLANING COMPETENCY**

### GENERAL MANAGEMENT

1. Utilizes time effectively and efficiently.
2. Utilizes mirror effectively.
3. Maintains correct patient/operator positioning.
4. Adjust the dental light for maximum illumination.
5. Uses current infection control procedures.
6. Uses air and evacuation equipment effectively.
7. Preparation of operatory is appropriate for procedure.
8. Professional behavior and ethical judgment demonstrated by:
  - Providing for patient comfort
  - Providing proper patient communication
  - Accepting constructive criticism
  - Adapting to new situations
  - Instilling confidence in the patient
  - Explaining procedures to the patient
  - Exhibiting self-confidence to perform procedure
9. Meets patient selection criteria of having at least two proximal and one facial/lingual surface to root plane.
10. Utilizes radiographs and periodontal charting to determine sulcus topography and root morphology.

### **ACTIVATES ROOT PLANING STROKES**

11. Holds curet in the modified pen grasp.
12. Establishes a stable fulcrum (intra or extraoral).
13. Determines correct working end of curet.
14. Places curette on the surface to be smoothed making sure the blade is flush against the tooth surface.
15. Inserts the tip under the free gingival to the epithelial attachment, being sure to keep blade angulation at 0 degrees.
16. Establishes working angulation (45-90 degrees) with lower shank parallel to tooth surface.
17. Uses a light exploratory stroke coming back to the free gingival margin to confirm the confines of the pocket and topography of the root surface.
18. Applies lateral pressure against tooth with thumb and index finger.
19. Activates a series of moderate to light pull or push-pull strokes, starting with a short stroke and making each successive overlapping stroke a millimeter or so longer.
20. Pivots on fulcrum and rolls instrument between thumb and index finger to adapt to the tooth surface.
21. Applies longer and lighter strokes to the cemental surfaces as it becomes smooth.
22. Removes blood and debris from the oral cavity maintaining a clear operating field.
23. Evaluates the instrumented area with an 11/12 ODU explorer.
24. Maintains side of explorer tip on tooth.
25. Utilizes proper grasp, pressure and fulcrum while using explorer.

### **EVALUATION BY FACULTY**

26. The entire surface feels hare and glass-like.
27. Tissue laceration is kept to a minimum.

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<b>LIT Dental Hygiene Program</b>			
<b><u>ROOT PLANING COMPETENCY</u></b>			
DHYG 2262			
ADA Standard	2-20	Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.	
Student		Date:	
Instructor		AAP Type	I   II   III   IV
Patient		Prophy Type	0 1 2 3 4 5 6 7 8
		Grade	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.		Critical Error	Yes	No
1	Utilize accepted infection control procedures	Yes		
2	Apply basic and advanced principles of dental hygiene instrumentation	No		
3	Maintain clinic and laboratory records as instructed	Yes		
4	Identifies information which may contraindicate treatment	Yes		
5	Explains procedure and rationale to their patient	Yes		
6	Utilizes sharp and correctly contoured instruments	No		
7	Obtains removal of calculus without excessive tissue trauma	Yes		
8	Insures patient's comfort with appropriate anesthesia	Yes		
9	Demonstrates professional conduct and ethical judgment	No		
10	Appropriate application of professional knowledge and skills utilized by student while providing patient care	Yes		

**Comments:**