CLINICAL INTERMEDIATE (DHYG 2261)

LAMAR INSTITUTE
OF TECHNOLOGY

CREDIT
2 Semester Credit Hours (0 hours lecture, 12 hours lab)

MODE OF INSTRUCTION
Face to Face

PREREQUISITE/CO-REQUISITE:
Prerequisite: DHYG 1301, DHYG 1431, DHYG 1304, DHYG 1235, DHYG 1103, DHYG 1219, DHYG 1339, DHYG 2301, DHYG 2133, DHYG 1260.
Co-Requisite: DHYG 1311, DHYG 1339, DHYG 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.

COURSE OBJECTIVES
Upon completion of this course, the student will be able to

- Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry.
- Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills.
- Demonstrate appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

INSTRUCTOR CONTACT INFORMATION

Instructor: Lisa Harrell, RDH, BS

Email: lrharrell@lit.edu (Instructor should respond within 24-48 hours)

Office Phone: (409) 247-4884

Office Location: MPC 206

Office Hours: Mondays 10:45-12:00; Tuesdays 12:30-3:30; Thursdays 9:00-1:00

REQUIRED TEXTBOOK AND MATERIALS
Nield-Gehrig, Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation, 8th edition, Lippincott, Williams, & Wilkins, 2017. ISBN: 9781496320209.

Clinic course syllabus and student instruments, gloves, safety glasses/shield, masks, lab coats

Approved: Initials/date

COURSE CALENDAR

Week 1	First Day of Classes and Clinic
	ALL STUDENTS in clinic for Ultrasonic Lab (12:30 pm – 3:30 pm)
Week 2	***ALL STUDENTS*** in clinic for Gracey curet lab (12:30 pm – 3:30 pm)
	NO CLINIC – LABOR DAY HOLIDAY
Week 4	PROGRESS CHECK WEEK
Week 5	NO CLINIC – FLUORIDE VARNISH PROGRAM 8:00 AM @ BINGMAN ELEMENTARY SCHOOL – ***ALL MUST ATTEND***
	Radiographic Evaluation opens in Blackboard Opens October 4 at 6:00 am and closes on October 6 at 11:59 pm
Week 6	MID SEMESTER COUNSELING WEEK
	Difficult Calculus Clinical Evaluation Testing Days
Week 8	PROGRESS CHECK WEEK
	Recommended – finish periodontal patient quadrant scaling (to allow time for 2-week post-periodontal evaluation)
Week 11	*Recommended* – have completed or identified ALL competencies and skill evaluations
Week 13	Last Wednesday Clinic
	Last Thursday Clinic
	Last Friday Clinic
	Last Monday Clinic
	Last Tuesday Clinic
Week 14	**ALL** 2nd year requirements due by 12:00 pm (includes radiographic critiques and chart audits, all documents loaded in Blackboard)
Week 15	**FINAL CLINIC COUNSELING**
	Research Project Presentations MPC Auditorium 6:00 pm – 9:00 pm
Week 16	Clinic Clean Up

ATTENDANCE POLICY

Absenteeism

In order to ensure the students in the dental hygiene program achieve the necessary didactic and clinical competencies outlined in the curriculum, it is necessary that the student complete all assigned lecture classes, clinical and laboratory hours. It is the responsibility of the student to attend class, clinic or lab. The instructor expects each student to be present at each session.
It is expected that students will appear to take their exams at the regularly scheduled examination time. Make-up examinations will be given **only** if the absence is due to illness (confirmed by a physicians' excuse), a death in the immediate family, or at the discretion of the instructor.
If students are unable to attend lecture class, clinic or lab, it is **mandatory that you call the appropriate instructor prior to the scheduled class, clinic or lab time**. **An absence will be considered unexcused if the student fails to notify the course faculty prior to the start of class, clinic, or lab. Attendance through Blackboard Collaborate is considered an absence. The course instructor must be notified at least one hour prior to the beginning of class/lab if the student plans to attend through Blackboard Collaborate.** The student is responsible for all material missed at the time of absence. Extenuating circumstances will be taken into account to determine if the absence is excused. Extenuating circumstances might include but are not limited to funeral of immediate family member, maternity, hospitalization, etc. If the student has surgery, a debilitating injury, or an extended illness, a doctor's release will be required before returning to clinic.

a. **Fall/Spring Semesters:**
   Dental hygiene students will be allowed **two excused absences** in any lecture, clinic or lab. Absences must be accompanied by a written excuse on the next class day. In the event that a student misses class, clinic or lab beyond the allowed absences, the following policy will be enforced:
   - 2 absences = notification in Starfish
   - Beginning with the third absence, **2 points** will be deducted from the final course grade for each absence thereafter.
   - **Two** (2) points will be deducted from the final course grade for each unexcused absence.

Tardiness

Tardiness is disruptive to the instructor and the students in the classroom. A student is considered tardy if not present at the start of class, clinic or lab. It is expected that students will arrive on time for class, clinic or lab, and remain until dismissed by the instructor. If tardiness becomes an issue, the following policy will be enforced:

- Tardy 1 time = notification in Starfish
- Tardy 2 times = is considered an unexcused absence. (See the definition of an unexcused absence)

If a student is more than 15 minutes late to any class period, it will be considered an unexcused absence.

Students should plan on attending classes, labs and clinic sessions as assigned throughout the semester. Family outings, vacations and personal business should be scheduled when school is

not in session and will not be considered excuses for missing assignments, examinations, classes, labs or clinic time.

DROP POLICY

If you wish to drop a course, you are responsible for initiating and completing the drop process by the specified drop date as listed on the Academic Calendar. If you stop coming to class and fail to drop the course, you will earn an "F" in the course.

STUDENT EXPECTED TIME REQUIREMENT

For every hour in class (or unit of credit), students should expect to spend at least two to three hours per week studying and completing assignments. For a 3-credit-hour class, students should prepare to allocate approximately six to nine hours per week outside of class in a 16- week session OR approximately twelve to eighteen hours in an 8-week session. Online/Hybrid students should expect to spend at least as much time in this course as in the traditional, face-to-face class.

ACADEMIC DISHONESTY

Students found to be committing academic dishonesty (cheating, plagiarism, or collusion) may receive disciplinary action. Students need to familiarize themselves with the institution's Academic Dishonesty Policy available in the Student Catalog & Handbook at http://catalog.lit.edu/content.php?catoid=3&navoid=80#academic-dishonesty.

TECHNICAL REQUIREMENTS

The latest technical requirements, including hardware, compatible browsers, operating systems, etc. can be online at https://lit.edu/online-learning/online-learning-minimum-computer-requirements. A functional broadband internet connection, such as DSL, cable, or WiFi is necessary to maximize the use of online technology and resources.

DISABILITIES STATEMENT

The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 are federal anti-discrimination statutes that provide comprehensive civil rights for persons with disabilities. LIT provides reasonable accommodations as defined in the Rehabilitation Act of 1973, Section 504 and the Americans with Disabilities Act of 1990, to students with a diagnosed disability. The Special Populations Office is located in the Eagles' Nest Room 129 and helps foster a supportive and inclusive educational environment by maintaining partnerships with faculty and staff, as well as promoting awareness among all members of the Lamar Institute of Technology community. If you believe you have a disability requiring an accommodation, please contact the Special Populations Coordinator at (409)-951-5708 or email specialpopulations@lit.edu. You may also visit the online resource at Special Populations - Lamar Institute of Technology (lit.edu).

STUDENT CODE OF CONDUCT STATEMENT

It is the responsibility of all registered Lamar Institute of Technology students to access, read, understand and abide by all published policies, regulations, and procedures listed in the *LIT Catalog and Student Handbook*. The *LIT Catalog and Student Handbook* may be accessed at www.lit.edu. Please note that the online version of the *LIT Catalog and Student Handbook* supersedes all other versions of the same document.

STARFISH

LIT utilizes an early alert system called Starfish. Throughout the semester, you may receive emails from Starfish regarding your course grades, attendance, or academic performance. Faculty members' record student attendance, raise flags and kudos to express concern or give praise, and you can make an appointment with faculty and staff all through the Starfish home page. You can also login to Blackboard or MyLIT and click on the Starfish link to view academic alerts and detailed information. It is the responsibility of the student to pay attention to these emails and information in Starfish and consider taking the recommended actions. Starfish is used to help you be a successful student at LIT.

ADDITIONAL COURSE POLICIES/INFORMATION

Examination and Quiz Policy

Examinations will be based on objectives, lecture notes, handouts, assigned readings, audiovisual material and class discussions. Major examinations will consist of multiple choice, true/false, matching, short answer, and case study questions. No questions will be allowed during exams.

Students are expected to complete examinations as scheduled. Make-up examinations will be given ONLY if the absence is due to illness (confirmed by a physicians' excuse), a death in the immediate family, or at the discretion of the Instructor. All make-up examinations must be taken within two (2) weeks from the scheduled exam date. All examinations will be kept on file by the Instructor. Students may have access to the examination by appointment during the Instructor's office hours. Exams may be reviewed up to two (2) weeks following the exam date. **You may not copy, reproduce, distribute or publish any exam questions**. This action may result to dismissal from the program. A grade of "0" will be recorded for all assignments due on the day of absences unless prior arrangements have been made with the Instructor.
Respondus Lockdown Browser and Respondus Monitor will be used for examinations therefore, a webcam is required to take the test. The student is required to show the testing environment at the beginning of the exam to assure the instructor that it is clear of any study materials. Failure to do so will result in a 10-point exam grade deduction.
If you need online assistance while taking the test, please call Online Support Desk at 409-951-5701 or send an email to lit-bbsupport@lit.edu.

It shall be considered a breach of academic integrity (cheating) to use or possess on your body any of the following devices during any examination unless it is required for that examination and approved by the instructor: cell phone, smart watch/watch phone, electronic communication devices (including optical), and earphones connected to or used as electronic communication devices. It may also include the following: plagiarism, falsification and fabrication, abuse of academic materials, complicity in academic dishonesty, and personal misrepresentation.
Use of such devices during an examination will be considered academic dishonesty. The examination will be considered over, and the student will receive a zero for the exam.
Students with special needs and/or medical emergencies or situations should communicate with their instructor regarding individual exceptions/provisions. It is the student's responsibility to communicate such needs to the instructor.

Mandatory Tutoring

If a student receives a failing grade on any major exam, the student will be required to meet with course instructor within 2 weeks of the failed exam. One on one concept review by appointment with the course instructor will be provided and/or written academic warning when a student is failing to meet minimal requirements in the classroom setting.

Electronic Devices

Electronic devices are a part of many individual's lives today. Students must receive the instructor's permission to operate electronic devices in the classroom and lab. Texting on cell phones will not be allowed during class or clinic.

Late coursework

Assignments, Quizzes and Tests must be completed by the due date. Late submissions or completion will not be accepted and will result in a zero for that assignment/quiz/test.

Remediation

Remediation is available by appointment.

See Student Handbook for more information about remediation policies.

*** Faculty has the authority to modify the above policies if unusual circumstances mandate a change. Please refer to the Student Handbook for a complete listing of program policies.**

COURSE REQUIREMENTS

Students must complete all of the clinical requirements at minimal competency to pass the course and progress in the dental hygiene program. *See grading rubric on following page.

COURSE EVALUATION

Final grades will be calculated according to the following criteria:

Each student must meet minimal competency for all requirements in order to pass DHYG 2261. Criteria for achieving a grade of "A", "B", "C", "D" or "F" can be found on the following page 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 **80%**. 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 **80%**, 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 and turned in by November 22, 2023, at 12:00 PM, this includes radiographs, retakes, and initial chart audits. Failure to complete chart audits by due date could result in receiving no credit for the patient. Failure to successfully complete all course requirements will result in receiving an "F" in DHYG 2261 and dismissal from the DH program. Exclusions from this policy will be dealt with at the discretion of the program faculty. See grading rubric on the following page.

GRADING SCALE

	A	B	C	F
Requirements			Minimal Competency	
Total Patient Points	41 points 30 in class III & above	38 points 27 in class III & above	35 points 23 in class III & above	Does not meet all requirements for “C”.
Adult Patients	8 patients	8 patients	8 patients	
Geriatric	1 patient	1 patient	1 patient	
Adolescent	1 patient	1 patient	1 patient	
Radiographs (total)	4 FMX, 4 BWX, 1 PNX			
Digital X-rays using sensors	Minimum 2 FMX & 2 BWX must be with sensor (counts towards total x-ray requirements)			
Perio Stage	Stage I or II	5 patients		
	Stage III or IV	3 patients		
Calculus Detection	1 patient (Difficult Calculus patient)			
EagleSoft Dental Charting	1 digital dental charting (approved by clinic counselor)			
Special Needs Patient	2 patients	1 patient	1 patient	
Sealants	4 patients	3 patients	2 patients	
Perio charting	1 patient	1 patient	1 patient	
Ultrasonic quadrants	12 quadrants	10 quadrants	8 quadrants	
Professional Judgment & Ethical Behavior	Average of 40	Average of 39	Average of 38	Average of below 38
Community service	5 hours	4 hours	3 hours	

	A	B	C	F
Written evaluations				
Radiographic Interpretation Evaluation 85%	85% on initial try	85% on 1st re-test	85% on 2nd re-test	
Clinical Evaluations				
Periodontal Patient case total	90 and above	86 - 89	85	
Clinical Competencies				
Adolescent	Initial attempt	1st re-test	1st re-test	
Recall patient	Initial attempt	1st re-test	1st re-test	
Pit & Fissure Sealants	Initial attempt	1st re-test	1st re-test	
Patient education sessions	All sessions acceptable	2 sessions acceptable + 1 re-test	1 session acceptable + 2 re-tests	
Skill Evaluations				
Difficult calculus patient	Meet minimal competency on any 2 skill evals on initial try	Meet minimal competency on 1 skill eval on initial try	Meet minimal competency on skill evals	Does not meet all requirements for grade of "C"
Root Debridement with Gracey Curet	See above	See above	See above	See above
Ultrasonic instrumentation	See above	See above	See above	See above

Students will have two attempts at successfully completing Clinical competencies and skill evaluations. Failure to successfully complete the competency or skill evaluation on the second try may result in the student repeating DHYG 2261.

*DH students, faculty, dentists, and hygienists may not be utilized for special patients, competencies or for evaluations. THESE PATIENTS WILL ONLY BE USED TO COUNT FOR POINTS AND/OR RADIOGRAPHIC REQUIREMENTS AND SEALANTS.

CLINICAL TEACHING USING THE POD SYSTEM:
The Pod System will be utilized in the clinic setting to enhance student learning. The Pod system requires each clinical instructor be assigned to specific cubicles in order to create smaller groups within the clinic. Working in pods emphasizes one-on-one teaching, continuity of instruction and closer monitoring of student progression.

TEACHING METHODS

- Faculty demonstrations
- Individual assignments and instruction
- Observation and feedback

RADIOGRAPHIC INFORMATION
A student must demonstrate minimal competency by exposing acceptable quality surveys. Regardless of requirements, the student will take all necessary radiographs based on patient needs. Radiographs will be graded as either acceptable or non-acceptable by your designated faculty grader. Surveys turned in longer than one week after being taken will not be graded. (i.e.: Survey taken on Tuesday morning = due by the following Monday morning).

- All radiographs must be completed by **the date listed on course calendar**.
- The student who is treating the patient must take the patient's radiographs even if the radiographs are not needed for requirements.
- Radiographs may be taken outside of the student's clinic day if it is during a second-year clinic. There will be an 'outside of clinic' radiograph sign-up sheet available beginning the second week of school. **Radiographs may not be taken during lunch, before clinic, or after clinic.**
- When taking radiographs outside of clinic, be aware that the students in that assigned clinic session have priority for all x-ray rooms over 'outside of clinic' students. Outside of clinic students will have to wait until a room is available.
- Outside of clinic students are responsible for the post-op and pre-op of the x-ray room. Also, sterilization students are not responsible for packaging outside students x-ray equipment.
- X-ray rooms cannot be reserved by a student. Students must sign up in the instructor cubicle for an x-ray room **after** the patient's medical/dental history has been signed and the need and type of survey has been determined.
- All surveys taken and the justification for patient exposure must be documented on the progress notes in the patient chart. (Example: FMX-patient has numerous suspicious areas.)
- Technique errors, bone loss, calculus, suspicious areas, and restorations should be documented on radiographic critique sheets. Only note existing conditions such as missing teeth if it aids in grading the radiographs.
- Radiographs will not be graded during clinic unless the patient will be finished in that clinic session and not returning. Have critique sheet filled out and ask your pod instructor

to review them at your cubicle. Waiting in radiology for grading may delay your patient treatment time and is not a good use of your clinic time.

- IF A PATIENT CANNOT RETURN FOR RETAKES, THAT PARTICULAR SURVEY MAY NOT BE ACCEPTED AS A COMPLETED SURVEY. Therefore, it is advisable to discuss this with your patient before the need arises. Not taking retakes may affect your Comprehensive Care grade on your CER, which in turn, affects your overall grade for that patient.

Radiographic Interpretation Evaluation

The student will be required to successfully complete a radiographic interpretation evaluation. This evaluation requires the student to identify landmarks, suspicious areas, unusual conditions, and processing/technique errors which are pointed out by the instructor. The date for the evaluation is published in the Dates to Remember page of this syllabus. A score of **85%** or higher is required for successful completion of this evaluation.

PATIENT POINT INFORMATION

Prophylaxis points

The grade the student is striving to attain will depend on how many patients are seen. The number of points required for specific grades can be found in the course syllabus. All patients must be completed at minimal competency. Minimal competency will be reflected by a grade of at least **80%** on the CER. ALL PATIENTS ARE EXPECTED TO BE COMPLETED. A minimum of **two quadrants** must be satisfactorily scaled in order to receive any credit at all for a patient. Incomplete patients may adversely affect the final clinic grade of the student.
All patients not completed must be documented on progress notes. (Example: Patient could not return for completion of treatment due to surgical procedure.) Prophylaxis points are awarded when patient treatment is complete. Incomplete patients may not be used to calculate total patient points, periodontal staging or grading, special needs patients, or recall patients on the CER.

- Services rendered to patients will be conducted by one (1) student. This means that students may not share patients to meet requirements. This includes, but is not limited to: radiographs, sealants, or root debridement quadrants.

Prophylaxis point value:

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

Patient selection must include the following periodontal case types for all students:

Perio Stage I or II	5 patients
Perio Stage III or higher	3 patients

PATIENT SELECTION

- Patient selection is very important; therefore, it is advisable to select a variety of patients to enhance the clinical experience.
- SCREENING NEW PATIENTS, WHO HAVE NOT BEEN SEEN IN THE CLINIC BEFORE, WILL HELP YOU IN LOCATING THOSE HIGHER-CLASS PATIENTS THAT YOU WILL NEED AT THE BEGINNING OF THE SEMESTER. The student may screen any patient themselves even if the patient has been previously seen. Please reference the patients file if the patient has been in the clinic previously. This may give you an indication of the degree of difficulty on that patient.
- There will be some screening done by sterilization; however, it may be beneficial for each student to set aside some clinic time to screen their own patients.

*Dental hygiene students may treat **ONE** dental hygiene student or faculty/staff member per semester. Students may not use other students, faculty, dentists, or hygienists for skill evaluations or competency evaluations. Also, remember that DH students who are patients are not exempt from payment of customary charges.

- Patients are expected to pay for their visit on the first appointment. You should inform your patient of the fee when scheduling his/her first appointment.
- Each student may choose to waive the fees for one patient per semester.

Periodontal Patient Criteria

The patient should be a prophy class IV or higher, a Perio Stage II or higher, and have at least 22 teeth. The patient cannot have received comprehensive care at the LIT dental hygiene clinic in the last three (3) years or have been a previous LIT Periodontal Patient which includes patient education sessions.

Before scaling is initiated on this patient:

- All assessment paperwork must be completed and graded on the CER.
- Diagnostic FMX (**with vertical BWX**), gingival index, and intraoral pics will be taken.
- The initial Periodontal Care Plan must be submitted, graded, and approved by Mrs. DeMoss before any scaling begins.

Scaling of the designated periodontal patient will be completed by quadrant. This patient will have a full (6-point) pre-periodontal chart and post-periodontal chart recorded. The pre-periodontal charting must be completed by quadrant in conjunction with quadrant scaling. A full-mouth post-perio chart is completed at the post-perio evaluation appointment.

The student will follow this sequence for treatment/ scaling appointments:

- 1. M/D history, plaque & bleeding score, gingival description, patient education session, local anesthesia (if needed)
- 2. Ultrasonic 1 quadrant AND perio chart quadrant > check by instructor
- 3. Fine scale quadrant> check by instructor.
  - The perio chart and ultrasonic quad MUST be checked **before** fine scaling begins.

The Periodontal Patient will also need to return in the Spring semester for a periodontal maintenance visit.

- *It is highly recommended that two Periodontal Patients are identified, and initial care-plans submitted. This helps ensure that at least one case is completed as required.*

Periodontal Care Plan

Periodontal care plan criteria, submission instructions, and deadlines are outlined in your Periodontology course syllabus. Complete periodontal therapy includes a two-week post-perio evaluation (and post-cal if needed). *This perio patient's quadrant-scaling should be completed by early November, as to allow two weeks for healing before the final re-evaluation and post-perio appointment.*

Periodontal Charting on Periodontal Patient

A complete (6-point) periodontal charting, including pocket depths, recession, furcation, mobility, tissue height, clinical attachment level, and bleeding points is required on the perio case. Pre and post periodontal charting will be recorded, compared, and evaluated before the case is submitted for grading.

Perio Case Grade for Clinic

The perio case grade for clinic will be a reflection of the students' clinical work on the perio patient. This grade will come from the final grade on the CER for this patient.
(Your periodontal care plan grades are a part of your Periodontology course).

Arestin Program

- Arestin will be utilized on your perio patient.
- Place the Arestin during the post perio evaluation appointment.
- An instructor will approve the specific sites for Arestin to be placed after checking the post periodontal charting.
    - Arestin will be placed in 5 mm pockets or higher approved by the instructor.
- Arestin is placed before fluoride varnish treatment if fluoride has not been previously applied.
- You will note the use of Arestin in the progress notes. You will note which teeth and surfaces that were treated with Arestin.
- Instruct the patient not to brush in these areas for 24 hours and not to floss in these areas for 10 days. Therefore, you will have to inform the patient where these areas are located.
- You will include information about Arestin in your patient education sessions. If you have finished with patient education, then you will do the education at chairside.
- You will see this patient again in the Spring semester. If the patient still has bleeding in these areas, you may re-treat with Arestin if indicated.

CLINICAL INFORMATION

Vital Signs

The student will take and evaluate blood pressure, pulse, respiration, and temperature on every patient at every appointment. The patients ASA classification will be determined and documented. This will be recorded on the vitals sheet form.

Drug Cards

Writing drug cards prepares students for patient treatment and for the National Board licensure exam. Each student will handwrite, in ink, on a white 4 x 6 index card all the complete drug information with initials on the top of the card. No typed drug cards will be accepted. Drug cards must be completed by the patient's second appointment (this includes any screening or radiographic appointments).

Extra Oral and Intra Oral Examination

Examine and palpate the head, face and neck for any lesions, asymmetry, swelling, infected facial piercings or palpable nodules, which may include a raised nevus. Palpate lymph nodes for any evidence of tenderness, hardness, or non-mobility. Examine the function of the Temporomandibular Joint for evidence of discomfort, restricted opening, audible or palpable symptoms. Examine and palpate the oral mucosa/alveolar ridge/lips and all supporting structures for any lesions, chemical or physical irritations, exostosis, tattoos, swellings, intraoral piercings, hematomas, or palpable nodules. Examine and palpate the palate and examine the oral pharynx (including the tonsillar pillars) for the presence of torus, and any lesion. Examine and palpate the tongue for symptoms of hairy tongue, fissured tongue, loss of papilla, geographic tongue, glossitis, piercings, palpable nodules, or lesions. Examine the floor of the mouth for ankyloglossia, tori, hematomas, lesions, and tattoos. Record positive findings on the appropriate form.

Periodontal Assessment

Record findings on Periodontal Assessment form as indicated. The student will conduct a periodontal assessment of all patients during data collection. Students are to record tissue architecture, color, consistency, margins, papillae shape, surface texture, suppuration and all radiographic findings. The periodontal charting (see below) is also a part of the Periodontal Assessment. Upon completion of the Periodontal Assessment data collection, a Periodontal Stage and Grade should be assigned to the patient.

Periodontal Charting

A periodontal assessment of all patients will be conducted by the student during data collection. All **abnormal conditions** should be documented including: 4mm or greater pockets, recession, furcation, and mobility. When any of these abnormal conditions are found, all of the following must be documented for that **specific zone** of the tooth: pocket depth, tissue height (TH), and CAL. Each patients' periodontal classification should then be determined using clinical attachment loss (CAL) as the first indicator, radiographic bone loss is used second; this will help determine the most accurate periodontal diagnosis. The exception to this is the 2nd year periodontal patient, in which all readings must be documented for each tooth.

Dental Charting
Chart existing restorations, suspicious areas, missing teeth, fixed bridges and positive findings that affect the periodontal condition (overhangs etc.). Use your radiographs to assist you in complete charting. Dental charting must be evaluated by the D.D.S.

Informed Consent
All patients must sign an informed consent for treatment. This form is used to educate the patient on procedures to be performed, risks involved with or without treatment, benefits from obtaining treatment, and any referrals made for the patient. After dental charting, any referrals should be noted on this form and signed for by the D.D.S. Referrals should also be noted in the patient progress notes.

Risk Assessments
An oral pathology, a periodontal disease, and a restorative risk assessment will be done on every patient. The form for these risk assessments is located in the clinic. The student will complete or update these risk assessments when doing the informed consent. The student will present the completed risk assessment form and the informed consent to a faculty to review and sign after the patient and student has signed them. A grade for the risk assessments will be given by the faculty on the CER.

Grading of Data Collection
All data collection will be graded at one time (all assessment data will be graded at the completion of extra/intra, gingival, perio charting, radiographs and dental charting). The student should have radiographs mounted and displayed **before** data will be graded. Student may begin scaling on one quadrant before having dental charting evaluated if the D.D.S. is not available. All other data must be evaluated before scaling can begin.

Plaque and Gingival Bleeding Indices
Plaque scores and bleeding indices utilizing indicator teeth are to be taken on all patients at **every appointment**. Students are expected to do patient education **every appointment** at the chair in the mouth. All plaque and bleeding scores are to be documented on progress notes. Failure to take scores or document scores will result in an Unacceptable grade on the Comprehensive Care portion of the patient's CER.

EagleSoft Software Program
All patients must be entered into the EagleSoft software program. Notes should be made as a communication log for each patient. Write the EagleSoft ID number on the front of each patient chart.

Patient Selection
It is advised to select a variety of patients to enhance clinical experience. Consider the amount of root planing that may be indicated on prophy class V and above patients, and the time required for post-calculus evaluation.

* DH students, faculty, dentists, and hygienists may not be utilized for special patients or for evaluations. THESE PATIENTS WILL ONLY BE USED TO COUNT FOR POINTS.

Hand Scaling Patients
All patients who are a prophy class I – III must be hand scaled. The ultrasonic will not be utilized on these patients unless authorized by an instructor.

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

Pit and Fissure Sealant Patients
The number of pit and fissure patients will depend on the grade the student is striving to attain. Refer to Course Requirements on previous pages of the 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 to be sealed, are designated during dental charting by the D.D.S. Teeth that are sealed will be verified by tooth number on the CER and on the progress notes.

EagleSoft Software Dental Charting
The student will complete one dental charting using the EagleSoft software. The student will use a dental charting from a current patient in which the dental charting has been checked by the dentist. The student must transfer the charting information to the computer using the EagleSoft 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. The EagleSoft Software Dental Charting evaluation form is included in the "Competency and Evaluation Forms" section of this syllabus. A detailed PowerPoint on how to use the software for this purpose is on the computers in the clinic.

Special Needs Patient
The Special Needs Patient Evaluation will be completed on at least one special needs patient for minimal requirement. If the student desires a higher grade, then an additional Special Needs Patient Evaluation must be completed. Special Needs patients are defined as patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Special needs patients may have mobility issues, be mentally disabled, immunocompromised, have a complex medical problem, or be a child with behavioral or emotional conditions. (See *Clinical Practice of the Dental Hygienist* by Wilkins for a list of special needs patients). The Special Needs Patient Evaluation will be completed after the appointment and turned in to the clinical advisor. The clinical advisor will determine if the requirement has been met. Be very thorough in your assessment of the patient and their condition(s) they present. Preapproval of the patient is recommended. The Special Needs Patient directions and form are included in the "Competency and Evaluation Forms" section of this syllabus.

Evaluation of Scaling Procedures
Evaluation criteria for scaling includes calculus removal, stain removal, smooth root surfaces and tissue trauma. Significant tissue trauma will be noted on the CER and may be reflected in the patient grade. Prophy class V or higher requires an evaluation from **two** instructors. Errors will

be recorded by the student 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 re-checked in order 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 on the CER**.

Post Calculus
All patients class V and above must be scheduled two weeks after all quadrant scaling is complete including spots for re-evaluation. The student is expected to thoroughly explore, remove any residual calculus, and have the quadrants evaluated by an instructor. Only one instructor is needed to check post calculus evaluation. Failure to complete Post Calculus will result in a loss of one patient point, and a U in Comprehensive Care on the CER.

Comprehensive Care Grade on CER
Students are expected to perform comprehensive care on all patients. Not taking retakes by the end of the 2nd appointment, not taking a plaque or bleeding score, not doing diagnosed sealants, not completing post-calculus evaluation, or pre-writing patient charts are some examples of behaviors that will result in an unacceptable grade in this area. **Four or more U's in Comprehensive Care on clinic CERs will result in a one point deduction from the student's Professional Behavior and Ethical Judgement semester average.**

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-classed 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.

Non-productive Clinic Time
Students are allowed twenty (20) hours of non-productive clinic time without grade penalty. If the student accumulates more than twenty hours of non-productive clinic time, **the final letter grade in DHYG 2261 will be lowered by one letter.** Students are expected to have a patient in their chair through the completion of the semester. The student is expected to remain in their cubicle even when the patient cancels or no shows. It should be documented on the back of the Cancellation CER what activities the student participated in during this time. The Cancellation CER time must be initialed by the pod instructor at the end of clinic. Acceptable non-productive time (cancellation) learning activities may include, but are not limited to:

- Completing courses through Dentalcare.com, critiquing radiographs, practicing instrumentation on the typodont, practicing use of the Intraoral Camera on a typodont, practicing sensor radiographs on the DXTRR manikin, instrument sharpening, EagleSoft dental charting.

If the student leaves the clinic for any reason, the student must notify a clinic instructor before leaving. 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 as mandated by the accrediting agency.

End of Clinic Procedure
At the end of the clinic session students must record their progress notes and obtain all required signatures. This should be done in 15 minutes or less. Instructors will inspect the cubicle for proper post-op procedures. Once the student has been checked by their pod instructor, they may wait in the center area of the clinic for dismissal. Students may not leave until dismissed by the clinic coordinator. Procedure should be done in this order:

1. Transport instruments to sterilization for processing.
2. Write up progress notes
3. Post-op cubicle

All CERs must go back into the designated CER area after each clinic. CERs are not allowed to be stored in the patient chart.

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. Patients **must be dismissed by 11:45 AM, 4:45 PM, or 7:45 PM**. Repeatedly dismissing one's patient late may result in disciplinary action.

Progress Checks and Clinical Advising
Students must meet with assigned instructor on the dates outlined in this syllabus. There will be no virtual clinic counseling. Students must bring appointment calendar, CER's, and student clinic requirement completion record to all progress checks. Patient charts will be pulled, if needed, for clinical advising.

Patient Files/ Charts
Patient files must be kept alphabetized. When removing a patient chart from the filing cabinets, you must use one of your individual "out cards" to hold the space until the chart is returned. When not in active use, patient charts MUST be filed back in the appropriate filing cabinets. Files absolutely cannot be kept in your locker, backpack, mailbox, or be taken off campus.

Chart Audits
All patient charts must be audited by the student upon completion of treatment. Students have **one week** following the patient's last appointment to audit the chart, complete the Chart Audit Checklist Form, and submit a digital copy of the patient CER using the DHYG 2261 Blackboard link. This informs faculty advisors that a chart is ready for audit and the patient is complete or not returning. Faculty advisors will complete random chart audits on all students throughout the semester. Chart audits that are not completed by the student within one week of treatment completion will be marked unacceptable and may not be counted toward the patient points.

If a chart audit is found with two or more errors, the student will receive a "U" on the CER for that audit. Receiving unacceptable grades on the CER will affect the patients overall CER grade average. This may determine whether the student will earn credit for the patient.
As stated in the Clinic Manual, documentation is an important part of professional judgement. Students are expected to create and maintain the patient record accurately, completely, and legibly. Four or more U's in chart audits will result in a one point deduction from the student's

Professional Behavior and Ethical Judgement semester average. (A minimum average of 38 points must be maintained to meet clinic requirements). A student with four or more "unacceptable" chart audits will also need to schedule a time with their clinical advisor to have all patient files audited. The student will remain with the instructor while the charts are audited. Further information regarding chart documentation can be found in the Clinic Manual.

Prepaid Cell Phones

Prepaid cell phones are suggested in order for patients to contact students.

Sterilization Duty

The students assigned to sterilization duty are expected to be in clinic ready to work by 15 minutes prior to the beginning of clinic. Upon arrival the student must check in at the clinic front office. The penalty for arriving later than 15 minutes prior to the beginning of clinic will be extra sterilization duty and will be scheduled by the 2nd year clinic coordinator. The amount of extra sterilization duty will depend on what time the student arrived and will be done outside the student's regular clinic day. Computer use, cell phone use, sitting around during assigned sterilization time is not acceptable. There is always something to do during your assigned time. See clinical instructors if you need a job.

Skill Evaluations and Competencies

It is strongly advised to prepare for a skill evaluation or competency in advance by practicing the skill and by reading the evaluation criteria, prior to attempting. Have the evaluation form printed, attached to a clipboard, with the top portion completed and ready. If there are any questions about the evaluation, they must be asked prior to the beginning of the evaluation. Students may not ask questions or request guidance during the evaluation. If guidance is needed, the evaluation or competency will be considered over and instructor guidance will begin. The skill evaluation or competency will need to be repeated at a future appointment.

Within one week of completing any skill evaluation or competency, the student must submit a copy of the evaluation form by using the DHYG 2261 Blackboard link.

DHYG 2261 CLINICAL GRADING CRITERIA FOR SATISFACTORY ON "CER"

		S	U
1.	**Medical/Dental History**	0-1 error	2 or more
2.	**Oral Exam**	0-2 errors	3 or more
3.	**Periodontal Assessment**	0-2 errors	3 or more
4-5.	**Dental Charting**	0-4 errors	5 or more
6.	**Informed Consent**	0-2 errors	3 or more
7.	**Periodontal Charting** (per quad)	0-4 errors	5 or more

8-11. **Ultrasonic Scaling**- More than three calculus deposits, stain and/or plaque remaining per quadrant will result in a "U". 0-3 deposits="S".

12-15. **Scaling**- Errors include evaluation of: rough tooth surfaces and calculus.

GRADE/QUADRANT

Class I	1 surface	2 or more
Class II	2 surfaces	3 or more
Class III	3 surfaces	4 or more
Class IV	4 surfaces	5 or more
Class V	5 surfaces	6 or more
Class VI	6 surfaces	7 or more
Class VII	7 surfaces	8 or more
Class VIII	8 surfaces	9 or more

16. **Plaque Free** (surfaces/mouth) 0-4 surfaces 5 or more

17. **Topical Fluoride Treatment**- Failure to remove most dental plaque, dry teeth prior to application, place saliva ejector, stay with patient the entire time, give appropriate patient instruction or check tissue response will result in a "U".

18. **Tissue Trauma** 0-2 surfaces 3 or more surfaces

19. **Pit and Fissure**- 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".

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

	S	U
Class V	4	5 or more
Class VI	5	6 or more
Class VII	6	7 or more
Class VIII	7	8 or more

		S	U
21.	**Post Periodontal charting** – same criteria as #7		
22.	**Radiographs-BWX**	Equivalent of 4 improvable	More than 4 improvables
23.	**Radiographs-FMX**	Equivalent of 12 improvable	More than 12 improvables
24.	**Radiographs-PNX**	2 improvable – 2 areas that could be improved	
25.	**Comprehensive Care**	1 error	2 or more errors
26.	**Chart Audit**	1 error/patient	2 or more errors/patient

STUDENT AND FACULTY ACADEMIC AND CLINICAL COUNSELING ASSIGNMENTS

Harrell	Mendoza	DeMoss	Thompson
Valencia, M.	McClure, H.	Kelley, M.	Cricchio, R.
Salazar, J.	Martinez, P.	Hoang, V.	Cooley, A.
Reyes, A.	Martinez, L.	Harves, A	Blanchard, B.
Peet, J.	Barajas, S.	Garrett, A.	Barragan, R.
Parker, K.		Fontenot, M.	Balderas, S.
Parish, A.		Esquivel, M.	
Monceaux, C.		Doucet, M.	
Molin, B.			
Mendoza, Y.			

PROGRESS CHECKS

Listed below you will find the weeks of progress checks. You must make an appointment and meet with your clinical advisor during designated weeks to report on your progress in clinic. CER's, requirement completion sheets, and appointment books should be brought to each progress check. Faculty will have clinic grades on the computer. If you need to meet with your clinical counselor outside of the assigned times, or need additional times beyond the posted dates, you must make an appointment with your counselor.
Please note: ALL PROGRESS CHECKS AND CLINIC COUNSELING WILL BE DONE IN PERSON – NO VIRTUAL OPTIONS THIS SEMESTER

TBA

MID-SEMESTER CLINICAL COUNSELING

TBA

FINAL CLINICAL COUNSELING

TBA

Please make an appointment with your clinical advisor before counseling sessions.

- *Chart Audits will be completed by the student within one week of patient completion or patient not returning. The patient CER must be submitted in Blackboard.
- *All completed skill evaluations, competencies, radiographic critiques, and professional judgement forms will be submitted in Blackboard within one week of finish date.

INSTRUCTIONS FOR MID-SEMESTER CLINICAL COUNSELING

STUDENTS:

1. What to bring:
    - Appointment book
    - CER's
    - Clinic Tracking Chart from syllabus (filled in where applicable)
    - Clinic Syllabus (for reference or questions)
    - Have all information organized so that finding specific information is easy for you.
    - Make sure completed skill evaluations, competencies, radiographic critiques, and professional judgement forms have been submitted in Blackboard within one week of finish date

2. Bring your corrected copy of the computer print-out/clinic timesheet. Be able to document any errors with CER's.

FACULTY:

1. Check patient #'s and codes on the grade book on the designated "R" Drive.

2. Check computer grade book for the following:
    a. Accuracy
        - Check patients listed on the grade sheet on "R" drive.
        - Check accuracy of completed patients.
        - Check to see if any clinic requirements were successfully completed.

    b. Check accuracy of clinic time.
    c. Check accuracy for special needs patients
    d. Check accuracy for recall patients.
    e. Corrections to CER's should be done on the "R" drive.
    f. Check Blackboard for submissions

3. Upload the clinical tracking spreadsheet to 'R' drive

INSTRUCTIONS FOR FINAL CLINICAL COUNSELING

STUDENTS:

1. What to bring:
    - Appointment book
    - CER's
    - Clinic Tracking Chart from syllabus (filled in where applicable)
    - Clinic Syllabus (for reference or questions)
    - Have all information organized so that finding specific information is easy for you.

2. Bring your corrected copy of the computer print-out/ timesheet. Be able to document any errors with CER's.

FACULTY:

1. Check and document patient #'s and codes in gradebook. Check accuracy of grades in the grade book on the designated "R" Drive.

2. Check computer grade book for the following:
    a. Accuracy
        - Check patients listed on the grade sheet on "R" drive.
        - Check accuracy of completed patients.
        - Check to see if clinic requirements were successfully completed.

    b. **Check accuracy of clinic time. Students should have a total of 156 hours (39 days) of clinic time. Students should have 24 hours of sterilization.**
    c. Check accuracy for special needs patients.
    d. Check accuracy for recall patients.
    e. Corrections to CER's should be done on the "R" drive.
    f. Check Blackboard to make sure all skill evaluations, competencies, radiographic critiques, and professional judgement forms have been submitted.

3. Confirm students' final grade for semester.

4. Upload the clinical tracking spreadsheet to 'R' drive.

REQUIREMENT COMPLETION RECORD

(Place appropriate patient number in the appropriate space upon completion of treatment. Bring this record with you to all progress checks and counseling sessions.)

Prophy Class

Class I pts (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class II pts (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class III pts (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class IV pts (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class V pts (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class VI pts (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class VII pts (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class VIII pts (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Prophy Class

Class I pts (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class II pts (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class III pts (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class IV pts (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class V pts (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class VI pts (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class VII pts (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Class VIII pts (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Periodontal Stage

Gingivitis (started) ____ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Stage I (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Stage II (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Stage III (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Stage IV (started) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Periodontal Stage

Gingivitis (completed) ____ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Stage I (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Stage II (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Stage III (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Stage IV (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Adolescent Patients (completed) ___ ___ ___ ___ ___ ___
Adult Patients (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Geriatric Patients (completed) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

BWX (total)						
FMX (total)						
PNX						
Digital Radiograph (FMX) with sensors						
Digital Radiograph (BWX)						
Calculus Detection						
EagleSoft Dental Charting Skill Eval						
Special Needs Patient						
Pit & Fissure Sealants						
Periodontal Charting (Pre and post)						
Ultrasonic Instrumentation						
Radiographic Evaluation (85%)						
Periodontal Patient Case						
Adolescent Competency Evaluation						
Recall Patient						
Pit & Fissure Evaluation						
Patient Ed						
Difficult Calculus						
Gracey Evaluation						
Ultrasonic Evaluation						
Community Service						

COMPETENCY AND EVALUATION FORMS

Instructions for Ultrasonic Practice Lab

Set Up:

- Set up typodont head on assigned unit
- Bring ultrasonic inserts to clinic
- Bring faceshield and mask
- Work with a partner
- Bring the *Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation, 8th edition,* with you to clinic.
- Remove ultrasonic unit from drawer in cubicle
    - Connect power cord
    - Connect foot pedal
    - Connect water supply

Disinfect:

- With utility gloves, disinfect:
    - mobile table
    - ultrasonic unit
    - insert hose

Barrier:

- Remove utility gloves, wash hands, and put on exam gloves
- Place a barrier across the mobile table covering the ultrasonic unit
- Attach a handpiece to the insert hose and place on top of barrier

Procedure:

- Turn on power
- Purge/flush the water line for 2 minutes
- On new unites purge for 30 seconds
- Insert the universal tip
- Adjust the spray to a fine mist

Application:

- Using Module 26 – Powered Instrumentation pages 708
- The student will demonstrate the use of the ultrasonic in all quadrants.
- Faculty will assist during the practice.
- The student partner will suction during practice time.
- Faculty will evaluate the student according to the evaluation module.
- Students will switch when instructed.

Instructions for Area-Specific Curet and Advanced Fulcrum Practice Lab

Set Up:

- Set up typodont head on assigned unit
- Bring all area-specific curets to clinic – Gracey 1/2, 11/12, 13/14, 15/16, 17/18
- No pre-op needed for this practice day (i.e. disinfection, barriers)
- Bring the *Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation, 8th edition,* with you to clinic.

Instruction:

- Work with a partner.
- Each will practice by:
  - Identifying the correct working end
  - Adapting the gracey curets to the tooth
  - Applying a working stroke
- Faculty will assist you during the practice session.

Application:

- Using Module 19 – Area-Specific Curets page 485-486
- The student will demonstrate the use of the gracey curet on the following areas:
  - Area 1 = Teeth #3, #7
  - Area 2 = Teeth #12, #15
  - Area 3 = Teeth #19, #24
  - Area 4 = Teeth #27, #31
- Faculty will evaluate your skill level in each treatment area with an “S” or “U”.

DIFFICULT CALCULUS EVALUATION

The following pages contain criteria, instructional information, and evaluation forms for the Difficult Calculus Evaluation.

Criteria for Difficult Calculus Evaluation

Student is responsible for patient selection using the following criteria.

STUDENTS MUST PASS THEIR ULTRASONIC SKILL EVAL PRIOR TO THIS EVALUATION

- **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.

- **Definition of "Clickable" Calculus-**"Bump" with thickness that is readily discernible
  - A definite "jump" is felt with the explorer
  - An interproximal deposit felt from the lingual and/or buccal

- **Surfaces-**A minimum of twelve (12) qualifying surfaces must be present in one quadrant or one quadrant plus up to 4 additional teeth. At least four (4) surfaces must be located on molar teeth. A maximum of six (6) of the surfaces may be located on the anterior teeth (canine to canine).

- The twelve (12) qualifying surfaces must be on natural teeth and must not have the following: Class III furcations, Class III mobility, pocket depth exceeding 6mm, gross decay, and orthodontic bands. (Bonded lingual arch wires are acceptable.)

- **Patient Requirements-**Patient should be at least a prophy class IV and may not have pocket depths greater than 6 mm. Prior to scaling, the student will complete a full patient assessment including calculus detection. It is part of the exam to do thorough calculus detection. Two instructors will check the proposed quadrant for qualification. Only the surfaces agreed upon by the two instructors will be used in qualification and evaluation. The student should scale the entire treatment area selected to insure the deposits are removed. The student will not be informed which deposits the instructors found. The student must remove seventy five percent (75%) of those deposits in order to meet minimum competency for the scaling evaluation. It should be noted that removal of 75% of deposits does not, in itself, guarantee attaining competence on this patient. **Failures also can occur do to habitual incorrect instrumentation, excessive trauma and non-professional behavior.**

- **Basic Instrumentation skills that will be assessed are:** fulcrum, grasp, activation of instrument, adaptation of tip/toe, working stroke, exploratory stroke.

- **Advanced instrumentation skills that will be assessed are:** advanced fulcrum positions, ability to adapt instruments to depth of the pockets, advanced activation of working stroke.

- **Ultrasonic Use-**The use of the ultrasonic will be allowed on the difficult calculus evaluation and will be evaluated.

- **Designated Time-**Two (2) hours will be allowed for this evaluation.

Dates of Evaluations: See Dates To Remember page of this syllabus for Difficult Calculus evaluation dates. Students will be assigned to **one** of these dates by the clinic coordinator.

LIT Dental Hygiene Program **DIFFICULT CALCULUS EVALUATION**					
DHYG 2261					
LIT Competency Statement	P2 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. PC.12 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. a. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions. b. Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques. PC.13 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed. a. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-report.				
Student		Date:			
Instructor		Circle one:	Healthy Gingiva	Gingivitis	Perio Stage_____
Patient		Prophy Class	0 1 2 3 4 5 6 7 8		
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.		Grade	☐ Acceptable ☐ Unacceptable		

	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	Yes		
3	Maintain clinic and laboratory records; obtains informed consent prior to treatment.	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 periodontal charting during procedure	No		
8	Removes calculus without excessive tissue trauma	Yes		
9	Completes procedure in designated time	Yes		
10	Demonstrates professional conduct and ethical judgment	Yes		

Comments:

CONTINUING CARE (RECALL) COMPETENCY EVALUATION

The following pages contain criteria, instructional information and competency forms for the Recall Evaluation.

Patient Selection

The patient must be 18 years of age or older with a minimum of eighteen teeth. The patient should be a patient of record at the LIT Dental Hygiene Clinic who has received comprehensive treatment on a regular basis. The patient should be a prophy class I or II. The student should allow 2 to 2 ½ hours of appointment time to complete the scaling and polishing. (The evaluation must be completed within one clinic session. This includes full mouth scaling and selective polishing. Time needed for up-dating data will not be included in the two-hour evaluation time and may be done at a different appointment.)

Evaluation Procedure

Students will perform all assessment procedures, take plaque and bleeding scores and conduct patient education on their patient. All assessment data must be graded before proceeding to evaluation. The clinical dental hygiene instructor will determine if the patient qualifies for the recall evaluation. The patient may be classed before the evaluation by the instructor during the grading of the assessment data. Patient education must be done to determine the patient's retention or recall of topics and/or skills from the previous semester. Once qualification is determined, a start time will be established and the student will begin work on the patient. If the patient will be seen on a different day, the student must inform the pod faculty that the evaluation will be attempted and a start time given. If the student fails to get a start time before starting the evaluation, then the student will not get credit for this evaluation. At the end of the 2 hours, the patient will be checked again for completion of scaling and polishing. Following the evaluation, the fluoride application will be provided but it will not be considered as part of this evaluation. Please allow adequate time for check in. The instructor will observe the student for a minimum of 10-15 minutes during the scaling and polishing. Please schedule this with the instructor so observation can occur.

- **Basic Instrumentation skills that will be assessed are:** fulcrum, grasp, activation of instrument, adaptation of tip/toe, working stroke, exploratory stroke.
- **Advanced instrumentation skills that will be assessed are:** advanced fulcrum positions, ability to adapt instruments to depth of the pockets, advanced activation of working stroke.

The student should allow for 15 minutes for the instructors to check the patient and plan accordingly. This means that there should be at least 20 minutes of clinic time left to allow for check out and fluoride treatment.

Student Self-Assessment

Once the patient has completed treatment, the student is required to complete a self-assessment of the treatment provided to the patient. The self-assessment should be turned into the instructor that observed the evaluation.

LIT Dental Hygiene Program

CONTINUING CARE (RECALL) Competency

DHYG 2261

<table>
<tr><td>LIT Competency Statement</td><td colspan="5">P2 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.
PC.12 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health.
a. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions.
b. Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques.
PC.13 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.
a. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-report.</td></tr>
<tr><td>Student</td><td colspan="2"></td><td>Date:</td><td colspan="2"></td></tr>
<tr><td>Instructor</td><td></td><td>Circle one:</td><td>Healthy gingiva</td><td>Gingivitis</td><td>Perio Stage ______</td></tr>
<tr><td>Patient</td><td colspan="2"></td><td>Prophy Class</td><td colspan="2">0 1 2 3 4 5 6 7 8</td></tr>
<tr><td colspan="3">Any critical error results in a score of ‘Unacceptable’ and the student must repeat the competency.</td><td>Grade</td><td colspan="2">☐ Acceptable
☐ Unacceptable</td></tr>
</table>

	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	Yes		
3	Maintain clinic and laboratory records	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 periodontal charting during procedure	Yes		
8	Obtains removal of calculus (passes quadrants)	Yes		
9	Has more than one area of tissue trauma per quadrant	Yes		
10	Selects appropriate polishing agent and uses sound polishing technique	Yes		
11	Flosses all interproximal surfaces of all teeth	Yes		
12	Completes procedure in designated time	Yes		
13	Reviewed previous patient education topics or skills with patient	Yes		
14	Demonstrates professional conduct and ethical judgment	Yes		
15	Satisfactorily completed self-assessment	Yes		

Comments:

CONTINUING CARE (RECALL) SELF-ASSESSMENT

Upon completion of your recall patient, please **completely and thoroughly** answer the following questions. Be **thorough** in your self-assessment. You will have 48 hours after completion of your patient to turn this into the instructor that graded your competency or to your clinical counselor. Answer the following questions completely:

LIT Dental Hygiene Program **Continuing Care (Recall) Evaluation**					
DHYG 2261					
LIT Competency Statement	PC10 Use critical decision-making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. b. Identify patient needs and significant findings that impact the delivery of dental hygiene services.				
Student			Date:		
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio stage _____
Patient			Prophy Class	0 1 2 3 4 5 6 7 8	
			Grade	☐ Acceptable ☐ Unacceptable	
The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria:					
1.	Upon evaluation of data from last semester when comparing to this semester the patient has or has not demonstrated improvement in their oral health. Explain or support your findings. (You may write on the back)				
2.	When reviewing patient education topics that were presented to your patient last semester, was the patient successful in retaining the information and successful in demonstrating any skills that were taught? Explain or support your answer. (You may write on the back)				
3.	Upon reflection of the appointment with the patient, what specifically do you feel went well? In what areas do you feel could have been improved? (You may write on the back)				

GRACEY CURET SKILL EVALUATION CHECK LIST

On this skill evaluation, the student must use the following instruments:

- Anterior Gracey 1/2
- Mesial Gracey 11/12 or 15/16
- Distal Gracey 13/14 or 17/18
- This patient should be a Class IV or higher prophy class
- The student may use the ultrasonic on this patient prior to the Gracey curet
- * = designates a basic skill using the Gracey curet

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. *Reviews patient's dental charting and radiographs to determine any areas where instrumentation may be contraindicated.
8. Preparation of operatory is appropriate for procedure.
9. Selects appropriate instruments and maintains sharpness.
10. *Maintains patient records
11. *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

Grasp:

12. Holds with index finger and thumb pads opposite each other at or near the junction of the handle and shank.
13. Stabilizes instrument with pad of middle finger.
14. Maintains contact between index, middle and ring (fulcrum) fingers
15. Maintains contact with fingers when adjusting finger positions for optimal instrument adaptation.
16. Maintains the handle distal to the second knuckle of the index finger and proximal to the "V" of the hand at all times.
17. Uses a light grasp with all exploratory strokes.

Fulcrum:

18. Establishes and maintains a high stable fulcrum to avoid hand collapse.
19. Establishes on occlusal or incisal surfaces, embrasure area, and/or extraoral.
20. Positions as close to work area as possible.
21. Uses constant, equal pressure.

Instrument Positioning:

22. *Determines the correct working end and use the lower cutting edge for instrumentation.
23. *Adapts the side of the toe 1/3 flush with the tooth surface at the gingival margin or under supragingival calculus deposit
24. *Inserts the instrument by closing the face of the blade against the tooth surface and inserting with an exploratory stroke until the side of the tip 1/3 is positioned under the ledge of the calculus deposit.

Instrument Activation:

25. *Angulates the cutting edge correctly by maintaining the terminal shank as close to parallel as possible to the long axis of the tooth.
26. Tightens grasp and increases lateral pressure using thumb, index and or middle finger.
27. *Initiates short, powerful 2mm vertical, oblique or horizontal overlapping strokes in a coronal direction to **remove deposit**.
28. *Relaxes grasp between each calculus removal stroke, closes blade, if necessary, and repositions blade to continue removing deposit with channel scaling strokes.
29. *Uses correct wrist/arm/hand motion to produce vertical, oblique and/or horizontal strokes. Use digital activation in areas where movement is restricted, such as furcation areas and narrow, deep pockets.
30. Pivots on fulcrum finger and rolls the instrument between index finger and thumb to maintain instrument adaptation when entering the interproximal areas.
31. Pivots on fulcrum finger and rolls instrument between thumb and index finger to adapt to buccal/labial or lingual surfaces.
32. Moves the instrument in the direction the toe faces.

LIT Dental Hygiene Program
GRACEY CURET SKILL EVALUATION

DHYG 2261

LIT Competency Statement	P2 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. PC12 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. a. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions. b. Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques. PC13 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed. a. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-report.

Student			Date:		
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage _____
Patient			Prophy Class	0 1 2 3 4 5 6 7 8	
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.			Grade	☐ Acceptable ☐ Unacceptable	

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 principles of dental hygiene instrumentation	Yes		
3	Maintain clinic and laboratory records	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 (passes quadrant)	Yes		
8	Insures patient's comfort with appropriate anesthesia	Yes		
9	Demonstrates professional conduct and ethical judgment	Yes		

Comments:

PIT & FISSURE SEALANT COMPETENCY CHECK LIST

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. Selects appropriate instruments and maintains sharpness.
9. 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

Preparation

10. Student assembles appropriate equipment
    - sealant kit
    - cotton rolls
    - saliva ejector and HVE tip
    - curing light
    - air/water syringe
    - articulating paper and floss
    - cotton pliers, explorer, mirror
    - fluoride and trays
11. Evaluates teeth for cleanliness.
12. Isolates teeth.

Procedure

13. Air dries surface to be sealed for 30 seconds.
14.Tooth surface is adequately etched
15. Correct motion used (dabbing motion for liquid, no motion for gel)
16. Correct time (read manufacturer's instructions for correct time)
17. Covers only surface to be sealed
18 Teeth are thoroughly rinsed for 30-60 seconds per tooth
19. Teeth are thoroughly dried with air

20. Etched teeth present characteristic chalky white appearance (if not, re-etch)
21. Sealant is brushed onto the etched surface
22. Excess sealant is removed with cotton

Apply Light:
22. within 3mm of the tooth surface
23. for the appropriate period of time. (Light will beep or turn off)

Operator Evaluation
24. Rinse
25. Examine surface with explorer and interproximal contact with floss for adequate sealant placement
26. Utilize articulating paper to evaluate occlusion
27. Exploring confirms a smooth, hard surface
28. Absence of air bubbles
29. Sealant concentrated in central pits and fissures
30. Inclined planes are covered (1/2 to 2/3)
31. Occlusal relationship is maintained
32. Interproximal contacts are free of sealant material

LIT Dental Hygiene Program **PIT AND FISSURE SEALANT COMPETENCY**					
DHYG 2261					
LIT Competency Statement	P2 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. PC12 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. a. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions. b. Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques. PC13 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed. a. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-report.				
Student			Date:		
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage _____
Patient			Prophy Class	0 1 2 3 4 5 6 7 8	
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.			Grade	☐ Acceptable ☐ Unacceptable	

	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	N/A	N/A
3	Maintain clinic and laboratory records	Yes		
4	Identifies information which may contraindicate treatment	Yes		
5	Explains procedure and rationale to their patient	Yes		
6	Utilizes correct technique in adequately etching the tooth surface	Yes		
7	Utilizes correct technique for curing the sealant	No		
8	Explores to examine surface for adequate sealant placement	Yes		
9	Utilizes articulating paper to evaluate and maintain proper occlusion	No		
10	Demonstrates that interproximal contacts are free of sealant material	Yes		
11	Demonstrates professional conduct and ethical judgment	Yes		

Comments:

ULTRASONIC INSTRUMENTATION SKILL EVALUATION CHECK LIST

- **This evaluation must be successfully completed prior to attempting Difficult Calculus Evaluation.**
- On this skill evaluation, the student will use:
  - Universal insert
  - Slimline insert
- This patient must be a Class IV or higher prophy class
- * = designates a basic skill using the ultrasonic instrument

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.
   - Uses patient ultrasonic bib
   - Uses high volume evacuation during procedure
   - All appropriate PPE for operator and patient
6. *Uses air and evacuation equipment effectively.
7. Preparation of operatory is appropriate for procedure.
8. *Reviews patient's dental charting and radiographs to determine any areas where instrumentation may be contraindicated.
9. *Reviews patient's medical history for any contraindications for ultrasonic use.
10. *Maintains patient records.
11. *Select appropriate insert for the area in which you are working.
12. *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

Determines Function of Equipment

13. Turns power on the ultrasonic unit and attaches water to proper outlet
14. Places foot control on floor within easy access
15. Bleeds water line for two minutes
16. Allow water to surface top of opening of hand piece, place insert into handpiece of the magnetostrictive units or screws insert into the Piezo units

17. Adjust water and power setting holding hand piece over cup or sink
18. Adjust water flow to appropriate spray

Grasp and Fulcrum

19. *Uses a light, gentle modified pen grasp
20. *Establishes an intra- or extra- oral fulcrum

Adaptation

21. *Uses appropriate power to remove deposits
22. Adapts the insert under the tissue correctly
23. *Point of insert is directed away from tooth; point is never in direct contact with tooth surface
24. Applies side of dull instrument tip to calculus, stain, or plaque.
25. Working end is parallel to the tooth/root surface
26. Applies instrument in continuous wet field, releasing at intervals to aid in water control
27. Keeps steady pressure on foot control
28. *Keeps tip moving constantly using strokes that are light, smooth, precise and overlapping

Evaluation

29. Removes all supragingival and subgingival deposits.

LIT Dental Hygiene Program

ULTRASONIC INSTRUMENTATION SKILL EVALUATION

DHYG 2261

LIT Competency Statement	P2 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. PC12 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. a. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions. b. Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques. PC13 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed. a. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-report.				
Student			Date:		
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____
Patient			Prophy Class	0 1 2 3 4 5 6 7 8	
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.			Grade	☐ Acceptable ☐ Unacceptable	

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 principles of dental hygiene instrumentation	Yes		
3	Maintain clinic and laboratory records	No		
4	Identifies information which may contraindicate treatment	Yes		
5	Explains procedure and rationale to their patient	Yes		
6	Properly demonstrates assembly of the ultrasonic unit	Yes		
7	Demonstrates proper grasp and fulcrum	No		
8	Selected appropriate insert for task	Yes		
9	Used overlapping strokes, kept tip moving at all times	Yes		
10	Obtains removal of calculus without excess trauma (passes quadrant)	Yes		
11	Demonstrates professional conduct and ethical judgment	Yes		

Comments:

PATIENT EDUCATION COMPETENCY CHECK LIST

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

First 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 **ALL** 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 which information etc. will be covered in the next session.

Second Session:
Same as session one

Third Session:
Same as sessions one and two EXCEPT -----

16. Student assists the patient in evaluating his/her progress towards ALL specified goals. The student assists the patient in determining further steps that may need to be taken to reach the stated goals. (referrals, etc.)
17. The student and patient determine a continuing care (recall) schedule that meets the needs of the patient.

LIT Dental Hygiene Program **PATIENT EDUCATION SESSION 1 COMPETENCY EVALUATION**					
DHYG 2261					
LIT Competency Statement	P2. Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. P4. Communicate effectively with individuals and groups from diverse populations both verbally and in writing HP5. Promote the values of oral and general health and wellness to the public and organizations within and outside the profession. PC10. Use critical decision-making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. PC11c. Establish a collaborative relationship with the patient in the planned care to include etiology, prognosis, and treatment alternatives.				
Student		Date:			
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____
Patient		Prophy Class	0 1 2 3 4 5 6 7 8		
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.		Grade	☐ Acceptable ☐ Unacceptable		

	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	N/A	N/A	N/A
3	Maintain clinic and laboratory records	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:

LIT Dental Hygiene Program

PATIENT EDUCATION SESSION 2 COMPETENCY EVALUATION

DHYG 2261

LIT Competency Statement	P2. Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. P4. Communicate effectively with individuals and groups from diverse populations both verbally and in writing HP5. Promote the values of oral and general health and wellness to the public and organizations within and outside the profession. PC10. Use critical decision-making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. PC11c. Establish a collaborative relationship with the patient in the planned care to include etiology, prognosis, and treatment alternatives.

Student		Date:	

Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____

Patient		Prophy Class	0 1 2 3 4 5 6 7 8

Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.	Grade	☐ Acceptable ☐ Unacceptable

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	N/A	N/A	N/A
3	Maintain clinic and laboratory records	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:

LIT Dental Hygiene Program

PATIENT EDUCATION SESSION 3 COMPETENCY EVALUATION

DHYG 2261

LIT Competency Statement	P2. Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. P4. Communicate effectively with individuals and groups from diverse populations both verbally and in writing HP5. Promote the values of oral and general health and wellness to the public and organizations within and outside the profession. PC10. Use critical decision-making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. PC11c. Establish a collaborative relationship with the patient in the planned care to include etiology, prognosis, and treatment alternatives.

Student			Date:		
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____
Patient			Prophy Class	0 1 2 3 4 5 6 7 8	
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.			Grade	☐ Acceptable ☐ Unacceptable	

	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	N/A	N/A	N/A
3	Maintain clinic and laboratory records	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, determines continuing care (recall) schedule, and review referrals	Yes		

Comments:

Adolescent Patient Competency Evaluation

Patient Requirements:

- 13 to 17 years of age, no exceptions.
- No complicated medical history problems
- One parent/legal guardian **MUST** accompany the patient. Students may not see their own children for this competency.

Student Instructions:

- The instructor will sign the history, release and HIPAA documents prior to starting the time. **No procedures will be checked or signed until check out.**
- Instructors will not watch you do the medical history but there must be no errors.
- Obtain the correct paperwork for the adolescent patient.
- **The parent MUST sign the Informed Consent prior to any treatment.** Instructors will sign the Informed Consent when all paperwork is checked.
- Try to obtain a complete medical history prior to the adolescent's appointment.
- **You have 2 1/2 hours to complete this patient, including check out.** The only procedures that may be done prior to the appointment are the medical/dental history, have the patient classed, and any necessary radiographs.
- The fluoride treatment is not included in this competency evaluation
- Record detailed patient education information and **recommendations made to the parent** in the progress notes.
- Make sure you follow the format for the evaluation; if you have questions you must ask them prior to the start of the appointment.

Instructor Instructions:

- Approve the patient for the competency evaluation and sign the appropriate paperwork. No other paper work will be checked or signed until check out.
- Observe the student at intervals appropriate to the criteria on the evaluation
- Check all paperwork and evaluate all procedures when the student is finished. Sign Informed Consent, checking for any referrals, sign CER for all checked examinations and/or scaling quadrants, and sign for plaque free/polishing.
- Complete the written competency evaluation form when the student is finished

LIT Dental Hygiene Program
Adolescent Patient Competency

DHYG 2261

LIT Competency Statement	PC9 Systematically collect, analyze, and record data on the general, oral, and psychosocial health status of a variety of patients. PC10 Use critical decision-making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. PC11 Collaborate with the patient, and/or other health professionals, to formulate a comprehensive dental hygiene care plan that is patient-centered and based on current scientific evidence. e. Obtain the patient's informed consent based on a thorough case presentation. PC12 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. a. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions. PC13 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.

Student			Date:		
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____
Patient			Prophy Class	0 1 2 3 4 5 6 7 8	
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.			Grade	☐ Acceptable ☐ Unacceptable	

	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	Yes		
3	Maintain clinic and laboratory records	Yes		
4	Obtain a complete medical/dental history and release	Yes		
5	Explains procedure and rationale to their patient	Yes		
6	Perform an adequate oral assessment and record the information properly	No		
7	Present the parent/guardian with an appropriate informed consent which the parent/guardian **signs** before treatment starts	Yes		
8	Obtains removal of calculus	Yes		
9	Selects appropriate polishing agent and uses sound polishing technique	Yes		
10	Flosses interproximals of all teeth	Yes		
11	Complete all identified procedures in two and a half (2 1/2) hours.	Yes		

Comments:

EAGLESOFT DENTAL CHARTING

A complete dental charting will be performed using EagleSoft dental charting software on one patient this semester. The purpose of this evaluation is to give the student experience in charting in a dental software program.

Patient Selection

The patient selected for this skill evaluation must be approved by your clinic counselor. The patient should have a variety of conditions/restorations to chart in EagleSoft for a thorough experience. You should verify in EagleSoft that the patient has not previously had a dental charting performed.

Instructions

This evaluation may be completed at any time once the dental charting has been graded by a DDS in clinic. Instructions on how to use EagleSoft dental charting can be found uploaded in Blackboard. Once you have completed the charting, the patients' chart must be turned in, along with the skill evaluation grade sheet, to your clinic counselor.

All of the following should be charted:

- Restorations
- Missing teeth
- Impacted teeth
- Sealants – existing or needed
- Caries
- Torsoversions
- Attrition
- Abfractions
- Lingual arch wires
- Periapical pathology
- Open contacts
- Decalcification

LIT Dental Hygiene Program **EagleSoft Software Dental Charting Skill Evaluation**						
DHYG 2261						
LIT Competency Statement	PC9 Assessment – Systematically collect, analyze, and record data on the general, oral, and psychosocial health status of a variety of patients.					
Student			Date:			
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____	
Patient			Prophy Class	0 1 2 3 4 5 6 7 8		
More than 2 errors in one category is unacceptable. All conditions should be charted according to the patient's dental chart using LIT dental charting guidelines.			Grade	☐ Acceptable ☐ Unacceptable		

Acceptable = 0-2 U's in total categories. **Unacceptable = 3 or more U's in total categories.**

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.		Errors	A	U
1	Correctly charted all existing restorations.			
2	Correctly charted all missing teeth.			
3	Correctly charted all suspicious areas as determined by DDS.			
5	Correctly charted impacted (fully or partially) and supernumerary teeth.			
6	Correctly charted attrition, abfractions, fractures, and decalcifications.			
7	Correctly charted all periapical pathology.			
8	Correctly charted all existing and needed sealants.			
9	Correctly charted watch areas as determined by DDS.			
10	Correctly charted open contacts and rotated teeth.			
11	Correctly charted removable (full or partial) appliances and lingual arch wires.			
12	No more than 4 errors listed in the EagleSoft progress notes.			
Comments:				

Special Needs Patient Evaluation

Patient Requirements:

- Special needs patients are defined as patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual.
- Special needs patients may have mobility issues, be mentally disabled, immunocompromised, have a complex medical problem, or be a child with behavioral or emotional conditions. (see *Clinical Practice of the Dental Hygienist* by Wilkins for a list of special needs patients)
- The patient can be of any age and any prophy class and/or periodontal case type.

Student Instructions:

- The Special Needs Patient Evaluation will be completed after the patient has completed total treatment in the clinic.
- It is advised that the student get approval for the patient prior to beginning the patient.
- There is no time constraint to finish this patient.
- The student is to individualize and consider **all** treatment modifications and dental hygiene interventions that may be needed to treat the special needs patient identified for this evaluation.
- Patient education topics should also address the special needs of the patient.
- The student is to assess the appointment with the patient and identify any and all modifications that had to be considered and/or implemented during the appointment.
- Be very thorough in your descriptions and write-up of the modifications.
- The student is to turn in the evaluation paper, along with the patient's chart, to their clinical advisor 48 hours after the patient is complete. The chart audit may be done at the same time.

Instructor Instructions:

- Approve the patient for the competency evaluation and initial beside the patient's name on the evaluation paper.
- The student should be thorough when discussing the treatment modifications for the special needs patient.
- Complete the written competency evaluation form when the student is finished with treatment.
- The chart audit may be done at the same time when the chart and evaluation are turned in.
- Students have 48 hours after the completion of the patient to turn in the evaluation.

LIT Dental Hygiene Program **Special Needs Patient Evaluation**						
DHYG 2261						
LIT Competency Statement	P2 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. PC10 Use critical decision-making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. b. Identify patient needs and significant findings that impact the delivery of dental hygiene services.					
Student			Date:			
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____	
Patient			Prophy Class	0 1 2 3 4 5 6 7 8		
If 'Unacceptable' grade is achieved, the student will need to designate another patient to complete this evaluation.			Grade	☐ Acceptable ☐ Unacceptable		

Special Needs Patients are defined as patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Special needs patients would include but are not limited to patients with the following: mobility issues, mentally disabled, immunocompromised, complex medical problem, mental illness, or children with behavioral or emotional conditions.

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.	
1.	Describe the patient's special need/s. (You may write on the back)
2.	Explain the treatment modifications that were necessary and/or any treatment modifications that were anticipated prior to treating this patient. What did you have to consider while treating this patient? What were the outcomes of your expectations? Did the patient present any needed modifications before, during, or after treatment? Be specific and thorough in your answer. (You may write on the back)
3.	What patient education topics did you address with this patient? What specific items did you need to address due to the patient's special need? (You may write on back)

Instructor Comments: