

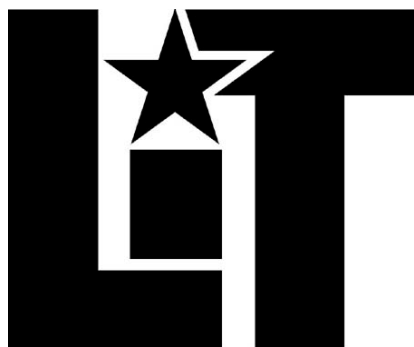
Lamar Institute of  
Technology

DHYG 2262

Course Syllabus

Spring

Taught by:  
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MPC 206



CLINICAL-ADVANCED

Clinical-Advanced (DHYG 2262)  
Spring

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**PREREQUISITES:** DHYG 1401, 1431, 1304, 1235, 1103, 1219, 1339, 2301, 2133, 1260, 1311, 2261, & 2331.

**CO-REQUISITE:** DHYG 2153 & 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.

**CLINIC GOALS**

- I. The student will demonstrate the ability to provide therapeutic dental care directed toward the treatment of oral disease at appropriate competency levels.
- II. The student will use didactic knowledge, communication, and patient management skills to assess, plan, and evaluate a comprehensive dental hygiene care program directed towards healthy periodontium for individuals with moderate and advance periodontitis.
- III. The student will function as a member of a dental health delivery team within the dental hygiene clinic.
- IV. The student will accept responsibility to develop a professional and ethical value system while providing comprehensive dental hygiene services within the health care community.

**CREDIT HOURS**

2 semester hours  
12 lab hours

**CLINIC SCHEDULE**

4:00 pm-8:00 pm - Monday  
8:00 am-12:00 pm – Tuesday/Thursday/Friday  
1:00 pm-5:00 pm - Wednesday

**INSTRUCTOR**

Lisa Harrell, RDH, BS      Second-Year Clinic Coordinator  
Office 206 Multipurpose Building  
(409) 839-2906

**CLINICAL FACULTY**

Lisa Harrell, R.D.H., B.S.	Dr. C. Boudreaux
Debbie Brown, R.D.H., M.S.	Dr. W. Nantz
Michelle DeMoss, R.D.H., B.S.	Dr. R. Williams
Kristina Mendoza, R.D.H., D.M.D.	Dr. T. German
Renee Sandusky, R.D.H., B.S.	Dr. R. Wiggins
Danielle Davis, R.D.H.	Dr. J. Porter
Rebecca Ebarb, R.D.H.	Dr. H. Armstrong

**STAFF**

Cathy Woods

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## **COURSE POLICIES**

### **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**. The student is responsible for all material missed at the time of absence. Extenuating circumstances will be taken into account. 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 = verbal warning

Beginning with the 3 absence, **2 points** will be deducted from the final course grade for each absence thereafter.

b. **Summer Sessions:**

Dental hygiene students will be allowed **one excused absence** 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:

1 absence = verbal warning

Beginning with the 2<sup>nd</sup> absence, **2 points** will be deducted from the final course grade for each absence thereafter.

### **Tardiness**

Tardiness is disruptive to the instructor and the students in the classroom. 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 = verbal warning

Tardy 2 times is considered an absence.

**Students should plan on attending classes, labs and clinic sessions as assigned throughout the semester. Family outings, vacations and personal business**

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**should be scheduled when school is not in session and will not be considered excuses for missing assignments, examinations, classes, labs or clinic time.**

### **Technical Requirements (for Blackboard)**

The latest technical requirements, including hardware, compatible browsers, operating systems, software, Java, etc. can be found online at:

[https://help.blackboard.com/en-](https://help.blackboard.com/en-us/Learn/9.1)

[us/Learn/9.1](https://help.blackboard.com/en-us/Learn/9.1) [2014\\_04/Student/015 Browser Support/015 Browser Support Policy](#). A

functional broadband internet connection, such as DSL, cable, or WiFi is necessary to maximize the use of the online technology and resources.

### **DISABILITIES STATEMENT**

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

If you believe you have a disability requiring an accommodation, please contact the Special Populations Coordinator at (409) 880-1737 or visit the office in Student Services, Cecil Beeson Building. You may also visit the online resource at <http://www.lit.edu/depts/stuserv/special/defaults.aspx>

### **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](http://www.lit.edu) or obtained in print upon request at the Student Services Office. Please note that the online version of the *LIT Catalog and Student Handbook* supersedes all other versions of the same document.

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

Demonstrating professional behavior and ethical judgment is an integral component of patient care. A student should exhibit a professional attitude and conduct themselves in a professional manner at all times. A professional dress code is stated in the student handbook and compliance with this code is expected. A professional behavior and ethical judgment grade will be given each clinic session. 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. The average of 38 points must be obtained to meet minimal clinic requirements.

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**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.

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

**TEACHING METHODS**

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

**EVALUATION CRITERIA**

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

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

All course work must be successfully completed by **date scheduled each semester prior to Final Clinical Counseling, this includes radiographs, retakes, and community service.** All chart audits must be completed by above stated date by **12:00 pm**. 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 an “F” being awarded in DHYG 2262 and dismissal from the DH program. Exclusions from this policy will be dealt with at the discretion of the program faculty.

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**REQUIREMENTS FOR GRADES**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>F</b>
<b>Requirements</b>			Minimal Competency	
Total Patient Points	48 Total points 22 points in Class III and above	45 Total points 19 points in class III and above	42 Total points 16 points in class III and above	Does not meet <u>all</u> requirements for a grade of "C".
Perio Case	Type II=4 patients; Type III=3 patients; Type IV=1 patient			
X-rays	5 FMX, 5 BWX, 2 PNX	5 FMX, 5 BWX, 2 PNX	5 FMX, 5 BWX, 2 PNX	
Digital X-rays (counts towards x-ray requirements)	3 FMX and 3 BWX Sensors will be utilized for 1 dBWX & 1 dFMX	3 FMX and 3 BWX Sensors will be utilized for 1 dBWX & 1 dFMX	3 FMX and 3 BWX Sensors will be utilized for 1 dBWX & 1 dFMX	
Calculus detection	1 patient/ IV or V	1 patient/ IV or V	1 patient/ IV or V	
Eagle Soft Probe Chart	1 Probe chart	1 Probe chart	1 Probe chart	
Private practice patients	6 patients	5 patients	4 patients	
Sealants	4 patients	3 patients	2 patients	
Ultrasonic patients	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	11 hrs/semester	10 hrs/semester	9 hrs/ semester	
Cancellation	Over 20 hours will lower grade by one letter grade			



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		<b>A</b>	<b>B</b>	<b>C</b>	<b>F</b>
<b>Treatment plans</b>					
Nutritional Counseling		Passing on initial attempt	Passing on second attempt	Passing on second attempt	
<b>Written evaluations</b>					
Radio-graphic (FMX)	90%	Passing evaluation on initial attempt	Passing evaluation on second attempt	Passing evaluation on second attempt	
<b>Clinical Competency</b>					
Mock Board		Meet minimal competency on any 3 evals on initial try.	Meet minimal competency on any 2 evals on initial try.	Meet minimal competency	Does not meet all requirements for a grade of "C".
Root Debridement		See above	See above	See above	
Geriatric Patient		See above	See above	See above	
Patient Education		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.**

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## **RADIOGRAPHIC INFORMATION**

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

- **All radiographs must be completed and graded by date set each semester prior to Final Clinical Counseling.**
- All surveys taken and the justification for each patient exposure must be documented on the progress notes. (Example: FMX-patient has numerous suspicious areas).
- Only technique errors, 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.
- On digital surveys, document FMX-digital or BWX-digital in the progress notes.
- Three of the required FMX and three of the required BWX survey must be taken with digital x-ray technology. One of the digital BWX surveys and one of the digital FMX surveys must be taken with sensors. However, digital technology may be used more than the minimal requirement. The survey taken will depend on the patient's needs. A critique sheet will be placed in the "To Be Graded" file for grading purposes. The digital survey will be viewed with the DDS at the unit for dental charting.

### **Radiographic Interpretation Evaluations**

The student will be required to successfully complete one radiographic interpretation. It will be done on a full-mouth set of radiographs. This evaluation requires the student to identify landmarks, suspicious areas, unusual conditions and processing/technique errors which are pointed out by the instructor. This evaluation will be on PowerPoint and given in the media lab. The date for the evaluation will be **TBA**. A score of **90%** or higher is required for successful completion of this evaluation. Failure to meet this score on the second try may result in dismissal from DHYG 2262.

### **PATIENT POINT REQUIREMENTS**

#### ***Prophylaxis points***

Total patient points will be dependent on the grade the student is striving to attain. The number of points required for specific grades can be found in the course syllabus. All patients must be completed at minimal competency. Minimal competency will be reflected by **85%** of the CER grades being "satisfactory". A minimum of two (2) quadrants must be satisfactorily scaled in order to receive partial credit for incomplete patients. **ALL PATIENTS ARE EXPECTED TO BE COMPLETED.** Incomplete patients will adversely affect the final clinic grade of

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the student. Cases of incomplete patients will be addressed on an individual bases and action on these cases will be at the discretion of the faculty.

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

#### Patient Point Value

Class I = 1 points	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

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

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

#### Patient Selection

Patient selection is very important; therefore it is advisable to select a variety of patients to enhance clinical experience. Students 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.**

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

- **DH STUDENTS, FACULTY/STAFF, DENTISTS, OR HYGIENISTS MAY NOT BE USED FOR ANY REQUIREMENTS FOR THE COURSE OTHER THAN POINTS, SEALANTS, AND/OR RADIOGRAPHS. These identified individuals cannot be used for skill evaluations or competencies.**

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

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### **SPECIAL PATIENTS**

The student will be required to complete several special patients in this course. They will include a mock board patient and private practice patients. Specific information on each of these can be found on pages 17-36 of this syllabus.

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

The number of pit and fissure sealant patients will depend on the grade the student is striving to attain. This information can be found in the course 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 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. Teeth that are sealed will be verified by the tooth number on the CER and in the progress notes.

#### **Hand Scale patients**

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

#### **Calculus Detection Patient**

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

#### **Periodontal Patient/Patient Education Patient**

The periodontal patient from the Fall semester will be utilized for one, formal follow-up patient education session. *This competency will be conducted in the patient education room.* The student will schedule the periodontal patient for a recall appointment. During the recall appointment the student will perform the following: intra/extra oral exam, perio assessment with probing, and dental charting. Probing depths of 4 mm and higher, recession, furcation areas and mobility will be charted. The student will also do a bleeding score and a plaque score, scale all four quadrants, plaque free, 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 provide the patient with a copy of the comparison probe chart from the pre and post periodontal charting completed in the Fall using the EagleSoft 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.

#### **PRIVATE PRACTICE PATIENTS**

The number of patients seen as private practice will depend on the grade the student is striving to attain.

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**Patient Criteria for Private Practice Patients**

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

- **The two hour time period includes all data collection, oral prophylaxis, patient education, plaque free and grading by faculty. Enough time should be left for the faculty to grade within the 2 hours.**
- **Radiographs and medical history are not included in the 2 hour time period.**
- **An instructor will check patient at completion of oral prophylaxis but before fluoride treatment.**
- The student should class these patients themselves and begin treatment. **Informed consent should be signed by the patient, student and instructor before any scaling is initiated.** Failure to do so may result in the loss of patient points for the student.

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

**EAGLESOFT PROBE CHARTING**

The student will complete one probe charting using the EagleSoft software. The student will use their Perio patient from the Fall for this patient. The student will use the pre and post full periodontal charting from the perio patient's chart from Fall semester and transfer the charting information to the computer using the EagleSoft software. The student will print the comparison chart of CAL's to use in the patient education session. The post probe chart will be printed from the computer and turned in with the patient's chart to the student's advisor for grading to satisfy this requirement. A PowerPoint of the steps for this evaluation has been provided on Blackboard. The evaluation form is found in this syllabus on page 27.

**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. Relatives may not be used as the subject of 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 in the clinic on their clinic day for a one-on-one counseling session in the patient education room in the clinic. If the student has finished treatment on this patient, the patient must be willing to return

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for the counseling session. Forms obtained from [www.choosemyplate.gov](http://www.choosemyplate.gov) will also be utilized during the session as visual aids for the patient. 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.

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

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## **GENERAL CLINICAL INFORMATION**

### **Evaluation of Scaling Procedures**

Evaluation criteria for scaling includes: calculus removal, stain removal, smooth root surfaces, and tissue trauma. Prophy class IV and below require one instructor to evaluate scaling for credit. Significant tissue trauma will be noted on the CER and 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 still remaining after the rescale will be counted as additional errors against the student and will be reflected in the student 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.)

### **Periodontal Charting**

The student will conduct a periodontal assessment of all patients during data collection. All abnormal conditions should be noted including 4mm or greater pockets, recession, furcation and mobility. Four teeth of full periodontal charting using the CRDTS probing chart form will be done as part of the Mock Board Evaluation. The probe chart form is located in the clinic. Using the CRDTS chart the student will chart 6 pocket depths per tooth. The student will record the pocket depths in blue ink (No Black Ink and No Pencil). The tooth numbers of the teeth, in which the student probes, must be recorded on the form. The student will be given a grade on the CER under the Periodontal Charting. The purpose of these forms is to prepare the student for their clinical Dental Hygiene exam.

### **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.

### **Vital Signs**

The student will take blood pressure, pulse, respiration, and temperature on every patient at every appointment. 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

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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. Chart all pockets 4mm and greater and recession areas on the periodontal/dental chart. A generalized statement regarding the gingival/periodontal condition should be noted.

### **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 these risk assessments when doing 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 for the risk assessments and Informed consent will be given by the faculty on the CER on the Informed Consent line.

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

Plaque scores and bleeding indices utilizing indicator teeth are to be taken on all patients. Bleeding and plaque scores are to be taken on patients at every appointment. Chair-side patient education is expected at every appointment before scaling. Failure to take these scores and/or record them in the progress notes may result in an Unacceptable score on the Professional Judgment forms (i.e. pink sheets).

### **Dental Charting**

Chart existing restorations, suspicious areas, missing teeth, fixed bridges, needed sealants, and positive findings that affect the periodontal condition (overhangs, rotations, abfractions). A dentist must evaluate dental charting. Any referrals should be noted on the informed consent and in the progress notes. Have your progress notes ready for the D.D.S. to sign at the time the D.D.S. is checking your patient.

### **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, perio charting, radiographs, and dental charting). The student must have radiographs mounted and displayed before any data will be graded. Student 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.



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### **Patient Selection**

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

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

### **Clinic Time**

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

### **Comprehensive Care Grade on CER**

Students are expected to act in a professional manner at all times during the clinic session. Prewriting information in the patient charts, not taking retakes, or not doing the diagnosed sealants are some examples of behaviors that will result in an unacceptable grade in this area.

### **Patient Dismissal**

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

### **Non-productive Clinic Time**

Students are 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. The student will be given an online assignment to complete while sitting in the cubicle. It should be documented on the back of the Cancellation CER what activities the student participated in during this time. If the student leaves the clinic for any reason, the student must notify a clinic instructor before leaving. The student may wait in the clinic office for 15 minutes before going to their cubicle. 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.

### **Intraoral Camera**

An intraoral camera is available for use by the student. It is not a requirement to use it, however, 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, however, time may be an issue due to patient schedules. Cancellation time in is a good time to practice with the intraoral camera on a typodont or another student.

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

Students must meet with assigned instructor for progress checks. Schedule your assigned time with your clinical advisor. Students must bring CER's, patient charts, appointment book, radiograph critique sheets, and completed competencies to all progress checks.

### **Chart Audits**

Students will meet with their advisors at their appointed times for progress checks. Check with your advisor to review the charts of patients that have been seen that week. Guidance will be given to the students in the areas of documentation and general information/chart management. All charts must be submitted to their clinical advisor to be audited upon completion of treatment. This includes retakes on radiographs. **The student will bring all charts to their clinical advisor; however, the advisor may randomly audit the charts and complete the rest. Students have one week following the patient's last appointment to audit the chart and turn it into their clinical advisor to be closed out.** In the event that two or more students see the same patient (i.e. radiographs,), whoever completed the patient will audit the chart.

Chart audits that are incomplete and/or turned in to faculty later than one week after completion of treatment will be unacceptable. A grade of "unacceptable" will be noted on the CER in the Chart Audit category. It will be up to the advisor's discretion as to whether patient points are awarded.

### **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. 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 2<sup>nd</sup> year clinic coordinator. The penalty for computer use during sterilization duty is an extra 4 hours of sterilization duty outside of the student's regular clinic day. The only exception to this rule is if the student is processing digital x-rays.

### **Competencies**

Prepare for the competencies by practicing the required skill and reading the evaluation is expected. Do not ask questions about the competency during the evaluation. Have the competency printed, attached to a clip board, your name and date filled in ready for the instructor. Do not ask Mrs. Woods to make copies of your evaluations for you.

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

	S	U
1. <b>Medical/Dental History</b>	no errors	1 or more
2. <b>Head/Neck &amp; Oral Exam</b>	0-1 errors	2 or more
3. <b>Periodontal Assessment</b>	0-1 errors	2 or more
4-5. <b>Dental Charting</b>	0-1 errors	2 or more
6. <b>Informed Consent</b>	0-3 errors	4 or more
7. <b>Periodontal Charting</b> (per quad)	0-3 errors	4 or more

8-11. **Ultrasonic Scaling**- More than two calculus deposits, stain and/or plaque remaining per quadrant will result in a “U”. 0-2 deposits-“S”.

12-15. **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
16. <b>Polishing Plaque Free</b> (surfaces/mouth)	0-2 surfaces	3 or more
17. <b>Fluoride Treatment</b> - Failure to remove most dental plaque, dry teeth prior to application, place saliva ejector, stay with patient the entire time, give appropriate patient instruction nor check tissue response will result in a “U”.		
18. <b>Tissue Trauma</b> (surfaces/mouth)	0-2 surfaces	3 or more surfaces
19. <b>Pit and Fissure</b> - Proper occlusion maintained, no evidence of voids in sealant, cannot be displaced with explorer, somewhat high but other criteria satisfactory = “S”. Voids in sealant material or is removed with explorer = “U”.		

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20. **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

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

22. <b>Radiographs-BWX</b>	<u>Acceptable</u>	Equivalent to 4 improvable
23. <b>Radiographs-FMX</b>		Equivalent to 12 improvable
24. <b>Radiographs-PNX</b>		2 improvable
25. <b>Professional Judgment</b>	no errors/patient	1 or more errors/patient
26. <b>Chart Audit</b>	no errors/patient	1 or more errors/patient