

Lamar Institute of
Technology
Dental Hygiene Program

DHYG 2261

Clinic Syllabus

Fall

Taught by:
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MPC 206



CLINICAL INTERMEDIATE

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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.

PREREQUISITE

DHYG 1401, 1431, 1304, 1235, 1103, 1219, 1339, 2301, 2133 & 1260.

CO-REQUISITE

DHYG 1311, 1339, & 2331.

COURSE GOALS

- I. The student will demonstrate the ability to provide therapeutic dental hygiene care directed toward the treatment of oral disease at DHYG 2261 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 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 credit hours	
	12 lab hours per week	
CLINIC SCHEDULE	4:00p.m. - 8:00p.m.	Monday
	8:00a.m. - 12:00p.m.	Tuesday/Thursday/Friday
	1:00p.m. - 5:00p.m.	Wednesday
INSTRUCTOR	Lisa Harrell, RDH, BS	Second Year Clinic Coordinator
CLINICAL FACULTY	Debbie Brown, RDH, MS	Mary Dinh, RDH
	Michelle DeMoss, RDH, BS	Danielle Davis, RDH
	Christine Clowe, RDH, BS	Kristina Mendoza, RDH, DMD
	Renee Sandusky, RDH, BS	
	Dr. T. German	Dr. C. Boudreaux
	Dr. W. Nantz	Dr. R. Wiggins
	Dr. J. Porter	Dr. R. Williams
	Dr. H. Armstrong	

STAFF	Cathy Woods	
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COURSE POLICIES

1. Attendance Policy

Absenteeism

In order to ensure the students in the dental hygiene program achieve the necessary didactic and clinical competencies outlined in the curriculum, it is necessary that the student complete all assigned lecture classes, clinical and laboratory hours. It is the responsibility of the student to attend class, clinic or lab. The instructor expects each student to be present at each session.

It is expected that students will appear to take their exams at the regularly scheduled examination time. Make-up examinations will be given **only** if the absence is due to illness (confirmed by a physicians' excuse), a death in the immediate family, or at the discretion of the instructor.

If students are unable to attend lecture class, clinic or lab, it is **mandatory that you call the appropriate instructor prior to the scheduled class, clinic or lab time**. 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.

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

2. 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>.

3. 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 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.

4. 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-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.

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 38 points must be obtained to meet minimal clinic requirements.

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

- Faculty demonstrations
- Individual assignments and instruction

- Observation and feedback
- Peer review

EVALUATION CRITERIA

Each student must meet minimal competency for all requirements in order to successfully complete DHYG 2261. Criteria for achieving a grade of “A”, “B”, “C”, or “F” can be found on pages 7 & 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 completion of patients at a minimal competency of **80%**. If the student does not meet minimal competency on a patient he/she will be responsible for successfully completing another patient at a minimal competency level of 80%, in order to satisfy requirements for the course. All clinical requirements must be met in order to pass this course.

All competencies, evaluations, and radiographic surveys must receive a “Satisfactory” or “S” to receive credit for completion. See the Grade Requirements on pages 8-9 for complete grading information.

All course work must be successfully completed by **TBA**. **You risk no credit for the patients whose chart audits are completed after above stated date.** Failure to successfully complete all course requirements will result in an “F” being awarded in DHYG 2261 and dismissal from the DH program. Exclusions from this policy will be dealt with on an individual basis by the instructor.

DHYG 2261 COURSE REQUIREMENTS & GRADE REQUIREMENTS

	A	B	C	F
Requirements			Minimal Competency	
Total Patient Points	41 points 30 in class III & above	38 points 27 in class III & above	35 points 23 in class III & above	Does not meet all requirements for "C".
Radiographs	4 FMX, 4 BWX, 1 PNX			
Digital X-rays using plates	1 FMX & 2 BWX (counts towards x-ray requirements)			
Digital X-rays using sensors	1 FMX (counts towards x-ray requirements)			
Perio Types	Type II = 5 Type III or higher = 3			
Calculus Detection	1 patient (Difficult Calculus patient)			
EagleSoft Dental Charting	1 dental charting			
Special Needs Patient	1 patient	1 patient	1 patient	
Sealants	4 patients	3 patients	2 patients	
Perio charting	1 patient	1 patients	1 patient	
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	5 hrs./sem.	4 hrs./sem.	3 hrs./sem.	
Written evaluations				
Radiographic interpretation (FMX) 85%	85% on both evals. on initial try.	85% on one eval on the initial try and one 1re-test on the other	85% with re-tests on both	
Radiographic interpretation (PNX) 85%				
Clinical Evaluations				
Perio case	90 and above	86 - 89	85	

Clinical Competencies				
	A	B	C	F
Adolescent	Initial attempt	1 st re-test	1 st re-test	
Recall patient	Initial attempt	1 st re-test	1 st re-test	
Pit & Fissure Sealants	Initial attempt attempt	1 st re-test	1 st re-test	
Patient education sessions	All sessions acceptable	2 sessions acceptable + 1 re-test	1 session acceptable + 2 re-tests	
Skill Evaluations				
Difficult calculus patient	Meet minimal competency on any 2 skill evals. on initial try.	Meet minimal competency on 1 skill evals on initial try	Meet minimal competency on skill evals.	Does not meet all requirements for grade of "C".
Gracey Curet	See above	See above	See above	See above
Ultrasonic instrumentation	See above	See above	See above	See above

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

RADIOGRAPHIC INFORMATION

A student must demonstrate minimal competency by exposing acceptable quality surveys. Regardless of requirements, the student will take all necessary radiographs based on patient needs. Radiographs will be graded as either acceptable or non-acceptable by the second year clinic coordinator. Surveys turned in longer than two weeks after being taken will not be graded.

- All radiographs must be completed by 5:00 pm, TBA.
- The student who is treating the patient must take the patient's radiographs even if the radiographs are not needed for requirements.
- Radiographs may be taken outside of the student's clinic day if it is during a second-year clinic. **Radiographs may not be taken during lunch, before clinic, or after clinic.**
- All surveys taken and the justification for patient exposure must be documented on the progress notes in the patient chart. (Example: FMX-patient has numerous suspicious areas.)
- Only technique errors, bone loss, calculus, suspicious areas and those areas requiring referral should be documented on 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 MAY NOT BE ACCEPTED AS A COMPLETED SURVEY. Therefore, it is advisable to discuss this with your patient before the need arises. Not taking retakes may affect your Comprehensive Care grade on your CER, which in turn, affects your overall grade for that patient.

Radiographic Interpretation Evaluation

The student will be required to successfully complete two radiographic interpretations. One will be done on a full-mouth set of radiographs and another will be done on a panorex radiograph. These evaluations require the student to identify landmarks, suspicious areas, unusual conditions and processing/technique errors which are pointed out by the instructor. The dates for the evaluations will be **TBA in MPC Rm 155 (media lab)**. A score of 85% or higher is required for successful completion of this evaluation.

PATIENT POINT INFORMATION

Prophylaxis points

The grade the student is striving to attain will depend on how many patients are seen. The number of points required for specific grades can be found in the course syllabus. All patients must be completed at minimal competency. Minimal competency will be reflected by a grade of at least **80%** on the CER. **ALL PATIENTS ARE EXPECTED TO BE COMPLETED.** A minimum of **two quadrants** must be satisfactorily scaled in order to receive any credit at all for a patient. Incomplete patients may adversely affect the final clinic grade of the student.

All patients not completed must be documented on progress notes. (Example: Patient could not return for completion of treatment due to back surgery.)

Prophylaxis points are awarded when patient treatment is complete. Incomplete patients will not be used to calculate total patient points.

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

Prophylaxis point value:

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

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

Perio Case II	5 patients
Perio Case III or higher	3 patients

PATIENT SELECTION

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

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

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

SPECIAL PATIENTS

Periodontal Patient Criteria

The patient should be a prophy class IV or higher, a Perio Case Type II or III, and have at least 22 teeth. The patient should not have received comprehensive care at the LIT dental hygiene patient in the last four (4) years or have been a perio patient in the past. A faculty must confirm the case and give approval before scaling is initiated (i.e. plaque and bleeding at a minimum). This patient should be able to return in the Spring semester for a maintenance visit.

- **Two cases should be started, including all write-ups, to ensure that at least one case is completed.**

Arestin Program

- Arestin will be utilized on your perio patient.
- Arestin will be placed in 5 mm pockets or higher.
- Look at the probing depths before you start to scale to plan where you will place the Arestin. This will help you plan how many cartridges you will need for each quadrant.
- If there is only one 5 mm pocket in the quadrant, you will only place one cartridge in that quadrant. You will have planned this ahead of time.
- Use approximately 8 cartridges in the Fall and save 4 cartridges for the Spring in case you need to re-treat.
- Place the Arestin during the post perio evaluation appointment.
- Arestin is placed before fluoride treatment if fluoride has not been previously applied.
- You will note the use of Arestin in the progress notes. You will note which teeth and surfaces that were treated with Arestin.
- Instruct the patient not to brush in these areas for 24 hours and not to floss in these areas for 10 days. Therefore, you will have to inform the patient where these areas are located.
- You will include information about Arestin in your patient education sessions. If you have finished with patient education, then you will do the education at chairside.
- You will see this patient in the Spring semester. If the patient still has bleeding in these areas, you will re-treat with the remaining 4 cartridges.

Periodontal Charting on Periodontal Patient

A complete periodontal charting, including pocket depths, recession, furcation, mobility, tissue height, and clinical attachment, as well as complete dental charting is required on the perio case. Pre and post periodontal charting must be compared, evaluated and recorded on progress notes before the case is submitted for grading.

Periodontal Care Plan

The perio care plans will be formally written and graded as stated in your Periodontology course syllabus. Periodontal cases must be completed (all DH treatment and write-ups completed) and all paper work should be submitted to the periodontology instructor (Mrs. DeMoss) no later than **the date set by the perio instructor**. Remember that this includes post-perio evaluation and post-cal evaluation, if necessary. **This means that all DH treatment needs to be completed by the second week in November, in order to have the two weeks needed for healing before re-evaluation.**

Perio Case Grade for Clinic

The perio case grade for clinic will be a reflection of the students' clinical work on the perio patient. This grade will come from the final grade on the CER for this patient.

Hand Scaling Patients

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

Calculus Detection Patients

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

Pit and Fissure Sealant Patients

The number of pit and fissure patients will depend on the grade the student is striving to attain. Refer to pages 8-9 for Course Requirements. Sealants should be placed on those susceptible teeth that are caries free and are at risk for caries due to deep pits and fissures. Teeth to be sealed, are designated during dental charting by the D.D.S. Teeth that are sealed will be verified by tooth number on the CER and on the progress notes.

EagleSoft Software Dental Charting

The student will complete one dental charting using the EagleSoft software. The student will use a dental charting from a current patient in which the dental charting has been checked by the dentist. The student must transfer the charting information to the computer using the EagleSoft software. The dental charting will be printed from the computer and turned in with the patient's chart to the student's advisor to satisfy this requirement. A detailed PowerPoint on how to use the software for this purpose is on the computers in the clinic.

Special Needs Patient

The student will complete the Special Needs Patient Evaluation on one of his/her special needs patients. Special needs patients are defined as patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Special needs patients may have mobility issues, be mentally disabled, immunocompromised, have a complex medical problem, or be a child with behavioral or emotional conditions. (see *Clinical Practice of the Dental Hygienist* by Wilkins for a list of special needs patients) The Special Needs Patient Evaluation will be completed after the appointment and turned in to the clinical advisor. The clinical advisor will determine if the requirement has been met. Preapproval of the patient is recommended.

CLINICAL INFORMATION

Evaluation of Scaling Procedures

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

Post Calculus

All patients class V and above must be scheduled two weeks after all quadrant scaling is complete including spots for re-evaluation. The student is expected to thoroughly explore, remove any residual calculus, and have the quadrants evaluated by an instructor. Only one instructor is needed to check post calculus evaluation.

Drug Cards

Writing drug cards prepares students for patient treatment and for the National Board licensure exam. Each student will handwrite in ink on a 4 x 6 index card and will write complete drug information with his/her name or initials and date written on the top of the card. No typed drug cards will be accepted.

Extra Oral and Intra Oral Examination

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

Periodontal Assessment

Record findings as indicated. A generalized statement regarding the gingival and/or periodontal condition, including bleeding, 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 or update these risk assessments when doing the informed consent. The student will present the completed risk assessment form and the informed consent to a faculty to review and sign after the patient and student has signed them. A grade for the risk assessments will be given by the faculty on the CER on the Informed Consent line.

Periodontal Charting

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

Dental Charting

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

Grading of Data Collection

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

Patient Selection

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

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

Clinic Time

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

Non-productive Clinic Time

Students are allowed twenty (20) hours of non-productive clinic time without grade penalty. If the student accumulates more than twenty hours of non-productive clinic time, **the final letter grade in DHYG 2261 will be lowered by one letter.** Students are expected to have a patient in their chair through the completion of the semester. The student is expected to remain in their cubicle even when the patient cancels or no shows. The student must be engaged in acceptable learning activities. Acceptable activities are any activity that demonstrate learning like: continuing education online courses, practicing an instrument or ultrasonic on the typodont, practicing with the intraoral camera, working on case studies on DentalCare.com, critiquing radiographs, & patient chart audits. 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 through the end of the semester. It is to the student's benefit to continue practicing clinical skills throughout the semester as mandated by the accrediting agency.

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.

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.

Progress Checks and Clinical Advising

Students must meet with assigned instructor on their assigned days. Students must bring appointment calendar, CER's, patient charts, radiograph critique sheets, and student clinic requirement completion record to all progress checks.

Chart Audits

Students will make an appointment to meet with their advisors to review the charts of patients if needed. Guidance will be given to the students in the areas of documentation and general information/chart management. All charts must be audited upon **completion** of treatment. **Students have one week following the patient's last appointment to audit the chart and turn it into their clinical advisor to be closed out.**

Chart audits that are incomplete and/or turned into faculty later than one week after completion of treatment will be unacceptable. A grade of "unsatisfactory" will be noted on the CER in the professional judgment category. It will be to the faculty's discretion whether points will be awarded for the patient. Students who submit more than four charts that are inaccurate or incomplete for final audit may be penalized. All charts must be audited no later than **TBA by 1:00 pm.**

Plaque and Gingival Bleeding Indices

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

Prepaid Cell Phones

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

Sterilization Duty

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

Skill Evaluations and Competencies

It is advised to prepare for a skill evaluation or competency in advance by practicing the skill and by reading the evaluation. If there are any questions about the evaluation, they must be asked before the day of the evaluation. Do not ask questions during the evaluation.

DHYG 2261 CLINICAL GRADING CRITERIA FOR SATISFACTORY ON “CER”

	S	U
1. Medical/Dental History	0-1 error	2 or more
2. Oral Exam	0-2 errors	3 or more
3. Periodontal Assessment	0-2 errors	3 or more
4-5. Dental Charting	0-4 errors	5 or more
6. Informed Consent	0-2 errors	3 or more
7. Periodontal Charting (per quad)	0-4 errors	5 or more
8-11. Ultrasonic Scaling- More than three calculus deposits, stain and/or plaque remaining per quadrant will result in a “U”. 0-3 deposits-“S”.		
12-15. Scaling- Errors include evaluation of: rough tooth surfaces and calculus.		

GRADE/QUADRANT

Class I	1 surface	2 or more
Class II	2 surfaces	3 or more
Class III	3 surfaces	4 or more
Class IV	4 surfaces	5 or more
Class V	5 surfaces	6 or more
Class VI	6 surfaces	7 or more
Class VII	7 surfaces	8 or more
Class VIII	8 surfaces	9 or more
16. Plaque Free (surfaces/mouth)	0-4 surfaces	5 or more
17. Topical Fluoride Treatment- Failure to remove most dental plaque, dry teeth prior to application, place saliva ejector, stay with patient the entire time, give appropriate patient instruction or check tissue response will result in a “U”.		
18. Tissue Trauma	0-2 surfaces	3 or more surfaces
19. Pit and Fissure- Proper occlusion maintained, no evidence of voids in sealant, cannot be displaced with explorer, somewhat high but other criteria satisfactory = “S”. Voids in sealant material or is removed with explorer = “U”.		
20. Post Cal Evaluation – Graded for entire mouth. Calculus, stain and plaque are evaluated.		
	S	U
Class V	4	5 or more
Class VI	5	6 or more
Class VII	6	7 or more
Class VIII	7	8 or more
21. Post-op Perio Charting- Use criteria for #7.		
22. Radiographs-BWX	Acceptable Equivalent of 4 improvable	

23.	Radiographs-FMX	Equivalent of 12 improvable	
24.	Radiographs-PNX	2 improvable – 2 areas that could be improved	
25.	Comprehensive Care	1 error	2 or more errors
26.	Chart Audit	1 error/patient	2 or more errors/patient