

CLINICAL ADVANCED (DHYG 2262.7A1, DHYG 2262.7B1, DHYG 2262.7C1, DHYG 2262.7D1, DHYG 2262.7E1)



**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 1227, DHYG 1235, DHYG 1219, DHYG 1339, DHYG 1207, DHYG 1260, DHYG 1311, DHYG 2261, DHYG 2331

Co-Requisite: DHYG 2153, DHYG 1315

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, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

INSTRUCTOR CONTACT INFORMATION

Instructor: Lisa Harrell, RDH, BS

Clinic faculty:	Michelle DeMoss, RDH, MS	Renee Sandusky, RDH, BS
	Kristina Mendoza, RDH, DMD	Joy Warwick, RDH, BS
	Cynthia Thompson, RDH, BS	Roland Williams, DDS
	Lacey Blalock, RDH, BS	Robert Smith, DDS
	Rebecca Ebarb, RDH, BS	Travis Miller, DDS
	Michelle Hidalgo, RDH	Harriett Armstrong, DDS
	Leslie Carpenter, RDH, BS	William Nantz, DDS
	Ronnie Cruz, RDH, BS	Robert Wiggins, DDS

Email: lrharrell@lit.edu

Office Phone: (409) 247- 4884

Office Location: MPC 206

Office Hours: Mondays 1:00 pm – 4:00 pm; Tuesdays 7:00 am – 8:00 am;
Thursdays 10:00 am – 12:00 pm; Fridays 7:00 am – 8:00 am

REQUIRED TEXTBOOK AND MATERIALS

Student instruments, gloves, glasses, masks, lab coats, clinic syllabus

COURSE CALENDAR

DATE		ADDITIONAL INFORMATION
JANUARY		
Week 1	First Day of Clinic	
FEBRUARY		
Week 3	Progress Check Week	Check in with clinical advisor
Week 5	Radiographic Evaluation	Testing on Blackboard
Week 6	TDHA/SCADHA Conference	San Marcos, TX
MARCH		
Week 7	Mid-Semester Clinical Counseling	Check in with clinical advisor
	SPRING BREAK	NO CLINIC OR CLASSES
Week 10	MANIKIN TESTING BEGINS	Check schedule for assigned day
APRIL		
Week 10	MANIKIN TESTING	Check schedule for assigned day
Week 11	Progress Check Week	Check in with clinical advisor
12	NATIONAL BOARD EXAM – ALL STUDENTS	Pearson Vue Professional Center – Houston NW Center
	NO CLINIC	Good Friday Holiday – Campus Closed
Week 13	Last Tuesday Clinic	
	Last Wednesday Clinic	
	Last Thursday Clinic	
	Last Friday Clinic	
Week 14	Last Monday Clinic	
	All requirements due by 12:00 pm	All requirements include all radiographic critiques, retakes, and chart audits.
Week 15	Final Clinic Counseling Week	Check in with clinical advisor
MAY		
Week 15	ADEX Clinical Testing Exam	LIT Clinic
Week 16	Clinic Clean Up and Check out	Duties and instructions TBD

ATTENDANCE POLICY***Absenteeism***

In order to ensure the students in the dental hygiene program achieve the necessary clinical competencies outlined in the curriculum, it is necessary that the student complete all assigned clinical hours. It is the responsibility of the student, and expected by the instructors, that each student be present, and on time, at each clinic session.

It is expected that students will take their clinical and radiographic exams at the scheduled examination time, unless arranged with the clinic coordinator. 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 clinic, it is **mandatory that you contact the appropriate instructor prior to the scheduled clinic time. An absence will be considered unexcused if the student fails to notify the clinic faculty prior to the start of clinic.** If a student is too ill to attend class, this will require an absence in clinic on the same day unless the student has Dr. permission to be on campus. Any other absence in clinic will be dealt with on an individual basis and must be discussed with the 2nd year clinic coordinator. Extenuating circumstances will be considered 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 Request to be Absent form should be filled out and submitted to the Clinic Coordinator.

- Dental hygiene students are required to makeup all excused absence clinic sessions and must be scheduled with the clinic coordinator.
- If a student has an unexcused absence, they will receive a written disciplinary action form which will be placed in the student's permanent record and a Professional Judgement and Ethical Behavior form will be given which may affect the students overall Professional Judgement and Ethical Behavior average.
- Any unexcused absence will be added to Cancellation time Clinical Evaluation Record (CER) and the student will lose that clinic time.

NOTE: If a clinic session is missed, it must be rescheduled within two weeks of the student's return to ensure all clinical requirements are met in a timely manner. The make-up session will be scheduled on a set clinic day, and students must coordinate with the clinic coordinator to confirm the new date. Additionally, students cannot cancel the rescheduled session if the patient cancels, as it is their responsibility to fulfill the clinic requirements. This policy helps maintain the integrity of the clinical training schedule and ensures that students have sufficient time to complete their required hands-on practice before graduation.

Tardiness

Punctuality is an important aspect of professionalism in the field of dental hygiene. Punctuality is not only a reflection of personal commitment but also an essential quality that contributes to a positive and efficient learning environment. Dental hygiene students are expected to be punctual in order to demonstrate their dedication to their education, respect for instructors and peers, and preparation for clinical settings where timely patient care is important. Tardiness can affect the students time spent providing patient care. A student is considered tardy if not present and ready to seat their patient at

the start of clinic. It is expected that students will arrive on time for clinic, and remain until dismissed by the instructor. If a student knows they will be tardy, they must contact the appropriate instructor prior to the scheduled clinic time.

- When a student is tardy, they will receive a written disciplinary action form which will be placed in the student's permanent record and a Professional Judgement and Ethical Behavior form will be given which may affect the student's overall Professional Judgement and Ethical Behavior average.

Students should plan on all 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 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 \(lit.edu\)](http://SpecialPopulations-LamarInstituteofTechnology(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

Assignment and Examination Policy

The Radiographic Evaluation Examination will be based on periapical, bitewing, and panoramic landmarks, lesions, anomalies and restorations. The exam will be multiple choice.

Students are expected to complete the examination as scheduled. Make-up examinations will be given ONLY if the absence is due to illness (confirmed by a physician's 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. 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 the examination on the day of the exam unless prior arrangements have been made with the Instructor.

Students must use their personal equipment, such as computer, MacBook, laptop, iPad, to take their exams and must not use their classmates'. School computers may be used if personal equipment is not available. Respondus Lockdown Browser and Respondus Monitor will be used for examinations therefore, a webcam is required to take the exam. 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, use of A.I., 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, the student will receive a zero for the exam and will receive disciplinary action. This policy applies to assignments and quizzes.

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.

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 clinic. Texting on cell phones will not be allowed during clinic.

Late coursework

Assignments 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/test.

Remediation

Clinic remediation is offered according to the information provided in the Student Handbook.

*** 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

See grading rubric on following page

COURSE EVALUATION

Each student must meet minimal competency for all requirements in order to pass DHYG 2262.

Criteria for achieving a grade of "A", "B", "C", "D" or "F" can be found on page 7 and 8 of this syllabus.

All criteria must be met in each grading category in order to achieve the desired grade. (EXAMPLE: If all criteria, except one, are met for a grade of "B" then the student would receive a grade of "C".)

These criteria place the responsibility for learning in the hands of the student and are meant to identify those who strive for excellence in the clinical setting.

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

All course work must be successfully completed and turned in by April 29 at 12:00 PM, **this includes radiographic critiques 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 2262 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	D/F
Grading Scale Requirements (GSR)			Minimal Competency	
Total Patient Points (GSR 1)	48 Total points 22 points in Class III and above	45 Total points 19 points in Class III and above	42 Total points 16 points in Class III and above	Does not meet <u>all</u> requirements for a grade of "C".
Adult Patients (A) (GSR 2)	8	8	8	
Geriatric Patients (G) (GSR 3)	2	2	2	
Assessment Data: Med/dent history, oral exams, periodontal assessment, dental charting, polishing/plaque free (GSR 4)	12	11	10	
Full Periodontal Charting (GSR 5)	1	1	1	
Special Needs Patients (GSR 6)	3	2	2	
Periodontal Stage Category (GSR 7)	Stage I & II = 4 patients			
	Stage III & IV = 3 patients			
Perio Grade Category (GSR 8)	Grade A & B = 4 patients			
	Grade C = 1 patient			
Radiographic Surveys = Total # (GSR 9)	4 FMX, 4 BWX, 1 PNX	4 FMX, 4 BWX, 1 PNX	4 FMX, 4 BWX, 1 PNX	
	*3 FMX & 3 BWX with Sensor *1 BWX w/NOMAD using bisecting angle	*3 FMX & 3 BWX with Sensor *1 BWX w/NOMAD using bisecting angle	*3 FMX & 3 BWX with Sensor *1 BWX w/NOMAD using bisecting angle	

		A	B	C	D/F
Calculus detection (GSR 10)		1 patient/IV or V Pass 1 st attempt	1 patient/IV or V Pass 2 nd attempt	1 patient/IV or V Pass 2 nd attempt	
Eagle Soft Full Perio Chart (GSR 11)		1 Perio chart Pass 1 st attempt	1 Perio chart Pass 2 nd attempt	1 Perio chart Pass 2 nd attempt	
Private practice patients (GSR 12)		6 patients	5 patients	4 patients	
Sealants (GSR 13)		4 patients	3 patients	2 patients	
Ultrasonic quadrants (GSR 14)		12 quadrants	10 quadrants	8 quadrants	
Professional Judgment & Ethical Behavior (GSR 15)		Average of 40	Average of 39	Average of 38	Average of below 38
Community service (GSR 16)		5 hours	4 hours	3 hours	
Cancellation (GSR 17)		Over 20 hours of cancellation will lower Clinic grade by one letter grade			
Treatment plans					
Nutritional Counseling (GSR 18)		Passing on initial attempt (75% or higher)	Passing on second attempt	Passing on second attempt	
Periodontal Maintenance Patient (GSR 19)		90 and above	86 – 89	75-85	
Radiographic evaluation					
Radiographic Evaluation (GSR 20)	90%	Passing evaluation on initial attempt	Passing evaluation on second attempt	Passing evaluation on third attempt	Does not meet all requirements for a grade of “C”.

Clinical Competency*	Meet minimal competency on any all evaluations on initial try.	Meet minimal competency on any 4 evaluations on initial try.	Meet minimal competency – must pass all evaluations	Does not meet all requirements for a grade of “C”.
Clinical Evaluation (GSR 21)	See above	See above	See above	
Root Debridement (GSR 21)	See above	See above	See above	
Geriatric Patient (GSR 21)	See above	See above	See above	
Patient Education (GSR 21)	See above	See above	See above	
Manikin Mock Board (GSR 21)	See above	See above	See above	

***Students will have two attempts at successfully completing each clinical competency. Failure to successfully complete the competency on the second try will result in a meeting with the clinic coordinator to discuss progress in the program.**

DH STUDENTS, FACULTY/STAFF, DENTISTS, OR HYGIENISTS’ MAY NOT BE USED FOR ANY REQUIREMENTS, SUCH AS SKILL EVALUATIONS OR COMPETENCIES FOR THE COURSE. THESE IDENTIFIED PATIENTS MAY BE USED FOR REQUIREMENTS SUCH AS POINTS, SEALANTS, PRIVATE PRACTICE PATIENTS, AND/OR RADIOGRAPHS.

Grading Scale Requirements (GSR) Defined:

GSR 1: Total Patient Points

The total points required for each grade category are defined in the previous table. Total patient points will be dependent on the grade the student is striving to attain. Each student must ensure that they are obtaining the total points required, as well as the number of points designated for Class 3 and higher patients. The remainder of the points can be obtained in any prophylaxis classification points that the student desires. For the student to be awarded the points for the patient, the patient must be completed at a competency level of **85%** or higher on the Clinical Evaluation Record (CER).

A minimum of two (2) quadrants must be satisfactorily scaled and graded (all spot checks done) to receive partial point credit for incomplete patients. **ALL PATIENTS ARE EXPECTED TO BE COMPLETED.**

Incomplete patients will adversely affect the final clinic grade of the student by receiving an Unsatisfactory in the Comprehensive Care grade on the CER. Cases of incomplete patients will be addressed on an individual basis and action on these cases will be at the discretion of the faculty.

Patient Point Value

Class I = 1 points

Class II = 2 points

Class III = 3 points

Class IV = 4 points

Class V = 5 points

Class VI = 6 points

Class VII = 7 points

Class VIII = 8 points

GSR 2: Adult Patients

Each student is required to see a minimum of 8 adult patients this semester. An adult patient is defined as a patient between the ages of 18 – 59. For the student to be awarded credit for an adult patient, the patient must be completed at a competency level of 85% or higher on the Clinical Evaluation Record (CER) (see criteria under GSR 1).

GSR 3: Geriatric Patients

Each student is required to see a minimum of 2 geriatric patients this semester. A geriatric patient is defined as a patient that is aged 60 and older. For the student to be awarded credit for a geriatric patient, the patient must be completed at a competency level of 85% or higher on the Clinical Evaluation Record (CER) (see criteria under GSR 1).

GSR 4: Assessment Data**Medical/Dental History**

A thorough medical and dental history is a foundational aspect of dental hygiene practice. It enables dental hygiene students to provide safe and effective care, tailor treatments to individual needs, and contribute to overall patient well-being. A thorough review of the patient's medical and dental history is to be completed on every patient at every appointment. Any positive finding should receive follow-up documentation to support the positive finding. Listing of medications and the dental implications must be noted in the follow-up notes.

Vital Signs

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

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 raised nevi. 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 lesions. 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.

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 patient's pockets depths of 4mm and higher will be recorded, any recession will be recorded, and the CAL will be calculated, furcation, and mobility. Upon completion of the Periodontal Assessment data collection, a Periodontal Stage and Grade should be assigned to the patient. The patients' periodontal classification should be determined by using clinical attachment loss (CAL) as the first indicator, radiographic bone loss is used second; this will help determine the most accurate periodontal diagnosis.

- Plaque scores are a part of the Periodontal Assessment. Plaque scores are to be performed on each patient at every appointment. The patient should only brush prior to a plaque score being taken if they have not brushed within 4 hours prior to the appointment. After the plaque score is taken, this gives the student the opportunity to provide education to the patient using a toothbrush and interdental aids. Plaque scores will be randomly checked by faculty in clinic or during chart audits.
- Bleeding scores are a part of the Periodontal Assessment. Bleeding scores are to be obtained on each patient at every appointment. On the initial appointment, a bleeding score should be charted and calculated during the probing of the tissues. On subsequent appointments, the 6 indicator teeth may be used to calculate the bleeding score. The bleeding score gives the student the opportunity to provide education to the patient. Calculation of bleeding scores will be randomly checked by faculty in clinic or during chart audits.

Dental Charting

A thorough dental charting is an integral part of the dental hygiene education process. It not only supports clinical decision-making but also contributes to effective communication, legal documentation, and ongoing patient care. Developing proficiency in dental charting is essential for dental hygiene students to provide quality oral health care and contribute to overall patient well-being. The student is expected to use the radiographs and do a visual examination of the patients' dentition. The student is to chart using the Initial Dental Charting Form. List all of the radiographic findings (missing teeth, restorations, suspicious areas, periapical pathologies) and all the clinical findings (missing teeth, restorations, sealants, suspicious areas, rotations, abfractions, attrition, overhangs)

A dentist must evaluate the initial dental charting first. Once the initial dental charting has been checked by the dentist, the student must use the Dental/Periodontal Chart form to shade in the dental charting. Any dental hygiene faculty can check the dental charting shading in clinic. The shading must be done prior to scaling.

- Any sealant designation must be done during the dental charting check with the DDS. If sealants have not been designated for the patient at dental charting grading, a DDS will not come later to designate sealants.
- Have your progress notes and Informed Consent, with any referrals included, ready for the DDS to sign at the time the DDS is checking your patient.

Plaque Free/polishing

Complete biofilm removal is to be done on every patient after scaling of all quadrants is complete. The student is expected to disclose the patient after polishing/plaque free to check the dentition for any remaining deposits. Plaque free removal will be graded by an instructor prior to fluoride application. The disclosing agent must be available when an instructor comes to check the plaque free. The instructor may choose to re-disclose the patient during the checkout process.

GSR 5: Full Periodontal Charting

A complete periodontal charting must be done on the Periodontal Maintenance patient which includes 6-point pocket depths, 6-point gingival margin measurements, clinical attachment loss calculations, mobility, furcation involvement and bleeding points. This charting will allow for a complete evaluation of the periodontal patients' progress toward optimal oral health.

GSR 6: Special Needs Patients

Special Needs patients are defined as patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures 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 into the clinical advisor. Each student is required to complete a minimum of 2 Special Needs Patient Evaluations this semester. However, if the student is striving for an 'A' in clinic, then they will need to complete a minimum of 3 Special Needs Patient Evaluations this semester. For the student to be awarded credit for a Special Needs patient, the patient must be completed at a competency level of 85% or higher on the Clinical Evaluation Record (CER).

If the patient was used as a Special Needs Patient Evaluation patient previously, they cannot be used again. Be thorough in your assessment of the patient and their condition(s) they present. The Special Needs Patient Evaluation directions and form are included in the Appendix section of this syllabus on pages 53-55.

GSR 7: Periodontal Staging Category

Each student must see a minimum of 4 patients in the Periodontal Staging Category 1 & 2. Each student must also see a minimum of 3 patients in the Periodontal Staging Category 3 & 4. For the student to be awarded credit for a Periodontal Stage category, the patient must be completed at a competency level of 85% or higher on the Clinical Evaluation Record (CER).

GSR 8: Periodontal Grading Category

Each student must see a minimum of 4 patients in the Periodontal Grading Category A & B. Each student must also see a minimum of 1 patient in the Periodontal Grading Category C. For the student to be awarded credit for a Periodontal Grade category, the patient must be completed at a competency level of 85% or higher on the Clinical Evaluation Record (CER).

GSR 9: Radiographic Surveys

A student must demonstrate minimal competency by exposing acceptable quality radiographic surveys. Regardless of requirements, the student will take all necessary radiographs based on patient needs. Surveys will be graded as either satisfactory or unsatisfactory. Each student must complete a minimum of 4 acceptable full mouth surveys, 4 acceptable bitewing surveys, and 1 acceptable panorex survey. Each survey must be critiqued, retakes taken, and a final grade given to be considered complete. Students are given unlimited attempts to satisfy this requirement with no penalty on another patient. Surveys must be critiqued within 1 week of the survey. (i.e., Survey taken on Tuesday morning = due by the following Monday). Surveys turned in after one week of taking may not be graded for credit.

- **All radiographs must be completed and submitted by April 29 by 12:00 pm.**
- The NOMAD must be used with 1 BWX survey using the bisecting angle technique. The NOMAD may be used with phosphor plates or sensor for this survey. If the sensor is used, it will also count as one of the sensor BWX requirements.
- The student who is treating the patient must take the patient's radiographs even if the radiographs are not needed for requirements.
- Retakes must be completed at the next appointment after the survey has been graded.
- Radiographs may be taken outside of the student's clinic if it is during a second-year clinic. **Radiographs may not be taken during lunch, before clinic, during 1st year clinic, or after clinic hours.**

- All surveys taken and the justification for each patient exposure must be documented in the progress notes. (Example: FMX-patient has numerous suspicious areas).
- Technique errors, restorations, bone loss, calculus, suspicious areas and those areas requiring referral should be documented on the radiographic critique sheets. Only note existing conditions such as missing teeth if it aids in grading the radiographs.
- **IF A PATIENT CANNOT RETURN FOR RETAKES, THAT PARTICULAR SURVEY WILL NOT BE ACCEPTED AS A COMPLETED SURVEY.** Therefore, it is advisable to discuss this with your patient before the need arises. If the patient cannot return, it must be documented on the Communication Log and in the progress notes.
- **Any patient wanting their radiographs sent to their DDS must have the retakes taken to send a diagnostic survey.**
- Not taking retakes on a patient will affect your Comprehensive Care grade on your CER, which in turn affects your overall grade for that patient.

Submitting Digital Critique Sheets

- A digital critique sheet will be submitted to dhcritique@lit.edu for grading purposes.
- Your clinic counselor will be grading your radiographs this semester.
 - In the subject line of your email, type your clinic counselor's last name. (Ex: Subj Line: Harrell)

GSR 10: Calculus Detection

Calculus detection is considered a basic skill. Each student must successfully complete one calculus detection on their Clinical Evaluation patient or a Class IV or V patient. The student will be graded on their calculus detection skills and must detect 80% of the calculus charted by 2 instructors in 2 quadrants. Only subgingival "clickable" calculus will be recorded for the calculus detection patients. The student will be given 2 attempts to successfully complete this requirement. If the student is striving for an 'A' in clinic, this requirement must be passed on the first attempt.

GSR 11: EagleSoft Periodontal Charting

The student will complete one periodontal charting using the EagleSoft software. The student will use their Periodontal patient from the Fall semester. The student will use the **pre- and post- full** periodontal charting from the perio patient's chart from **Fall semester** and transfer the periodontal charting information to the computer using the EagleSoft software. The student will print the comparison chart of all periodontal findings to use in the patient education session. A PowerPoint of the steps for this evaluation has been provided on Blackboard. The evaluation form is found in this syllabus on page 44.

GSR 12: Private Practice Patients

The number of patients seen as Private Practice will depend on the grade the student is striving to achieve.

Patient Criteria for Private Practice Patients

Private practice patients should be adult (A) or Geriatric (G) patients (18 years of age or older), either prophylaxis Class I or Class II, have a minimum of 12 natural teeth and must be successfully completed in a 2-hour time segment or less. Students will class their own patient. If a faculty screens and classes the patient, they will be ineligible as a Private Practice patient, however, the student will still get the points for the patient. One of these patients needs to be a perio case type III or IV. Documentation of the time will be recorded on the CER by an instructor and initialed.

- **The two-hour time includes all data collection, scaling, patient education, and plaque free. Radiographs and medical history are not included in the 2-hour period.**

- **An instructor and dentist will check the patient at completion of all data collection, oral prophylaxis and plaque free but before fluoride treatment.** The checking of the patient at the end is not included in the 2-hour time.
- Students should class the patient themselves and begin treatment. **Informed consent should be signed by the patient and student before any scaling is initiated.** Failure to do so may result in the loss of patient points for the student.
- Faculty will sign the Informed Consent after all paperwork has been checked.
- The student is responsible for informing their pod instructor of their intent to do private practice. The students' start and finish times are to be written on the CER by an instructor and initialed.
- Upon completion of the patient, the student will be required to enter treatment notes, assign insurance codes, and complete or update a dental chart in EagleSoft.
- To receive credit for the Private Practice patient, the student will need to complete a submission in Blackboard.
- See pages 58-60 in the Appendix for more information.

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

GSR 13: Sealant Patients

The number of pit and fissure sealant patients will depend on the grade the student is striving to achieve. This information can be found on the table above. Sealants should be placed on those susceptible teeth that are caries free and are at risk for caries due to deep pits and fissures and according to the Dental Hygiene Oral Health Risk Assessment & Profile Form. Teeth designated by the D.D.S. **upon completion of the dental charting** are eligible to be sealed. Ask the D.D.S. at the time they are examining your patient to designate the teeth to be sealed. The recommended teeth to be sealed should be marked with a red 'S' on the designated teeth on the dental charting and in the comments area of the CER. Teeth that are sealed will be verified by the tooth number on the CER and in the progress notes. Once the designated sealants have been placed, the sealed teeth should be marked with a blue 'S' on the dental charting. The D.D.S. should award a grade on the CER after checking the sealant placement.

- Students will not be permitted to go back AFTER dental charting is complete and have another DDS identify teeth to be sealed.
- Sealant teeth **MUST** be designated at the time of dental charting, or the patient will not qualify. Sealants can **only** be placed after completion of **all** scaling including spot checks; all quadrants have been graded on the CER; and polishing/plaque free has been completed and graded. Pumice should be used after the polishing procedure only on the teeth to be sealed. Fluoride is placed after the sealants have been checked.

GSR 14: Ultrasonic Quadrants

The number of graded and acceptable ultrasonic quadrants will depend on the grade the student is striving to achieve. This information can be found on the table above. Students must have the ultrasonic quadrant checked prior to any hand scaling. If hand scaling has begun, then the quadrant is no longer eligible for an ultrasonic grade.

The Ultrasonic scaler may be used on any class patient this semester. It may be indicated for those patients with heavy plaque, stain, ortho, deep pockets, etc. Permission is not necessary to use the Ultrasonic on any type of patient if there are no contraindications on the medical history. Students will

only be graded on the use of the Ultrasonic on patients prophy class IV and above, unless otherwise documented by an instructor. Usage of the Ultrasonic scaler that is contraindicated on a patient will receive an Unsatisfactory grade on the Professional Judgement form for that day and no credit for the patient.

GSR 15: Professional Judgement & Professionalism

Demonstrating professional behavior and ethical judgment is an integral component of patient care. A student should exhibit a professional attitude and always conduct themselves in a professional manner.

A professional dress code is stated in the student handbook and compliance with this code is expected. This grade will reflect the student's performance in relation to punctuality, professional appearance, professional judgment, professional ethics, instrumentation skills, documentation, time management, infection control, organizational skills, and patient rapport. 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. Three 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. The average 38 points must be obtained to meet minimal clinic requirements.

GSR 16: Community Service

Provides graduates with the abilities and experience to value community service and contribute to the advancement of the dental hygiene profession. The students are provided with community-based experiences to enhance awareness of diverse, underrepresented and underserved populations outside the university setting. Refer to the Grading Scale requirements for the number of hours needed for the grade the student is striving to attain.

GSR 17: Cancellation

Students are allowed **twenty (20) hours** of non-productive time without grade penalty. **If the student accumulates more than twenty hours of non-productive clinic time, the final letter grade in DHYG 2262 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 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 should be signed by the pod instructor at the end of clinic. 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. It is to the student's benefit to continue practicing clinical skills throughout the semester. Approved non-productive time (cancellation) learning activities may include, but are not limited to:

- Completing assignments through Dentalcare.com
- Critiquing radiographs
- Chart audits
- Practicing the use of the Intraoral Camera techniques on a typodont
- Instrument sharpening
- EagleSoft probe charting
- EagleSoft dental charting
- Practicing sensor or NOMAD radiographs on the DXTRR manikin
- Study for National Board exam

GSR 18: Nutritional Counseling Patient

Counseling patients about the relationship between their diet and dental health is an integral part of total patient care. Students enrolled in General and Dental Nutrition learned many nutritional principles. This semester the student will have the opportunity to apply the learned nutritional principles in a practical setting. Each student will identify a caries susceptible patient for nutritional counseling based on specific needs and the LIT Caries Risk Assessment. Former patient education patients may not be used for the nutritional counseling session. Each student must complete all required forms (same as used for the Personal Food Diary Project). The student will bring the patient into clinic on their clinic day for a one-on-one counseling session in the patient education room. If the student has finished treatment on this patient, the patient must be willing to return for the counseling session. All completed clinical forms will be turned in at the time of the counseling session. The written summary will be due by 12:00 pm the next school day after the session. The summary should be emailed to the instructor who listened to the counseling session or to their clinical counselor.

Evaluation criteria are outlined on the Nutritional Counseling Evaluation form found at the end of this syllabus. A grade of at least 75% must be obtained to be considered acceptable.

Instructions, forms, and grade sheet can be found on pages 46-52.

GSR 19: Periodontal Maintenance Patient/Patient Education Patient

The periodontal patient from the Fall semester will be utilized for one formal Periodontal Maintenance patient education session and a post-care plan comparing all the patient's data and progress. The patient education competency will be conducted in the patient education room. The student will schedule the periodontal patient for a maintenance appointment. During the periodontal maintenance appointment, the student will begin by perform the following: intra/extra oral exam, periodontal assessment, dental charting, a full periodontal charting recording all probing depths (6 points), gingival margin measurements (6 points), CAL (6 points), furcation areas and mobility, bleeding score and plaque score. The patient education session will be done after all data collection, informed consent, and risk assessment have been completed. You will need to plan ahead for this session. The student will then scale all four quadrants, plaque free, administer Arestin if indicated, and give a fluoride treatment. During the patient education session, the student will assist the patient in evaluating his/her progress toward specified goals set in the Fall. The student will review with the patient with comparison probe chart from the pre and post periodontal charting completed in the Fall using the Eagle Soft software program. The student will assist the patient in determining further steps that may need to be taken to reach the stated goals and modify home care techniques and/or introduce a supplemental oral hygiene aide (interproximal brush, etc.).

NOTE: If a student's periodontal patient from the Fall semester absolutely cannot return in the Spring for a periodontal maintenance, you must select another patient that will meet the requirements for this competency. The alternate patient will need to be approved by Mrs. DeMoss or your clinical counselor and MUST meet the following criteria: be a patient that was seen by the student in the Fall semester; have periodontitis; received chairside patient education (this should be done with all patients); and preferably be a good candidate to administer Arestin.

See pages 32-38 for more detailed information regarding the Periodontal Maintenance Patient and Patient Education Competency Evaluation.

GSR 20: Radiographic Evaluation

The student will be required to successfully complete one radiographic interpretation. This evaluation requires the student to identify landmarks, suspicious areas, restorations, unusual conditions and

technique errors on periapical, bitewing, and panoramic images. The evaluation will be taken in the clinic Blackboard course and Respondus Lockdown Browser will be used. The date for the evaluation will be **Feb 20 - 22**. A score of **90%** or higher is required for successful completion of this evaluation. If a student is unsuccessful on the first attempt, they are required to meet with the clinic coordinator for remediation before a 2nd attempt can be scheduled. Students will have 3 attempts to successfully complete this requirement. Failure to achieve this score on the third attempt may result in dismissal from DHYG 2262.

GSR 21: Clinical Competencies

Prepare for the competencies by practicing the required skill and reading the evaluation prior to attempting. Students may not ask questions about the competency during the evaluation. Have the competency printed, attached to a clip board, your name, date, and patient name filled in and ready for the instructor. Once a skill evaluation or competency is completed, student must submit a digital copy of the completed grade sheet into the DHYG 2262 Blackboard section.

- **Clinical Evaluation Competency – pages 29-31**
- **Root debridement Competency – pages 39-41**
- **Patient Education Competency – page 34**
- **Geriatric Patient Competency – pages 42-43**
- **Manikin Mock Board Competency – pages 56-57**

ADDITIONAL CLINIC INFORMATION

Patient Selection

Patient selection is very important; therefore, it is advisable to select a variety of patients to enhance clinical experience. Students are highly encouraged to identify their higher-class patients early in the semester. Using the last half of the semester for the lower-class patients (Class I and II). **SCREENING NEW PATIENTS WHO HAVE NOT BEEN SEEN IN THE CLINIC BEFORE WILL HELP YOU IN LOCATING THOSE HIGHER-CLASS PATIENTS YOU WILL NEED AT THE BEGINNING OF THE SEMESTER.**

Students may screen patients outside of their clinic time with the permission of the Clinic Coordinator. Students must reserve a clinic chair prior to the date you want to screen.

*Dental hygiene students may treat ONE hygiene student or faculty/staff member per semester for requirements. DH students, faculty and staff who are patients are not exempt from payment of customary charges. THESE PATIENTS WILL ONLY BE USED TO COUNT FOR POINTS, X-RAY REQUIREMENTS, PRIVATE PRACTICE PATIENT REQUIREMENTS OR SEALANT REQUIREMENTS.

- **DH STUDENTS, FACULTY/STAFF, DENTISTS, OR HYGIENISTS MAY NOT BE USED FOR ANY REQUIREMENTS, SUCH AS SKILL EVALUATIONS OR COMPETENCIES, FOR THE COURSE OTHER THAN POINTS, SEALANTS, PRIVATE PRACTICE PATIENT REQUIREMENTS AND/OR RADIOGRAPHS.**

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

SERVICES RENDERED TO PATIENTS WILL BE CONDUCTED BY ONE (1) STUDENT (i.e., Mary and Susie cannot earn credit for Miss Smith, who is a class VIII) unless preapproved by the instructor. There will be no sharing of patients for points.

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.

Comprehensive Care Grade on CER

Students are expected to perform comprehensive care on all patients. Not taking retakes, prewriting charts, not doing the plaque or bleeding score, not doing diagnosed sealants, not completing post-calculus evaluation are some examples of behaviors that will result in an unacceptable grade in this area. **Three 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.

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.

TEACHING METHODS

1. Faculty demonstrations
2. Individual assignments and instruction
3. Observation and feedback

DENTAL HYGIENE STUDENT CER POLICY

- CERs can only be pulled by Clinic Admin or Clinic counselor.
- CERs are to remain in clinic office, unless in active use.
- If an instructor/counselor or student wishes to remove CERs from the clinic office, they must check them out from the clinic admin.
- Patient CERs will be pulled daily by clinic admin for all patients listed in appointment book and distributed to the students scheduled in clinic; therefore, patients must be in the appointment book prior to the beginning of clinic.
- Patient CERs must be turned back into clinic admin, by the student, at the end of each clinic session for grade entry.
- Any CER with a new entry must be placed in the designated CER holding area.

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. Any referrals should be noted at the end of dental charting with the D.D.S. and have the D.D.S. sign for the referrals. Referrals should also be noted in the patients' progress notes when the dental charting is checked. When a patient initially comes to the clinic for radiographs, an Informed Consent must be filled out for that patient. If the patient returns for further treatment during the same semester, a new (2nd) Informed Consent will be filled out for that patient during the appointment.

Risk Assessments

An oral pathology, a periodontal disease, and a caries risk assessment will be done on every patient. The student will complete these risk assessments when completing the informed consent. The student will present the completed risk assessment form and the informed consent to a faculty for review and sign after the patient and student has signed them. A grade will be assigned for the risk assessment on the CER.

Grading of Data Collection

All data collection will be graded at one time (all data will be graded at completion of intra/extra, periodontal assessment, periodontal charting, radiographs, and dental charting). The student must have radiographs displayed before any data is graded. Students may begin scaling before having dental charting evaluated if a dentist is not available. All other data must be evaluated and informed consent signed before scaling can begin.

Evaluation of Scaling Procedures

Evaluation criteria for scaling includes calculus removal, stain removal, and tissue trauma. Prophy class IV and below requires one instructor to evaluate scaling for credit. 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 under comments on the CER. Errors documented for scaling must be re-scaled by the student and re-checked by one instructor. An instructor must sign in the appropriate box on the CER indicating that the areas have been rechecked to receive credit for patient points. **It is the responsibility of the student to see that all procedures are appropriately signed off by an instructor.**

- Areas identified by faculty as remaining after the rescale will be counted as additional errors against the student and will be reflected in the CER grade. (IE. areas 29D, 30M and 25L were found on initial checking of scaling which makes 3 errors. When the instructor checks after spot removal, the area on 29D is still present. This student would then have 4 errors on this patient.)

Post Calculus

All patients class V and above must be scheduled two weeks after prophylaxis for re-evaluation (Post Calculus). The student is expected to thoroughly explore, re-scale needed areas, and have the treatment evaluated by an instructor. Only one instructor will check post calculus evaluation. In the event the patient does not return for the post calculus evaluation, the student will not get full patient points for this patient and will receive a U in Comprehensive Care.

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 prophy class re-evaluated by an instructor. This must be done during or after the completion of one quadrant. Patient classification will not be changed if more than one quadrant has been scaled.

Patient Dismissal

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

Intraoral Camera

An intraoral camera is available for use by students. It is highly recommended that the student become familiar with this tool. The intraoral camera is often used in private practice and the Dental Hygienist may be expected to use it. You may want to use the camera on a patient during clinic. Cancellation time is a good time to practice with the intraoral camera on a typodont or another student.

Chart Audits

Chart audits will be randomized for students this semester. Faculty advisors will complete random chart audits on all students throughout the semester. Students are still required to complete a chart audit checklist and have each chart ready for potential audit within one week of completing the patient. After patient completion and student self-audit, students must submit a digital copy of the CER into the DHYG 2262 Blackboard submission link. This **must** be done within one week of completing the patient, for the faculty advisor to monitor patient

completion and randomize audits. When a chart audit is found with errors, the student will receive an “unacceptable” on the CER. Receiving unacceptable grades on CER will affect the patients’ overall CER grade. This may determine whether the student will get credit for the patient.

Three 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 student with three or more “unacceptable” chart audits will 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.

- **CHARTS THAT ARE NOT AUDITED AND/OR UPLOADED INTO BLACKBOARD BY THE STUDENT WITHIN ONE WEEK OF COMPLETION OF PATIENT CARE MAY RESULT IN PENALTIES.**
- **These penalties could mean that the student may not use that patient toward meeting requirements for DHYG 2262.**

Sterilization Duty

Each student is assigned 6 clinic sessions of sterilization. Students are expected to arrive 15 minutes before the clinic session begins to help assist in getting clinic ready. Upon arrival, students on sterilization duty must sign in at the clinic front office. The penalty for arriving later than 15 minutes prior to the beginning of clinic will result in an additional sterilization duty done outside of the students assigned clinic day. This will be scheduled with the 2nd year clinic coordinator. Students are not to use assigned sterilization time for personal business, such as auditing charts, studying, sharpening instruments, or computer/phone use. The penalty for conducting personal business during sterilization duty is an extra 4 hours of sterilization duty outside of the student’s regular clinic day.

End of clinic procedures

At the end of clinic, each student will remain in their cubicle until dismissed. CER’s and progress notes will be checked for completion of information, time entries, signatures, and signed by the pod instructor. All students are expected to assist others at the end of clinic prior to removing PPE. No one will be dismissed until all students’ CER’s and progress notes have been checked for completeness and all students have performed post-op procedures.

Use of Blackboard System for record keeping

Blackboard is a powerful tool for organizing student information, ensuring that both students and instructors stay on track with course requirements being met. By setting clear deadlines for assignments and uploads, Blackboard promotes accountability, encouraging students to manage their record keeping and time effectively. The platform allows instructors to track submissions, monitor participation, and easily find course materials in one centralized location. With time limits for uploading assignments or completing assessments, students are prompted to meet deadlines, fostering a sense of responsibility. Additionally, the ability to quickly access course resources, announcements, grades, and feedback streamlines communication and enhances the overall learning experience. This structure not only helps students stay organized but also allows instructors to maintain an efficient and transparent course environment.

Please note all the due dates for submissions such as CER’s, clinical competencies, course requirements (i.e. Private Practice patients, Special Needs patients, Perio Maintenance treatment plan, etc.)

Not submitting CER’s on time could prohibit a student from receiving points from that patient.

CLINICAL GRADING CRITERIA FOR SATISFACTORY ON “CER”

	<u>S</u>	<u>U</u>
Medical/Dental History	no errors	1 or more
Head/Neck & Oral Exam and Dental Charting	0-1 errors	2 or more
Periodontal Assessment	0-1 errors	2 or more
Informed Consent and Risk Assessment	0-3 errors	4 or more
Periodontal Charting (per quad)	0-3 errors	4 or more

Ultrasonic Scaling- More than two calculus deposits, stain and/or plaque remaining per quadrant will result in a U. 0-2 deposits=S.

Scaling- Errors include evaluation of rough tooth surfaces, tissue trauma, and calculus.

GRADE/QUADRANT

Class I	1 surface	2 or more
Class II	2 surface	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

Polishing Plaque Free (surfaces/mouth) 0-2 surfaces 3 or more

Fluoride Treatment- Tray fluoride application: Failure to have plaque free or remaining calculus deposits checked prior to application; failure to dry teeth prior to application, place saliva ejector, stay with patient the entire time; or give incorrect patient instruction or failure to check tissue response can result in a “U”.

Varnish fluoride application: failure to have plaque free or remaining calculus deposits checked prior to placement or give incorrect patient instruction will result in a “U”.

Tissue Trauma (surfaces/mouth) 0-2 surfaces 3 or more surfaces

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”.

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

	<u>S</u>	<u>U</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

Post-op Perio Charting- (per quad) 0-3 errors= S 4 or more=U

	<u>S</u>	<u>U</u>
Radiographs-BWX	Equivalent to 4 improvables	More than 4 improvables
Radiographs-FMX	Equivalent to 12 improvables	More than 12 improvables
Radiographs-PNX	2 improvables	More than 2 improvables
Comprehensive Care	no errors/patient	1 or more errors/patient
Chart Audit	no errors/patient	1 or more errors/patient
Consumer Survey	no error	Survey not completed