

**Lamar Institute of  
Technology  
Dental Hygiene Program**

**DHYG 2261**

**Clinic Syllabus**

**Fall 2021**

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**CLINICAL INTERMEDIATE**

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DATES TO REMEMBER

See Addendum

**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 1301, 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.

<b>CREDIT HOURS</b>	2 semester credit hours	
	12 lab hours per week	
<b>CLINIC SCHEDULE</b>	4:00 pm - 8:00 pm	Monday
	8:00 am - 12:00 pm	Tuesday/Thursday/Friday
	1:00 pm - 5:00 pm	Wednesday
<b>INSTRUCTOR</b>	Renee Sandusky, RDH, BS	Second Year Clinic Coordinator
<b>CLINICAL FACULTY</b>	Debbie Brown, RDH, MS	Mary Dinh, RDH
	Michelle DeMoss, RDH, MS	Kristina Mendoza, RDH, DMD
	Rose Rayner, RDH, BAAS	Rebecca Ebarb, RDH, BS
	Katie Ferguson, RDH, BS	Suki Misra, RDH, MHA, MBA
	Tami Browning, RDH	
	Dr. T. German	Dr. H. Armstrong
	Dr. W. Nantz	Dr. R. Wiggins

## 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. An absence will be considered unexcused if the student fails to notify the course faculty prior to the start of class, clinic, or lab. Attendance through Blackboard Collaborate is considered an absence. The course instructor must be notified at least one hour prior to the beginning of class/lab if the student plans to attend through Blackboard Collaborate.** The student is responsible for all material missed at the time of absence. Extenuating circumstances will be taken into account to determine if the absence is excused. Extenuating circumstances might include but are not limited to: funeral of immediate family member, maternity, hospitalization, etc. If the student has surgery, a debilitating injury, or an extended illness, a doctor's release will be required before returning to clinic.

#### a. Fall/Spring Semesters:

Dental hygiene students will be allowed **two excused absences** in any lecture, clinic or lab. Absences must be accompanied by a written excuse on the next class day. In the event that a student misses class, clinic or lab beyond the allowed absences, the following policy will be enforced:

2 absences = notification in Starfish

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

**Two** (2) points will be deducted from the final course grade for each unexcused absence.

#### b. Summer Sessions:

Regular class attendance is expected. Be sure to sign in on a regular basis to check for any additional assignment openings, and to be sure your coursework is being completed. Also, be sure to check your gradebook regularly for missing or inaccurate grades. Bring any grade questions to the instructor immediately upon noticing them.

## **Tardiness**

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

Tardy 1 time = notification in Starfish

Tardy 2 times = is considered an unexcused absence. (See the definition of an unexcused absence)

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

**Students should plan on attending classes, labs and clinic sessions as assigned throughout the semester. Family outings, vacations and personal business should be scheduled when school is not in session and will not be considered excuses for missing assignments, examinations, classes, labs or clinic time.**

## **2. Disability 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) 839-2018 or visit the office in Student Services, Eagles' Nest Building. You may also visit the online resource at <https://www.lit.edu/student-success/special-populations>.

## **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 Policies and Procedures*. The *LIT Policies and Procedures* may be accessed at <https://www.lit.edu/information/policies-and-procedures> or obtained in print upon request at the Student Services Office. Please note that the online version of the *LIT Policies and Procedures* 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](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.

## **5. Supplemental Instruction**

Supplemental Instruction (SI) consists of group tutoring sessions conducted once a week for 50 minutes for selected subjects. The SI Leader is a peer who helps students learn difficult content in those specific courses. The SI Leader attends the class with the students to keep up with the course content and engage students in interactive learning strategies at the 50 minute sessions. For this course, the supplemental instruction session will be held on “day” at “time” in “bldg/room”.

## 6. Remediation

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

## 7. 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.



## 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. **Four or more "U's" in Comprehensive Care on clinic CER's will result in a one point deduction from the student's Professional Behavior and Ethical Judgement semester average.**

## 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

### 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 8 & 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 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 **November 30<sup>th</sup> by 3:00 PM, this includes all radiographs including retakes.** You risk no credit for the patients whose initial chart audits are completed after November 30, 2021. 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".
Adult Patients	8 patients	8 patients	8 patients	
Geriatric	1 patient	1 patient	1 patient	
Adolescent	1 patient	1 patient	1 patient	
Radiographs (total)	4 FMX, 4 BWX, 1 PNX			
Digital X-rays using plates	1 FMX & 2 BWX (counts towards x-ray requirements)			
Digital X-rays using sensors	1 FMX (counts towards x-ray requirements)			
Perio Stage	Stage I or II	5 patients		
	Stage III or IV	3 patients		
Calculus Detection	1 patient (Difficult Calculus patient)			
EagleSoft Dental Charting	1 dental charting (approved by clinic counselor)			
Special Needs Patient	2 patients	1 patient	1 patient	
Sealants	4 patients	3 patients	2 patients	
Perio charting	1 patient	1 patient	1 patient	
Ultrasonic quadrants	12 quadrants	10 quadrants	8 quadrants	
Professional Judgment & Ethical Behavior	Average of 40	Average of 39	Average of 38	Average of below 38
Community service	TBA	TBA	TBA	

	A	B	C	F
<b>Written evaluations</b>				
Radiographic interpretation (FMX) 85%	85% on both evals. on initial try.	85% on one eval on the initial try and one 1 re-test on the other	85% with re-tests on both	
Radiographic interpretation (PNX) 85%				
<b>Clinical Evaluations</b>				
Perio case	90 and above	86 - 89	85	
<b>Clinical Competencies</b>				
Adolescent	Initial attempt	1 <sup>st</sup> re-test	1 <sup>st</sup> re-test	
Recall patient	Initial attempt	1 <sup>st</sup> re-test	1 <sup>st</sup> re-test	
Pit & Fissure Sealants	Initial attempt	1 <sup>st</sup> re-test	1 <sup>st</sup> re-test	
Patient education sessions	All sessions acceptable	2 sessions acceptable + 1 re-test	1 session acceptable + 2 re-tests	
<b>Skill Evaluations</b>				
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".
Root Debridement with Gracey Curet	See above	See above	See above	See above
Ultrasonic instrumentation	See above	See above	See above	See above

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

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

## **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 Dr. Mendoza or Clinic Coordinator. Surveys turned in longer than one week after being taken will not be graded.

- All radiographs must be completed by 3:00pm, November 30, 2021.
- The student who is treating the patient must take the patient's radiographs even if the radiographs are not needed for requirements.
- Radiographs may be taken outside of the student's clinic day if it is during a second-year clinic. There is no sign-up to take radiographs outside of clinic. **Radiographs may not be taken during lunch, before clinic, or after clinic.**
- When taking radiographs outside of clinic, it is advised that the student not plan on taking radiographs at the very beginning of the clinic session. Students in that assigned clinic session have priority for all x-ray rooms over outside of clinic students. Outside of clinic students will have to wait until a room is available.
- Outside of clinic students are responsible for the post-op and pre-op of the x-ray room. Also, sterilization students are not responsible for packaging outside students x-ray equipment.
- X-ray rooms cannot be reserved by a student. Students must sign up in the instructor cubicle for an x-ray room **after** the patient's medical/dental history has been signed and the need and type of survey has been determined.
- All surveys taken and the justification for patient exposure must be documented on the progress notes in the patient chart. (Example: FMX-patient has numerous suspicious areas.)
- Technique errors, bone loss, calculus, suspicious areas, and restorations should be documented on radiographic critique sheets. Only note existing conditions such as missing teeth if it aids in grading the radiographs.
- **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 both evaluations are published in the Dates to Remember on page 3. 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 may not be used to calculate total patient points, special needs patients, or recall patients on the CER.

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

### **Prophylaxis point value:**

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

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

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

## **PATIENT SELECTION**

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

\*Dental hygiene students may treat ONE dental hygiene student or faculty/staff member per semester. Students may not use other students, faculty, dentists, or hygienists for

skill evaluations or competency evaluations. Also, remember that DH students who are patients are not exempt from payment of customary charges.

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

### **Periodontal Patient Criteria**

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

Before scaling is initiated on this patient:

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

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

The student will follow this sequence for treatment appointments:

- (MH, plaque/ bleeding score, gingival description, patient ed, local anesthesia)
- Ultrasonic 1 quadrant > perio chart quadrant > check by instructor.
- Fine scale quadrant > check by instructor.
  - The perio chart and ultrasonic quad MUST be checked before fine scaling begins.

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

- ❖ It is highly recommended that two Periodontal Patients are identified, and initial care-plans graded, to ensure that at least one case is completed.

### **Periodontal Care Plan**

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

### **Periodontal Charting on Periodontal Patient**

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

### **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.

### **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 prophylaxis 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. The EagleSoft Software Dental Charting evaluation form is included on page 48. 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 special needs patient. 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. The Special Needs Patient directions and form are on pages 49-50.

## **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. Failure to complete Post Calculus will result in a loss of one patient point, and a U in Comprehensive Care on the CER.

### **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 all the complete drug information with initials 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 and inflammation, 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.

### **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. When any of these abnormal conditions are present, the following must all be documented for that tooth: 6 pocket depths, 6 tissue heights (TH), and 6 CAL. Each patients' periodontal classification should be determined using clinical attachment loss (CAL) as the first indicator, radiographic bone loss is used second; this will help determine the most accurate periodontal diagnosis. The exception to this is the 2<sup>nd</sup> year periodontal patient, in which all readings must be documented for each tooth.

### **Dental Charting**

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



### **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. 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 such as: 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. All cancellation CER time must be initialed by the clinical instructor assigned to the students pod on that day.

### **End of Clinic Procedure**

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

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

Students are expected to perform comprehensive care on all patients. Not taking retakes by the end of the second appointment, 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. Patients must be dismissed by 11:45 AM, 4:45 PM, or 7:45 PM unless approval for a later dismissal time has been granted by the pod instructor. Repeatedly dismissing one's patient late may result in disciplinary action.

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

Students must meet with assigned instructor on the dates outlined on page 20. Students must bring appointment calendar, CER's, radiograph critique sheets, and student clinic requirement completion record to all progress checks. Patient charts will be pulled, if needed, for clinical advising.

### **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. Further information regarding chart documentation can be found in the Clinic Manual. 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 chart audit 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 initial chart audits must be audited no later than **November 30th by :030 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. Upon arrival the student must check in with

Mrs. Haynes. 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 2<sup>nd</sup> 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 prior to the beginning of the evaluation. Students may not ask questions or request guidance during the evaluation. If guidance is needed, the evaluation or competency will be considered over and instructor guidance will begin. The skill evaluation or competency will need to be repeated at a future appointment.

**DHYG 2261 CLINICAL GRADING CRITERIA FOR SATISFACTORY ON “CER”**

	S	U
1. <b>Medical/Dental History</b>	0-1 error	2 or more
2. <b>Oral Exam</b>	0-2 errors	3 or more
3. <b>Periodontal Assessment</b>	0-2 errors	3 or more
4-5. <b>Dental Charting</b>	0-4 errors	5 or more
6. <b>Informed Consent</b>	0-2 errors	3 or more
7. <b>Periodontal Charting</b> (per quad)	0-4 errors	5 or more
8-11. <b>Ultrasonic Scaling</b> - More than three calculus deposits, stain and/or plaque remaining per quadrant will result in a “U”. 0-3 deposits-“S”.		
12-15. <b>Scaling</b> - 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. <b>Plaque Free</b> (surfaces/mouth)	0-4 surfaces	5 or more
17. <b>Topical 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 or check tissue response will result in a “U”.		
18. <b>Tissue Trauma</b>	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”.		
20. <b>Post Cal Evaluation</b> – 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. | <b>Post-op Perio Charting-</b>                   | Use criteria for #7.                             |                          |
| 22. | <b>Radiographs-BWX</b>                           | Acceptable<br>Equivalent of<br>4 improvable      |                          |
| 23. | <b>Radiographs-FMX</b>                           | Equivalent of<br>12 improvable                   |                          |
| 24. | <b>Radiographs-PNX</b>                           | 2 improvable – 2 areas that could be<br>improved |                          |
| 25. | <b>Comprehensive Care</b><br>(See pages 17 & 18) | 1 error  | 2 or more errors         |
| 26. | <b>Chart Audit</b>                               | 1 error/patient                                  | 2 or more errors/patient |

**STUDENT AND FACULTY ACADEMIC AND CLINICAL COUNSELING  
 ASSIGNMENTS**

Sandusky	DeMoss	Brown	Ferguson
Taylor Maass	Abby Thames	Ashley Watts	Ruth Ayala
Chloe Benoit	Caitlyn Robson	Marilyn Ramos	Jackie Barajas
Ariel Castillo	Linda Morelos	Lindsey Malone	Gabriel Howe
Daniela A-Hernandez	Kourtne Jarvis	Kaylee Hughes	Haleigh Fritzenschaft
Sohee Yu	Vanessa Cervantes	Jenny Cabrera	
Vee Winston			
Reagan Osborne			
Alexis Barajas			

**PROGRESS CHECKS**

Listed below you will find the weeks of progress checks. You must make an appointment and meet with your clinical advisor during that week to report on your progress in clinic. CER's, patient charts and requirement completion sheets should be brought to each progress check. Faculty will have clinic grades on the computer. If you need to meet with your clinical counselor outside of the assigned times, or need additional times beyond the posted dates, you must make an appointment with your counselor.

Week of September 11th  
 Week of November 1<sup>st</sup>

**MID-SEMESTER CLINICAL COUNSELING**

Week of October 3rd

**FINAL CLINICAL COUNSELING**

Week of December 6<sup>th</sup>

- Chart Audits will be completed as the patient care is completed.
- These will be checked at each progress check.
- However, it is the responsibility of the student to make sure that chart audits are completed in a timely manner.
- **CHARTS THAT ARE NOT AUDITED WITHIN ONE WEEK OF COMPLETION OF PATIENT CARE MAY RESULT IN PENALTIES INCURRED BY THE STUDENT.**
- These penalties may mean that the student may not use that patient toward meeting requirements for DHYG 2261.

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

## **INSTRUCTIONS FOR MID-SEMESTER CLINICAL COUNSELING**

### **STUDENTS:**

1. What to bring:
  - Appointment book
  - CER's
  - Completed skill evaluations
  - Clinic Syllabus (for reference or questions)
  - Have all information organized so that finding specific information is easy for you.
2. Bring your corrected copy of the computer print-out. Be able to document any errors with CER's.

### **FACULTY:**

1. Document grades and patient #/codes on the grade book on the designated "R" Drive.
2. Check computer grade book for the following:
  - a. Accuracy
    - Check patients listed on the grade sheet on "R" drive.
    - Check accuracy of completed patients.
    - Check to see if any clinic requirements were successfully completed.
  - b. Check accuracy of clinic time.
  - c. Check accuracy for special needs patients
  - d. Check accuracy for recall patients.
  - e. Corrections to CER's should be done on the "R" drive.
3. Return to clinical coordinator the following:
  - Requirement tracking spreadsheet.

## **INSTRUCTIONS FOR FINAL CLINICAL COUNSELING**

### **STUDENTS:**

1. What to bring:
  - Appointment book
  - CER's
  - Completed skill evaluations
  - Clinic Syllabus (for reference or questions)
  - Have all information organized so that finding specific information is easy for you.
  
2. Bring your corrected copy of the computer print-out. Be able to document any errors with CER's.

### **FACULTY:**

1. Document grades and patient #/codes on the grade book on the designated "R" Drive.
  
2. Check computer grade book for the following:
  - a. Accuracy
    - Check patients listed on the grade sheet on "R" drive.
    - Check accuracy of completed patients.
    - Check to see if clinic requirements were successfully completed.
  
  - b. Check accuracy of clinic time. Students should have a total of 156 hours (39 days) of clinic time. Students should have 24 hours of sterilization.
  - c. Check accuracy for special needs patients.
  - d. Check accuracy for recall patients.
  - e. Corrections to CER's should be done on the "R" drive.



**REQUIREMENT COMPLETION RECORD**

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

**Prophy Class**

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

**Periodontal Stage**

Gingivitis (completed) \_\_\_\_\_  
 Stage I (completed) \_\_\_\_\_  
 Stage II (completed) \_\_\_\_\_  
 Stage III (completed) \_\_\_\_\_  
 Stage IV (completed) \_\_\_\_\_

Adolescent Patients (completed) \_\_\_\_\_  
 Adult Patients (completed) \_\_\_\_\_ Geriatric  
 Patients (completed) \_\_\_\_\_

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

## **COMPETENCY AND EVALUATION FORMS**

**Instructions for Area-Specific Curet and Advanced Fulcrum Practice Lab**

**Set Up:**

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

**Instruction:**

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

**Application:**

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

**Set Up:**

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

**Disinfect:**

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

**Barrier:**

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

**Procedure:**

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

**Application:**

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

## DIFFICULT CALCULUS EVALUATION

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

### Criteria for Difficult Calculus Evaluation

Student is responsible for patient selection using the following criteria.

#### **STUDENTS MUST PASS THEIR ULTRASONIC SKILL EVAL PRIOR TO THIS EVALUATION**

- **Calculus Detection**-Each tooth has four surfaces: mesial, distal, facial and lingual. A qualifying surface is a tooth surface upon which there is “clickable” subgingival calculus.
- **Definition of “Clickable” Calculus**-“Bump” with thickness that is readily discernible
  - A definite “jump” is felt with the explorer
  - An interproximal deposit felt from the lingual and/or buccal
- **Surfaces**-A minimum of twelve (12) qualifying surfaces must be present in one quadrant or one quadrant plus up to 4 additional teeth. At least four (4) surfaces must be located on molar teeth. A maximum of six (6) of the surfaces may be located on the anterior teeth (canine to canine).
- The twelve (12) qualifying surfaces must be on natural teeth and must not have the following: Class III furcations, Class III mobility, pocket depth exceeding 6mm, gross decay, and orthodontic bands. (Bonded lingual arch wires are acceptable.)
- **Patient Requirements**-Patient should be at least a prophy class IV and may not have pocket depths greater than 6 mm. Prior to scaling, the student will complete a full patient assessment including calculus detection. It is part of the exam to do thorough calculus detection. Two instructors will check the proposed quadrant for qualification. Only the surfaces agreed upon by the two instructors will be used in qualification and evaluation. The student should scale the entire treatment area selected to insure the deposits are removed. The student will not be informed which deposits the instructors found. The student must remove seventy five percent (75%) of those deposits in order to meet minimum competency for the scaling evaluation. It should be noted that removal of 75% of deposits does not, in itself, guarantee attaining competence on this patient. **Failures also can occur do to habitual incorrect instrumentation, excessive trauma and non-professional behavior.**
- **Basic Instrumentation skills that will be assessed are:** fulcrum, grasp, activation of instrument, adaptation of tip/toe, working stroke, exploratory stroke.
- **Advanced instrumentation skills that will be assessed are:** advanced fulcrum positions, ability to adapt instruments to depth of the pockets, advanced activation of working stroke.
- **Ultrasonic Use**-The use of the ultrasonic will be allowed on the difficult calculus evaluation and will be evaluated.
- **Designated Time**-Two (2) hours will be allowed for this evaluation.

**Dates of Evaluations:** Difficult Calculus evaluations will be **October 20 and October 21**. Students will be assigned to one of these dates by the instructor.

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

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

Comments:

## CONTINUING CARE (RECALL) COMPETENCY EVALUATION

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

### Patient Selection

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

### Evaluation Procedure

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

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

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

### Student Self-Assessment

Once the patient has completed treatment, the student is required to complete a self-assessment of the treatment provided to the patient. The self-assessment should be turned into the instructor that observed the evaluation. See page 30 for evaluation instructions.

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

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.			Critical Error	Yes	No
1	Utilize accepted infection control procedures	Yes			
2	Apply basic and advanced principles of dental hygiene instrumentation	Yes			
3	Maintain clinic and laboratory records	Yes			
4	Identifies information which may contraindicate treatment	Yes			
5	Explains procedure and rationale to their patient	Yes			
6	Procedures are carried out in an efficient and systematic manner	No			
7	Utilizes radiographs and periodontal charting during procedure	Yes			
8	Obtains removal of calculus (passes quadrants)	Yes			
9	Has more than one area of tissue trauma per quadrant	Yes			
10	Selects appropriate polishing agent and uses sound polishing technique	Yes			
11	Flosses all interproximal surfaces of all teeth	Yes			
12	Completes procedure in designated time	Yes			
13	Reviewed previous patient education topics or skills with patient	Yes			
14	Demonstrates professional conduct and ethical judgment	Yes			
15	Satisfactorily completed self-assessment	Yes			
Comments:					



### CONTINUING CARE (RECALL) SELF-ASSESSMENT

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

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

## GRACEY CURET SKILL EVALUATION CHECK LIST

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

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

### General Management:

1. Utilizes time effectively and efficiently.
2. Utilizes mirror effectively.
3. Maintains correct patient/operator positioning.
4. Adjust the dental light for maximum illumination.
5. \*Uses current infection control procedures.
6. Uses air and evacuation equipment effectively.
7. \*Reviews patient's dental charting and radiographs to determine any areas where instrumentation may be contraindicated.
8. Preparation of operator is appropriate for procedure.
9. Selects appropriate instruments and maintains sharpness.
10. \*Maintains patient records
11. \*Professional behavior and ethical judgment demonstrated by:
  - \*providing for patient comfort
  - providing proper patient communication
  - accepting constructive criticism
  - adapting to new situations
  - instilling confidence in the patient
  - \*explaining procedures to the patient
  - exhibiting self-confidence to perform procedure

### Grasp:

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

**Fulcrum:**

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

**Instrument Positioning:**

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

**Instrument Activation:**

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

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

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

<b>Comments:</b>          
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## **PIT & FISSURE SEALANT COMPETENCY CHECK LIST**

### **General Management:**

1. Utilizes time effectively and efficiently.
2. Utilizes mirror effectively.
3. Maintains correct patient/operator positioning.
4. Adjust the dental light for maximum illumination
5. Uses current infection control procedures.
6. Uses air and evacuation equipment effectively.
7. Preparation of operatory is appropriate for procedure.
8. Selects appropriate instruments and maintains sharpness.
9. Professional behavior and ethical judgment demonstrated by:
  - providing for patient comfort
  - providing proper patient communication
  - accepting constructive criticism
  - adapting to new situations
  - instilling confidence in the patient
  - explaining procedures to the patient
  - exhibiting self-confidence to perform procedure

### **Preparation**

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

### **Procedure**

13. Air dries surface to be sealed for 30 seconds.
14. Tooth surface is adequately etched
15. Correct motion used (dabbing motion for liquid, no motion for gel)
16. Correct time (read manufacturer's instructions for correct time)
17. Covers only surface to be sealed
18. Teeth are thoroughly rinsed for 30-60 seconds per tooth
19. Teeth are thoroughly dried with air
20. Etched teeth present characteristic chalky white appearance (if not, re-etch)
21. Sealant is brushed onto the etched surface
22. Excess sealant is removed with cotton

**Apply Light:**

22. within 3mm of the tooth surface

23. for the appropriate period of time. (Light will beep or turn off)

**Operator Evaluation**

24. Rinse

25. Examine surface with explorer and interproximal contact with floss for adequate sealant placement

26. Utilize articulating paper to evaluate occlusion

27. Exploring confirms a smooth, hard surface

28. Absence of air bubbles

29. Sealant concentrated in central pits and fissures

30. Inclined planes are covered (1/2 to 2/3)

31. Occlusal relationship is maintained

32. Interproximal contacts are free of sealant material

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

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.		Critical Error	Yes	No
1	Utilize accepted infection control procedures	Yes		
2	Apply basic and advanced principles of dental hygiene instrumentation	No	N/A	N/A
3	Maintain clinic and laboratory records	Yes		
4	Identifies information which may contraindicate treatment	Yes		
5	Explains procedure and rationale to their patient	Yes		
6	Utilizes correct technique in adequately etching the tooth surface	Yes		
7	Utilizes correct technique for curing the sealant	No		
8	Explores to examine surface for adequate sealant placement	Yes		
9	Utilizes articulating paper to evaluate and maintain proper occlusion	No		
10	Demonstrates that interproximal contacts are free of sealant material	Yes		
11	Demonstrates professional conduct and ethical judgment	Yes		
Comments:				

### ULTRASONIC INSTRUMENTATION SKILL EVALUATION CHECK LIST

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

### **General Management**

1. Utilizes time effectively and efficiently.
2. Utilizes mirror effectively.
3. Maintains correct patient/operator positioning.
4. Adjust the dental light for maximum illumination
5. \*Uses current infection control procedures.
6. \*Uses air and evacuation equipment effectively.
7. Preparation of operatory is appropriate for procedure.
8. \*Reviews patient's dental charting and radiographs to determine any areas where instrumentation may be contraindicated.
9. \*Reviews patient's medical history for any contraindications for ultrasonic use.
10. \*Maintains patient records.
11. \*Select appropriate insert for the area in which you are working.
12. \*Professional behavior and ethical judgment demonstrated by:
  - \*providing for patient comfort
  - providing proper patient communication
  - accepting constructive criticism
  - adapting to new situations
  - instilling confidence in the patient
  - \*explaining procedures to the patient
  - exhibiting self-confidence to perform procedure

### **Determines Function of Equipment**

13. Turns power on the ultrasonic unit and attaches water to proper outlet
14. Places foot control on floor within easy access
15. Bleeds water line for two minutes
16. Allow water to surface top of opening of hand piece, place insert into hand piece of the magnetostrictive units or screws insert into the Piezo units
17. Adjust water and power setting holding hand piece over cup or sink
18. Adjust water flow to appropriate spray

### **Grasp and Fulcrum**

19. \*Uses a light, gentle modified pen grasp



20. \*Establishes an intra- or extra- oral fulcrum

**Adaptation**

21. \*Uses appropriate power to remove deposits

22. Adapts the insert under the tissue correctly

23. \*Point of insert is directed away from tooth; point is never in direct contact with tooth surface

24. Applies side of dull instrument tip to calculus, stain, or plaque.

25. Working end is parallel to the tooth/root surface

26. Applies instrument in continuous wet field, releasing at intervals to aid in water control

27. Keeps steady pressure on foot control

28. \*Keeps tip moving constantly using strokes that are light, smooth, precise and overlapping

**Evaluation**

29. Removes all supragingival and subgingival deposits.

**LIT Dental Hygiene Program**  
**ULTRASONIC INSTRUMENTATION SKILL EVALUATION**

**DHYG 2261**

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

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.		Critical Error	Yes	No
1	Utilize accepted infection control procedures	Yes		
2	Apply basic principles of dental hygiene instrumentation	Yes		
3	Maintain clinic and laboratory records	No		
4	Identifies information which may contraindicate treatment	Yes		
5	Explains procedure and rationale to their patient	Yes		
6	Properly demonstrates assembly of the ultrasonic unit at ultrasonic practice day.	Yes		
7	Demonstrates proper grasp and fulcrum	No		
8	Selected appropriate insert for task	Yes		
9	Used overlapping strokes, kept tip moving at all times	Yes		
10	Obtains removal of calculus without excess trauma (passes quadrant)	Yes		
11	Demonstrates professional conduct and ethical judgment	Yes		

**Comments:**

## **PATIENT EDUCATION COMPETENCY CHECK LIST**

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

### **First Session:**

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

### **Second Session:**

Same as session one

**Third Session:**

Same as sessions one and two EXCEPT -----

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

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

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

LIT Dental Hygiene Program						
PATIENT EDUCATION SESSION 2 COMPETENCY EVALUATION						
DHYG 2261						
LIT Competency Statement	P2. Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. P4. Communicate effectively with individuals and groups from diverse populations both verbally and in writing HP5. Promote the values of oral and general health and wellness to the public and organizations within and outside the profession. PC10. Use critical decision making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. PC11c. Establish a collaborative relationship with the patient in the planned care to include etiology, prognosis, and treatment alternatives.					
Student				Date:		
Instructor			Circle one:	Healthy gingiva	Gingivitis	Perio Stage _____
Patient				Prophy Class	0 1 2 3 4 5 6 7 8	
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.				Grade	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	
The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.				Critical Error	Yes	No
1	Utilize accepted infection control procedures			Yes		
2	Apply basic and advanced principles of dental hygiene instrumentation			N/A	N/A	N/A
3	Maintain clinic and laboratory records			Yes		
4	Identifies patient needs and reviews goals with patient			Yes		
5	Assists patient in evaluating home care and modifies as needed			Yes		
6	Demonstrates new oral hygiene procedures			No		
7	Emphasizes patient responsibility in oral health care partnership			Yes		
8	Individualizes instruction based on patient need and learning level			Yes		
9	Involves patient and provides positive reinforcement			No		
10	Concludes with review of session and previews future session			No		
Comments:						

LIT Dental Hygiene Program					
PATIENT EDUCATION SESSION 3 COMPETENCY EVALUATION					
DHYG 2261					
LIT Competency Statement	P2. Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. P4. Communicate effectively with individuals and groups from diverse populations both verbally and in writing HP5. Promote the values of oral and general health and wellness to the public and organizations within and outside the profession. PC10. Use critical decision making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. PC11c. Establish a collaborative relationship with the patient in the planned care to include etiology, prognosis, and treatment alternatives.				
Student			Date:		
Instructor		Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____
Patient			Prophy Class	0 1 2 3 4 5 6 7 8	
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.			Grade	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	
The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.				Critical Error	Yes    No
1	Utilize accepted infection control procedures			Yes	
2	Apply basic and advanced principles of dental hygiene instrumentation			N/A	N/A    N/A
3	Maintain clinic and laboratory records			Yes	
4	Identifies patient needs and reviews goals with patient			Yes	
5	Assists patient in evaluating home care and modifies as needed			Yes	
6	Demonstrates new oral hygiene procedures			No	
7	Emphasizes patient responsibility in oral health care partnership			Yes	
8	Individualizes instruction based on patient need and learning level			Yes	
9	Involves patient and provides positive reinforcement			No	
10	Concludes with review of session, determines continuing care (recall) schedule, and review referrals			Yes	
Comments:					

## Adolescent Patient Competency Evaluation

### Patient Requirements:

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

### Student Instructions:

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

### Instructor Instructions:

- Approve the patient for the competency evaluation and sign the appropriate paperwork. No other paper work will be checked or signed until check out except informed consent.
- Observe the student at intervals appropriate to the criteria on the evaluation
- Check all paperwork and evaluate all procedures when the student is finished
- Complete the written competency evaluation form when the student is finished



LIT Dental Hygiene Program Adolescent Patient Competency							
DHYG 2261							
LIT Competency Statement	PC9 Systematically collect, analyze, and record data on the general, oral, and psychosocial health status of a variety of patients. PC10 Use critical decision making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. PC11 Collaborate with the patient, and/or other health professionals, to formulate a comprehensive dental hygiene care plan that is patient-centered and based on current scientific evidence. e. Obtain the patient's informed consent based on a thorough case presentation. PC12 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. a. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions. PC13 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.						
Student				Date:			
Instructor			Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____	
Patient			Prophy Class	0 1 2 3 4 5 6 7 8			
Any critical error results in a score of 'Unacceptable' and the student must repeat the competency.			Grade	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			
The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.					Critical Error	Yes	No
1	Utilize accepted infection control procedures				Yes		
2	Apply basic and advanced principles of dental hygiene instrumentation				Yes		
3	Maintain clinic and laboratory records				Yes		
4	Obtain a complete medical/dental history and release				Yes		
5	Explains procedure and rationale to their patient				Yes		
6	Perform an adequate oral assessment and record the information properly				No		
7	Present the parent/guardian with an appropriate informed consent which the parent/guardian <b>signs</b> before treatment starts				Yes		
8	Obtains removal of calculus				Yes		
9	Selects appropriate polishing agent and uses sound polishing technique				Yes		
10	Flosses interproximals of all teeth				Yes		
11	Complete all identified procedures in two and a half (2 1/2) hours.				Yes		
Comments:							

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

**Acceptable = 0-2 U's in total categories.**

**Unacceptable = 3 or more U's in total categories.**

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

Comments:
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## Special Needs Patient Evaluation

### Patient Requirements:

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

### Student Instructions:

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

### Instructor Instructions:

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

LIT Dental Hygiene Program Special Needs Patient Evaluation						
DHYG 2261						
LIT Competency Statement	P2 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. PC10 Use critical decision making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data. b. Identify patient needs and significant findings that impact the delivery of dental hygiene services.					
Student				Date:		
Instructor			Circle one:	Healthy gingiva	Gingivitis	Perio Stage ____
Patient				Prophy Class	0 1 2 3 4 5 6 7 8	
If 'Unacceptable' grade is achieved, the student will need to designate another patient to complete this evaluation.				Grade	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	
<b>Special Needs Patients</b> are defined as patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Special needs patients would include, but are not limited to patients with the following: mobility issues, mentally disabled, immunocompromised, complex medical problem, mental illness, or children with behavioral or emotional conditions.						
The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.						
1.	Describe the patient's special need/s. (You may write on the back)					
2.	Explain the treatment modifications that were necessary and/or any treatment modifications that were anticipated prior to treating this patient. What did you have to consider while treating this patient? What were the outcomes of your expectations? Did the patient present any needed modifications before, during, or after treatment. Be specific and thorough in your answer. (You may write on the back)					
3.	What patient education topics did you address with this patient? What specific items did you need to address due to the patient's special need? (You may write on back)					
<b>Instructor Comments:</b>						