

The University of Oklahoma
College of Dentistry

Dental Hygiene Program Manual

2018-2019

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Policies & Procedures

P&P Section I- GOALS AND PHILOSOPHY

DENTAL HYGIENE PROGRAM GOALS and PHILOSOPHY

The philosophy of the Dental Hygiene Program at the University of Oklahoma is one of commitment to the education of oral health professionals who are capable of integrating educational, clinical, and individual services that support and promote the total health of the patient as well as optimal oral health.

In addition to the broader goals of the University and the College, the following goals have been adopted. Graduates of the Dental Hygiene Program are expected to:

- ❖ Be competent in recognition, evaluation, and appropriate treatment of oral diseases.
- ❖ In all settings in which responsibility has been delegated, apply scientific principles and an analytic approach to the practice of dental hygiene, educational endeavors, public health and research.
- ❖ Act as an integral member of the dental health team by performing quality preventive and therapeutic dental hygiene services, in a variety of settings, in order to improve the oral health status of the consumer.
- ❖ Function as a valuable member of interdisciplinary teams of health personnel recognizing the unique contributions of each discipline.
- ❖ Communicate effectively with patients and colleagues, develop intellectual curiosity and demonstrate the skills necessary to enhance learning and continue professional development throughout their career.

The curriculum is designed and implemented with the goals as a foundation. The facilities offer a good environment for basic science and pre-clinical instruction, laboratory, and clinical experiences. Faculty are dedicated to excellence; sensitive to the depth of the curriculum offered; offer a wide range of professional experiences; and attempt to establish an atmosphere of respect and understanding with students.

In order to meet the goals of the program, one of the educator's primary challenges is to provide opportunities to foster and improve the students' critical thinking skills. This task falls not just to didactic course directors, but even more importantly to clinical instructors who are most likely to have more occasions to reinforce theoretical concepts and apply what has been learned in the classroom to actuality.

The attainment of the program's goals necessitates background knowledge and skills in a variety of curriculum areas but just as importantly, the addition of knowledge of the latest scientific advancements and innovations in dental hygiene practice and health care systems. This essential information on the latest scientific advancements is provided by faculty in the classroom, laboratory, clinic, and community projects, but training for student involvement both while in the educational process and later as a professional is provided by requiring active participation by the students in the attainment of information (i.e., library assignments, reading updated texts, individual research assignments, sharing of information by peer presentations, etc.).

The goals are a living document sensitive to the changing needs of the profession. Each year, usually in late summer, the goals are reviewed, evaluated, and revised as necessary by the faculty during a faculty meeting established for that purpose. The meeting is mandatory for faculty affiliated with and /or holding a teaching appointment in the DH program.

DENTAL HYGIENE PROGRAM MISSION STATEMENT AND GOALS

DENTAL HYGIENE PROGRAM

MISSION STATEMENT

The mission of the **Dental Hygiene Program** is to improve the health of Oklahomans and shape the future of dentistry by developing highly qualified dental hygienists through excellence in education, patient care, research, community service, faculty, and facilities.

GOAL #1: EDUCATION

Comprehensively prepare students, through appropriate academic and clinical education, to be qualified dental hygiene professionals.

- 1.1 Recruit students of the highest quality who can reasonably be predicted to successfully complete the educational programs of the College within specified time frames.
- 1.2 Provide appropriate didactic and clinical instruction through an inter-active, competency-based curriculum that is reviewed regularly through an outcomes assessment process and modified as necessary to address the dynamics of a constantly changing profession.
- 1.3 Provide didactic and clinical instruction in a diverse positive learning environment that leads to social and ethical development along with technical competency and practice management skills.
- 1.4 Prepare students to integrate critical thinking, evidence-based dental hygiene, and life-long learning throughout their dental hygiene careers.
- 1.5 Prepare students to practice in a changing healthcare environment.
- 1.6 Integrate biomedical and clinical sciences throughout the curriculum.
- 1.7 Incorporate intraprofessional and interprofessional education and practice into the curriculum.

GOAL #2: PATIENT CARE

Provide appropriately supervised dental hygiene treatment of the highest quality.

- 2.1 Provide high quality efficient comprehensive patient-centered care in a humanistic environment throughout the clinical education programs as an integral component of the College's teaching and service missions.
- 2.2 Develop and implement a quality assurance program based on measurable criteria that facilitate reliable and valid assessment.
- 2.3 Teach the necessity of professional ethics and responsibility in the delivery of patient care.

GOAL #3: RESEARCH and SCHOLARLY ACTIVITY

Create a positive and rewarding academic environment that facilitates research and scholarly activity by both students and faculty.

- 3.1 Provide faculty with sufficient time, guidance and resources to engage in productive research and other scholarly activities.

- 3.2 Integrate research with the educational mission of the College by providing students with opportunities for direct experience in meaningful research activities under faculty mentorship.
- 3.3 Create a culture in which achievements in research and scholarly activity by both faculty and students are recognized and rewarded.
- 3.4 Encourage and support collaboration with faculty internal and external to the college.

GOAL #4: COMMUNITY SERVICE

Foster opportunities for involvement in service activities that are consistent with the dental hygienist's responsibility to promote oral health care as an integral component of the overall health and welfare of the community.

- 4.1 Promote participation in community and professional organizations by students, faculty and staff.
- 4.2 Identify new, and strengthen existing, relationships between the College's academic programs and the public.
- 4.3 Encourage student and faculty participation in and support of professional service organizations that promote the service mission of the College and the dental profession.
- 4.4 Promote programs and service activities that emphasize an interdisciplinary approach between dentistry and other health professions.
- 4.5 Instill in students a sense of community service through externships and other opportunities that expand their clinical and cultural experiences.

GOAL #5: FACULTY

Provide students with highly qualified faculty and provide faculty with an environment that facilitates personal and professional growth.

- 5.1 Recruit and retain highly qualified faculty with the requisite education, knowledge, clinical skills, and motivation to facilitate student achievement of the College's didactic and clinical goals.
- 5.2 Provide a total compensation package and an environment that are competitive with peer institutions.
- 5.3 Provide opportunities for faculty development.
- 5.4 Promote faculty leadership and service within and outside the institution.

GOAL #6: FACILITIES

Provide a state-of-the-art educational environment.

- 6.1 Incorporate relevant innovations in information technology and management as an integral facet of the College's goals in the areas of teaching, patient care, research, and service.
- 6.2 Expose students to advanced dental technology and equipment to best prepare them for practice.
- 6.3 Initiate an ongoing program for facility maintenance and improvement.

Adopted by Faculty July 2015

P&P Section II- CURRICULUM AND COMPETENCIES

DENTAL HYGIENE CURRICULUM

Access online at:

<http://dentistry.ouhsc.edu/CurrentStudents/AcademicCalendarsSchedulesCourses.aspx>

COMPETENCIES FOR THE ENTRY-LEVEL DENTAL HYGIENIST

Competence: That level of skills, knowledge, and values required by new graduates to begin the practice of dental hygiene.

CORE COMPETENCIES (C): Reflect the ethics, values, skills, and knowledge integral to all aspects of dental hygiene practice.

The graduate will be able to:

- C.1 Ethics:** Discern and manage ethical issues of dental hygiene practice in a rapidly changing environment and apply a professional code of ethics in all endeavors.
 - 1.1** Apply principles of ethical behavior in decision-making, interactions with patients and staff, and personal conduct.
 - 1.2** Apply the ADHA Code of Ethics in the practice of dental hygiene.
- C.2 Jurisprudence:** Adhere to state and federal laws, recommendations, and regulation in the provision of oral health care.
 - 2.1** Apply the provisions of the Oklahoma State Dental Practice Act
- C.3 Critical Thinking:** Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness
 - 3.1** Locate, critically evaluate, and integrate written and electronic sources of scientific information to improve the oral health of the patient.
- C.4 Evidence-based Decision-Making:** Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.
 - 4.1** Evaluate the safety and efficacy of new diagnostic and treatment modalities and make appropriate decisions regarding the use of new procedures on patients.
 - 4.2** Evaluate and select products for patient care based upon scientific evidence.
- C.5 Professional Responsibility:** Assume responsibility for dental hygiene actions and care based on accepted scientific theories research, and the accepted standard of care.
 - 5.1** Provide quality dental hygiene services to the public based on current theory and research
- C.6 Self-Assessment:** Continuously perform self-assessment for life-long learning and professional growth.
 - 6.1** Evaluate clinical, didactic, and practicum performance and identify factors that would result in an improved outcome.

- C.7 **Theory Integration:** Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
- C.8 **Professionalism:** Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations
- C.9 **Quality Assurance:** Apply quality assurance mechanisms to insure continuous commitment to accepted standard of care.
 - 9.1 Utilize appropriate standard precautions in preventing transmission of infectious diseases.
 - 9.2 Understand the role of the Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), and Environment Protection Agency (EPA) in regulating dental practices.
 - 9.3 Implement and evaluate measures to minimize occupational hazards.
 - 9.4 Expose radiographs based on patient need in compliance with current accepted professional guidelines.
- C.10 **Communication:** Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
 - 10.1 Evaluate factors that can be used to promote patient adherence to disease prevention and encourage patients to assume responsibility for health and wellness.
- C.11 **Documentation:** Record accurate, consistent, and complete documentation of oral health services provided.
 - 11.1 Recognize the patient record as a legal document and maintain its accuracy and consistency prior to or during dental hygiene treatment.
 - 11.2 Main confidentiality of patient health information by compliance with HIPAA regulations.
- C.12 **Individualize Care:** initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
- C.13 **Professional Collaboration:** Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.
- C.14 **Medical Emergencies:** Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

HEALTH PROMOTION AND DISEASE PREVENTION (HP): General knowledge of wellness, health determinants, and characteristics of various patient communities.

The graduate will be able to:

- HP.1 Promote the values of oral and general health and wellness to the public and organizations inside and outside the profession.
- HP.2 Respect the goals, values, beliefs, and preferences of all patients.

- HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive evaluation.
- HP.4 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
- HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
- HP.6 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

COMMUNITY INVOLVEMENT (CM): Local, state and national roles of dental hygiene graduates.

The graduate will be able to:

- CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet health care needs
- CM.2 Provide screening, referral, and educational services that allow patients to access The resources of the health care system.
- CM.3 Provide community oral health services in a variety of settings.
- CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
- CM.5 Evaluate reimbursement mechanisms and their impact on patient access to oral health care.
- CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.
- CM.7 Advocate for effective oral health care for underserved populations.

PATIENT CARE (PC): A defined process of care in provision of patient care services and treatment modalities.

The graduate will be able to:

Assessment:

- PC.1 Systematically collect, analyze and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medico-legal principles.
- PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
- PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
- PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

Dental Hygiene Diagnosis:

- PC.5 Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient's dental hygiene care needs.

Planning:

- PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.
- PC. 7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.
- PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.
- PC.9 Obtain the patient's informed consent based on a thorough case presentation

Implementation:

- PC.10 Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health.
 - 10.1 Partner with the patient in achieving oral health goals.

Evaluation:

- PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.
- PC.12 Determine the outcomes of dental hygiene interventions using indices, instrument, examination techniques, and patient self-reports as specified in patient goals.
- PC.13 Compare actual outcomes to expected outcomes, re-evaluating goals, diagnoses, and services when expected outcomes are not achieved
 - 13.1 Evaluate patient satisfaction with the oral health care received and the oral health status achieved.

PROFESSIONAL GROWTH AND DEVELOPMENT (PGD): Communication, problem-solving, and critical thinking skills required to positively influence the dental hygiene profession and increase patients' access to the oral health care system.

The graduate will be able to:

- PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.
 - 1.1 Describe the six roles of the dental hygienist as defined by the American Dental Hygienists' Association.
- PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.
 - 2.1 Implement and gauge the effectiveness of a re-care system.
 - 2.2 Develop skills to enhance teamwork and efficiency in the dental office.
 - 2.3 Effectively manage business aspects of dental hygiene practice.
- PGD.3 Access professional and social networks to pursue professional goals.
 - 3.1 Identify the importance of professional organizations through participation in student professional organization.
 - 3.2 Develop mechanisms for professional networking.

Adopted by Faculty June 16, 2014

STUDENT NAME _____

DH3323 CLINICAL REQUIREMENTS SUMMARY		
DH1 SPRING		
CLINICAL COMPETENCIES	ACCEPTABLE CRITERIA	Reference PAGES
Sealant Competency	Student partner, treatment area must be diagnosed by DDS.	DHM: Clin. Op. Sec. I
Patient Specific Dental Hygiene Care Plan (PSDHCP) Competency	Case Study. Submitted in digital format.	DHM: Clin. Op. Sec. I
Polishing Competency	Clinic patient with minimum of 10 natural teeth free of crown and bridge (6 posterior & 4 anterior); minimum of 25% plaque index on day of exam on 10 selected teeth.	DHM: Clin. Op. Sec. I
Scaling I Competency	Clinic patient with minimum of: 10 surfaces of demonstrable calculus (preferably supra-gingival), must demonstrate on both anterior and posterior dentition.	DHM: Clin. Op. Sec. I
Transitional Dentition Competency	Using assigned intraoral photos/images chart presence or absence of each primary and permanent tooth in a mixed dentition.	DHM: Clin. Op. Sec. II
CLINICAL LAB EXERCISES		
Glucometer Lab	Student partner.	
Care of the Removable Lab	Materials provided.	
Alginate Impressions	Student partner: maxillary and mandibular alginate impressions.	DHM: Clin. Op. Sec. I
Diagnostic Casts	Student partner: maxillary and mandibular diagnostic casts.	DHM: Clin. Op. Sec. I

* Refer to Course Syllabus for Final Course Grade calculation guidelines

* Subject to change at Course Director's discretion. All changes will be communicated to students directly.

STUDENT NAME _____

DH4336 & DH4331 CLINICAL REQUIREMENTS SUMMARY

DH2 FALL

CLINICAL COMPETENCIES % of Final Course Grade		ACCEPTABLE CRITERIA	Reference PAGES	DATE COMPLETED	GRADE
20%	Total Technical Competency 08-22/23-18	Student partner. Skills assessed: <i>patient and operator positioning, grasp, fulcrum, and technique for; ODU 11/12, Sickle Scaler, Gracey Curette, Universal Curette.</i>	DHM: Clin. Op. Sec. II		
10%	Ultrasonic Scaling Competency 10-31-18	Clinic patient with demonstrative calculus. Skills assessed on one quadrant : <i>Unit preparation, pt. selection and preparation, instrumentation, and pt. management.</i>	DHM: Clin. Op. Sec. II		
30%	WREB Prep. I 12-07-18	Clinic patient, generalized calculus, minimum of 10 clicks SUB-GINGIVAL calculus in 1-2 quadrants.	DHM: Clin. Op. Sec. II		
10%	Transitional Dentition Competency 10-31-18	Using an assigned study model: chart presence or absence of each primary and permanent tooth in a mixed dentition.	DHM: Clin. Op. Sec. II		
20%	Patient Specific Dental Hygiene Care Plan (PSDHCP) Competency TBD per Pt. Assig.	Standardized written patient case; download PSDHCP form to complete assignment. Clinic Coordinator will provide detailed instructions for competency submission.	DHM: Clin. Op. Sec. II		
5%	Records Audit I 10-10-2018	Refer to Records Audit Document.			
5%	Records Audit II 11-28-2018	Refer to Records Audit Document.			
CLINICAL LAB EXERCISES					
1.	Alginate Impressions 12-07-18	Clinic patient or student partner: maxillary and mandibular alginate impressions.	DHM: Clin. Op. Sec. II		
2.	Diagnostic Casts 12-07-18	Clinic patient or student partner: maxillary and mandibular diagnostic casts.	DHM: Clin. Op. Sec. II		
3.	Air Polishing 12-07-18	Clinic patient or student partner: entire dentition.	DHM: Clin. Op. Sec. II		
4.	Local Anesthesia 10-11-18 AM	Student partner. Injections: IAN, PSA, MSA, ASA, I/O, Nasopalatine, Greater Palatine, Mental *Counts toward cumulative requirements for Local Anesthesia.	DHM: Clin. Op. Sec. II		
5.	Nitrous Oxide Sedation 12-13-18 AM	Student partner. Administer Nitrous Oxide sedation.	DHM: Clin. Op. Sec. II		

**Highlighted dates reflect required completion date of each competency.

* Refer to Course Syllabus for Final Course Grade calculation guidelines

* Subject to change at Course Director's discretion. All changes will be communicated to students directly.

STUDENT NAME _____

DH4446 & DH4341 CLINICAL REQUIREMENTS SUMMARY

DH2 SPRING

CLINICAL COMPETENCIES % of Final Course Grade		ACCEPTABLE CRITERIA	Reference PAGES	Date Completed	GRADE
30%	Calculus Detection Competency	Clinic patient, one quadrant with minimum of 10 clicks of calculus, at least 1 surface with ledge, ring, or heavy calculus	DHM: Clin. Op. Sec. II		
50%	WREB Prep. II	Clinic patient: minimum of 12 clicks SUB-GINGIVAL calculus in 1 quadrant (may add up to 4 additional teeth from any other quads), minimum of 3 surfaces must be on MOLARS, no more than 4 surfaces on mandibular anterior teeth, MUST have one molar contact. (Simulates WREB exam)	DHM: Clin. Op. Sec. II		
10%	Transitional Dentition Competency	Using assigned intraoral photos/images chart presence or absence of each primary and permanent tooth in a mixed dentition.	DHM: Clin. Op. Sec. II		
5%	Records Audit I	Refer to Records Audit Document.			
5%	Records Audit II	Refer to Records Audit Document.			
CLINICAL LAB EXERCISES					
	Alginate Impressions	Clinic patient or student partner: maxillary and mandibular alginate impressions	DHM: Clin. Op. Sec. II		
	Diagnostic Casts	Clinic patient or student partner: maxillary and mandibular diagnostic casts	DHM: Clin. Op. Sec. II		

* Refer to Course Syllabus for Final Course Grade calculation guidelines

* Subject to change at Course Director's discretion. All changes will be communicated to students directly.

CLINICAL PROGRAM REQUIREMENTS

**TOTAL REQUIRED BEFORE GRADUATION
(Cumulative from CDH II- CDH IV)**

Local Anesthesia	IAN	10
	PSA	5
	MSA	3
	ASA	3
	Infraorbital (IO)	3
	Nasopalatine	2
	Greater Palatine	2
	Mental Nerve Block	2
Prophylaxis Categories	Pediatric (<13 y/o)	4
	Adolescent (13-17 y/o)	2
Sealants		12
Re-Eval of NSPT		2
Radiographs	FMX	7
	Panoramic Survey	5

CDH II (DH 3323) DH1 Spring

Completed Prophylaxis or Perio Maintenance	8
Competencies	
Patient Specific Dental Hygiene Care Plan (PSDHCP)	
Polishing	
Scaling I	
Transitional Dentition	
Sealant (on clinical partner)	

CDH III (DH 4336 & 4331) DH2 Fall

Completed Prophylaxis or Perio Maintenance	10
Completed Quads Nonsurgical Perio Therapy	4
Desensitization	1
Impression/Study Cast	1
Air Polishing (on clinical partner)	1
Competencies	
Total Technical	
Ultrasonic Instrumentation	
WREB Prep. I	
PSDHCP	
Transitional Dentition	

CDH IV (DH 4446 & 4341) DH2 Spring

Completed Prophylaxis or Perio Maintenance	12
Completed Quads Nonsurgical Perio Therapy	4
Desensitization	1
Impression/Study Cast	1
Air Polishing (on clinic patient)	1
Competencies	
Calculus Detection	
WREB Prep. II	
Transitional Dentition	

P&P Section III- ADMINISTRATION

DH FACULTY AND STAFF

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Tuck, Tina	tina-tuck@ouhsc.edu
Wekenborg, Staci	staci-wekenborg@ouhsc.edu
Wood, Donna	donna-wood@ouhsc.edu

DENTAL HYGIENE FACULTY DISTANCE SITES

ARDMORE

Southern Oklahoma Technology Center
Dept of Dental Hygiene
2610 Sam Noble Parkway
Ardmore, Ok 73401
Office: (580) 224-8268

Christy McCullers, Site Coordinator
Mobile: (580)-504-9421
Office: (580) 224-8268
Carrie Harvey - Admin Secretary
Lindsey Hays - Clinical Instructor
Office: (580) 224-8278

Room Phone Numbers:

#C1(DHII Room) (580) 224-9861
#C2 (DHI Room) (580) 224-9863
Clinic: (580) 224-8285
Fax: (580) 223-4261

BARTLESVILLE

Tri County Technology Center
Dept Of Dental Hygiene
6101 S.E. Nowata Rd
Bartlesville, Ok 74006
(918) 331-3218

Lydia Snyder, Site Coordinator:
Mobile: (918) 277-6222
Office: (918) 331-3282
Admin Secretary - Jennifer Medina
Tammie Golden - Clinical Instructor
Abbie Gustafson - Clinical Instructor

Room Phone Numbers:

#326 (918) 331-3378
#107 (918) 331-3201
Fax: (918) 331-3499

WEATHERFORD

Western Technology Center
Dept Of Dental Hygiene
2605 E. Main
Weatherford, Ok 73096
(580) 774-0224 Ext 241

Tina Tuck, Site Coordinator
Mobile (580) 302-4246
Office: (580) 772-0294 Ext 243
Evelyn Tilson - Admin Secretary
Marla Holt - Clinical Instructor
Office: (580)772-0294

P&P Section IV- SCHEDULES

ACADEMIC CALENDAR, CLINIC SCHEDULE, CLASS SCHEDULE:

Faculty and student access online at

<https://dentistry.ouhsc.edu/Faculty,StaffandStudents/CurrentStudents.aspx>

**P&P Section V- ADHA CODE OF ETHICS, ATTENDANCE,
PROFESSIONALISM, INCLEMENT WEATHER**

ADHA BYLAWS & CODE OF ETHICS

ADHA Bylaws and Code of Ethics is available online at:
<http://www.adha.org/bylaws-ethics>

ATTENDANCE

GENERAL ATTENDANCE POLICY

BACKGROUND:

College of Dentistry students pursuing the Bachelor's Degree in Dental Hygiene are aspiring to a profession in which full participation in the learning environment is an essential component of lifelong learning and aligns with accreditation and licensing standards. Professional development dictates that students are expected to make their education program their highest priority. Attendance and participation are expected in all educational activities, and are required for all other sessions specified by the Course Directors.

Definitions: an absence is any instance when a student is not physically present at an activity. Students should not assume they are allowed any absences at their discretion or for their personal convenience.

A limited number of reasons justify being absent. These include, but are not limited to:

1. An illness, personal emergency or family tragedy.
2. Presentation or representation in a leadership capacity at regional or national professional meetings.
3. Access to health services and counseling. Students may be excused to attend necessary health care and counseling appointments. Students are strongly encouraged to make all such appointments during non-required activities, if possible.
4. Jury Duty.
5. Other reasons for an excused absence will be considered on a case-by-case basis.

POLICY -

1. Attendance is mandatory for all class and clinic activities, unless specifically advised otherwise by the course / clinic director.
2. Students are expected to arrive on time for all class and clinic activities.
3. Reporting:

- a. Requests for excused absences that are anticipated must be made in writing to:
 - the Course / Clinic Director for the courses and/or clinics to be missed
- b. Unanticipated absences (i.e. illness, injury, etc...) are to be reported prior to the scheduled class or clinic session **on the date the absence occurs**. Unanticipated absences are to be reported to:
 - the individual course directors
 - the Dental Hygiene Student Program Coordinator at 405-271-4435 or specific Site Coordinator
 - If patient care is to be delivered that day, then it is your responsibility to notify the patient **and** the Clinical and/or Site Coordinator

UNEXCUSED ABSENCE POLICY

BACKGROUND

In all cases the student is responsible for the material missed while absent. At the discretion of the Course/Clinic Director, the student may be required to provide documentation of the reason for the absence and may be required to complete supplementary assignments to make up for missed activities. The Course/Clinic Director is not required to provide repeat or make-up opportunities for missed assignments.

POLICY:

1. An unexcused absence or failure to report an absence as described above is considered unprofessional behavior and may be dealt with under appropriate College of Dentistry's professionalism policy (COD 3.15).
2. Absences in any course that exceed three days are a matter that requires consultation with the Dean for Student Affairs.
3. Student unexcused absences that are considered potentially excessive will trigger an automatic review by the Dean for Student Affairs and the College of Dentistry Professional Development Advisory Committee.

Source: OU COD Handbook Policy: 3.07; 3.08

STUDENT PROFESSIONALISM

Student Professional Behavior in an Academic Program

Ethical and professional behaviors are considered a core competency in an academic program and, thus are key factors in good academic standing. Upon acceptance of an offer of admission, the student commits to comply with all professional conduct regulations established by the University, respective college, and program.

Expectations of Academic and Professional Behavior

The University of Oklahoma College of Dentistry places a high regard on academic, ethical and professional responsibility in the learning environment. Hence, all members of the College community are expected to uphold high standards of ethical and professional responsibility and demonstrate behavior that is consistent with these principles in their academic, clinical and research activities.

As members of the learning community, students are expected to:

1. Maintain the highest standards of academic honesty without compromise.
2. Treat fellow students, faculty members, staff, patients, and all other persons associated with the College with dignity and respect. This respect extends to their person, their property and their points of view.
3. Respect and value the physical facility including the building, its equipment and supplies.
4. Uphold an atmosphere conducive to learning.
5. Conduct themselves professionally – in demeanor, use of language, and appearance while on the College premises, at College-sponsored activities, and at all other times when a student's conduct could adversely affect the College community and/or the pursuit of its objectives.
6. Abide by the policies and procedures as outlined by the College of Dentistry Student Handbook and the OUHSC Student Handbook.

PROGRESS CONCERNS REPORT

The College of Dentistry is charged with educating the dental and dental hygiene student in a manner that allows that student to matriculate into the profession of dentistry. However, academic and clinical situations can arise which brings into question the ethics, integrity, or abilities of the student. In such cases, a Progress Concerns Report will be filed by the attending faculty member. Depending upon the severity of the occurrence or lack of progression, the situation may be handled within the department in a manner that benefits the educational growth of the student. Such instances may, at the discretion of the department, warrant a reduction in grade or loss of procedural credit. Significant lapses in professional, clinical, or academic conduct will result in the PCR being filed with the Dean of Student Affairs. Outcomes in these situations will be consistent with published university policy (see OUHSC Faculty Handbook, Appendix C - Student Professional Behavior in an Academic Setting.)

Clinical Guidelines

*For general clinical guidelines, refer to the Clinic Operations Manual on the OU COD website. Students are responsible for following all applicable policies and procedures in the student handbooks and clinic manuals available on the OU COD website.

Source: OU COD Student Handbook: 3.14; 3.15

COLLEGE OF DENTISTRY DRESS CODE (PROFESSIONAL APPEARANCE POLICY)

(Source: OUCOD Clinic Operations Manual Sec. A)

DRESS REGULATIONS

Because patient care is delivered in the College of Dentistry throughout the year, it is important that all students, whether in clinic, pre-clinic, or classroom areas maintain a professional appearance at all times. Therefore, this policy is in effect from 7:30 a.m. to 5:30 p.m. Monday through Friday. (Source: OUCOD Student Handbook 2011-2012, “College of Dentistry Dress Code”)

General Appearance

All workforce members and students must comply with the following guidelines for professional appearance:

1. Hair should be clean and well groomed. When working with patients, hair must be kept secured away from face and front of over-gown and out of the field of operation so that it does not require handling during any dental procedure.
2. Men must be clean-shaven or beards and mustaches must be clean, neatly trimmed and well groomed.
3. Body hygiene is required so that offensive body odor is avoided.
4. Avoid strong perfumes, colognes or after-shaves.
5. Fingernails must be kept clean and well-manicured.
6. Fingernail polish must be free of any chips or wear.
7. Artificial nails are strictly forbidden.
8. Jewelry should be kept out of the field of operation, e.g. dangling earrings, necklaces, etc. Watches are acceptable if worn underneath sleeve of over-gown. Rings can be worn if smooth and do not compromise the glove’s integrity. No jewelry worn in facial body piercings except ear lobes.

Clinical Attire

Professional appearance should be maintained at all times by all students. Going to and from a clinic laboratory will require the appropriate clinic attire. Clinical Attire is the correct corresponding color of your class scrubs and these should be neat and clean in presentation during all of your clinical sessions.

All workforce members and students must comply with the following guidelines for clinic attire.

1. Clean, matching top and pant. Students must wear school-issued scrub tops and pants. Workforce members and students are responsible for laundering scrubs.
2. Solid color T-shirts or shirts can be worn under scrubs as long as they are tucked inside scrub pants.
3. Shoes must be clean, closed-toed, solid upper sole (no mesh or perforations), and rubber or leather-soled shoes are acceptable.
4. No outer garments are allowed in clinic (hats, sweatshirts, jackets). Clothing such as jeans, shorts, and open-toed sandals and bare ankles are not allowed in clinics.

Scrub tops and pants are required as general clinic attire; you are to wear the color assigned to your class. Scrubs are issued as part of your student kit; you are responsible for laundering them. A white short-sleeve tee shirt or a tee shirt matching the color of the scrub top may be worn under the scrub top provided no writing or design is visible and the shirt hem of the tee shirt is worn inside the scrub pants.

Shoes must be clean and in the judgment of the attending clinical faculty, appropriate for clinic. High-tops, clogs, sandals, and heels are expressly prohibited. To protect your family at home, these scrubs and shoes should not be worn as part of your normal dress.

If replacement scrubs are required, they must be purchased from the current assigned vendor (information in the office of Student Affairs) and be identical to the original issued scrubs in both manufacturer and color. They must also be monogrammed with the student's name above the pocket.

You must wear a long-sleeve protective gown (provided in each clinic) for procedures where spray with blood or saliva is likely. **Gowns may not be worn outside the patient treatment area!**

***No** food, drink, chewing gum, application of cosmetics, placing/removing contact lenses, brushing teeth in the clinic area.

Violations of this policy will be handled in the following manner:

First offense: verbal/written warning ('A' on clinic eval form)

Second offense: 'N' on clinic eval form

Third offense: Professional Concerns Report/Dismissal from clinic

DENTAL HYGIENE PROGRAM INCLEMENT WEATHER PROCEDURES

Since many dental hygiene students and faculty commute from different locations and for various distances, there has been a considerable degree of confusion expressed about what to do when the weather is snowy and/or icy and one or more sites close or are delayed.

Weather conditions have varying impact on regions of the state and occasionally one or more sites may be OFFICIALLY closed. It is the student's responsibility to determine whether his or her campus is officially closed, has altered hours of operation, or will meet for classes or clinics even if other sites are closed. ALL STUDENTS should:

Verify whether your site is officially closed (see below).

Check email and D2L sites for information from specific course directors regarding classes.

Course directors may choose to hold class for those students whose sites are open and post a recording, cancel class, alter hours, or post an assignment.

If your site is open and others are closed, confirm whether clinic will be held at your site even if classes are cancelled.

Carry the phone numbers of your rotations and patients with you. In the event the campus closes or clinic start time is delayed, you must contact your patients with the information.

Official closing notification:

HSC Students: Check the OUHSC website at ouhsc.edu for a weather announcement posted on the home page. You can additionally call the Weather Line at 405-271-6499.

TCTC Students: If the College closes or cancels classes due to weather conditions, Ms. Snyder will call the class presidents and email TCTC students. If TCTC is open, clinic may be held even if other sites are closed; students will be notified.

SOTC Students: Students will be notified of closures or delays by text, phone call, and/or email. If SOTC is open, clinic may be held even if other sites are closed; students will be notified.

WTC Students: Students will be notified of closures or delays by text, phone call, and/or email. WTC may hold clinic if the Weatherford campus is open, even if OU or the main campus in Burns Flat is closed; students will be notified.

Our greatest concern is for safety; therefore, each individual should use his or her best judgment as to whether it is safe to travel based upon individual circumstances that exist. We expect that all concerned are responsible and professional and that they will be cognizant of the problems that may ensue due to an absence. Therefore, if class, clinic, and/or rotation is being held as scheduled, but you feel that it is not safe for you to travel, you MUST:

Class: contact your course director(s), site coordinator, and the Departmental Student Program Coordinator.

Clinic or Rotation: contact the clinical or site coordinator, your patient, AND the rotation site.

P&P Section VI- ONSITE PROVISION OF SERVICES K-12, FERPA, D2L

ON-SITE PROVISION OF SERVICES AT K – 12 SCHOOLS POLICY

Application of Policy

This policy applies to all employees, residents and students of the University of Oklahoma Health Sciences Center and OU-Tulsa who provide University sponsored services on K – 12 school premises. Faculty, staff, or students who volunteer to perform services unrelated to the business of the University to support humanitarian, charitable, or public service activities are not subject to this policy; but are subject to any policies and procedures regarding background checks established by the organization where they volunteer to provide services.

Purpose

Oklahoma state law prohibits entities that contract with or provide services to school districts from allowing any person to provide services on school premises if the person has been convicted of any sex offense, subject to the Oklahoma Sex Offenders Registration Act (or similar state or federal law), or any felony offense, within the past ten years. The entity providing services is legally responsible for compliance with this law.

This policy is intended to ensure the state law requirements for persons providing services on K-12 school premises are met, and the University provided on-site services meet their commitments.

Statement of General Policy

It is the policy of the University of Oklahoma Health Sciences Center and OU-Tulsa that all employees, residents and students who provide on-site services on K – 12 school premises complete the University of Oklahoma Declaration Regarding Prohibition of Sex Offenders and Convicted Felons on School Premises form and have this background information verified prior to and as a condition of providing on-site services to schools. Faculty, staff, or students who volunteer to perform services unrelated to the business of the University to support humanitarian, charitable, or public service activities are not subject to this policy, but are subject to any policies and procedures regarding background checks established by the organization where they volunteer to provide services.

This policy applies to all employees, residents and students who provide any University sponsored on-site services to K – 12 schools. Individuals subject to this policy must notify Human Resources and their department if there is any change in their status regarding criminal or violent offender registry.

Declining to submit the declaration is grounds for not selecting or allowing an individual to participate in the services. Discovery of violations of University policies shall be handled in accordance with paragraph C, Sanctions for Violation.

Appropriate action will be taken by the department in consultation with the applicable campus Human Resources office.

University of Oklahoma Health Sciences Center Human Resources September 1, 2006

FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT)

Access FERPA online at any time:

<http://admissions.ouhsc.edu/FERPA.aspx>

Instructions for Students

How to Access Desire2Learn:

Enter the D2L site at <https://learn.ouhsc.edu/>

Sign-on using **campus username and password**

Click on the course that you wish to enter

P&P Section VII- BOARD EXAMS

DENTAL HYGIENE BOARD EXAMS

NATIONAL BOARD DENTAL HYGIENE EXAM (NBDHE)

211 East Chicago Ave Chicago, IL 60611-2678 www.ADA.org
800-232-1694

Date: Must be scheduled during spring semester (not before spring break) at Pearson VUE Testing Center. This must be scheduled between the first day of spring break or prior to the last day of class in May, and cannot interfere with any class or clinic sessions

Application process online, after January 1.

Requires 2 passport photos

CENTRAL REGIONAL DENTAL TESTING SERVICE (CRDTS)

1725 SW Gage Blvd.

Topeka, KS 66604

(785) 273-0380

(800) 370-0380

Email: info@crdts.org ; Kim@crdts.org

www.crdts.org

WESTERN REGIONAL BOARD EXAM (WREB)

9201 N. 25th Ave. Suite 185

Phoenix, AZ 85201

(602) 944-3315

Fax (602) 371-8131

Email: hygieneinfo@wreb.org

www.wreb.org

Application process online after January 1 *Must submit verification from COD

Requires 2 passport photos

Results available usually 2-3 weeks

OKLAHOMA BOARD OF DENTISTRY JURISPRUDENCE EXAM FOR STATE LICENSURE

201 NE 38th Ter., #2

Oklahoma City, Ok 73105

(405) 524-9037

www.state.ok.us/dentist/

Date: 3rd – 4th week of April

Application process: form available 1st of March

Requires physical exam

Requires passport photo

Must be notarized

P&P Section VIII- STUDENT ORGANIZATIONS

DENTAL HYGIENE CLASS OFFICERS

ELECTION AND DUTIES

ELECTION PROCESS

- The faculty advisor at each site will collect nominations, call, and preside over a class meeting for the purpose of electing officers.
- Candidates for each office will be given two minutes to speak to their colleagues.
- Students will vote by secret ballot.
- Votes will be counted by the site faculty advisor.

CLASS OFFICER JOB DESCRIPTIONS/DUTIES

PRESIDENT will: 1 AT EACH SITE

- Call and preside over meetings of the Site Class.
- Assume responsibility for representing the Site Class and act as spokesperson for the Site Class when indicated.
- Act as liaison between Dental Hygiene Program Director, Site Coordinators, and the Class.
- Be responsible for informing DH Program Director of Class activities, events, and functions.
- Coordinate functions and schedule locations of events for the Class with the Dental Hygiene Program, Dean's office, and various COD departments as necessary.
- Attend DHII Graduation and serve as DHI student marshals (May).
- Attend DHI Summer Orientation to welcome the new DHI Class (June).
- Attend White Coat Ceremony and serve as DHII student marshals (August).
- Serve as member of the Class Executive Council.

VICE-PRESIDENT will: 1 AT EACH SITE

- Assume duties of the President in case of absence.
- Assist the President in organization of class functions.
- Carry out other duties assigned by the President.
- Serve as member of the Class Executive Council.

SECRETARY/ TREASURER will: 1 AT EACH SITE

- Collect and deposit individual site class funds.
- Maintain an accounting system for individual class funds.
- Work with COD Accounting Department to monitor class funds derived from the Student Activity Fee.
- Record minutes from class meetings.
- Disburse funds on behalf of the class.
- Serve as member of the Class Executive Council.

DH Class Executive Council will consist of:

- Site Presidents
- Site Vice Presidents
- Site Secretary/Treasurer

Duties:

- Plan and coordinate class activities, events, and social functions (in collaboration with DH I and DH II Executive Councils from individual sites or jointly with all sites if indicated).
- Delegate class members to arrange facility, time, invitations, food, beverages, and clean up.

DH I STUDENT COUNCIL REPRESENTATIVES (2) *MUST BE OKC SITE STUDENTS AS MEETINGS OCCUR AT COD

- Represent the DH I Class from all sites on the Student Council (STUCO).
- Attend monthly STUCO meetings.
- Volunteer as appropriate in activities organized by STUCO.
- Keep classmates informed about the activities of STUCO and promote participation in its activities.

STAPLES SOCIETY REPRESENTATIVE (2): *MUST BE OKC SITE STUDENT AS MEETINGS OCCUR AT COD

- Attend and participate in Staples Society meetings.
- Participate as appropriate in the various activities and fundraisers of the Society.
- Keep classmates informed about activities of the Society and promote participation in Society activities.

YEAR BOOK COMMITTEE will: 1 AT EACH SITE

- Responsible for collecting pictures and other information about the class for publication in the yearbook.
- Coordinate items, photos, etc. from class to be included in the COD yearbook.

SADHA OFFICERS:

TERM OF OFFICE

- SADHA Student Officers will be elected fall semester junior year and will continue these elected positions through the senior year.

ELECTION PROCESS

- The faculty advisor at each site will collect nominations, call, and preside over a class meeting for the purpose of electing officers.
- Candidates for each office will be given two minutes to speak to their colleagues.
- Students will vote by secret ballot.
- Votes will be counted by the site faculty advisor.

CLASS OFFICER JOB DESCRIPTIONS/DUTIES

- See SADHA Bylaws & Constitution

ALL DENTAL HYGIENE STUDENTS RESPONSIBILITIES

DH I ALL STUDENT RESPONSIBILITIES

- Fundraising
- DHII Sendoff
- Assist DHIIIs with WREB backup patient pool

DH II ALL STUDENT RESPONSIBILITIES

- New Class Welcome during fall orientation
- Fundraising
- Coordinate with classmates to ensure WREB Backup patient pool

*CONSTITUTION OF THE UNIVERSITY OF OKLAHOMA STUDENT MEMBER ORGANIZATION
OF THE AMERICAN DENTAL HYGIENISTS' ASSOCIATION*

ARTICLE I – NAME

The name of this organization shall be the University of Oklahoma Student Member Organization of the American Dental Hygienists' Association, hereafter referred to as "the Organization" or this Organization.

ARTICLE II – OBJECTIVES

The objectives of this Organization shall be to cultivate, promote, and sustain the art and science of dental hygiene, to represent and safeguard the common interest of the members of the dental hygiene profession, and to contribute toward the improvement of the oral health of the public.

ARTICLE III – ORGANIZATION

The membership of this Organization shall consist of an unlimited number of dental hygiene students who are attending the accredited program of dental hygiene at the University of Oklahoma College of Dentistry.

ARTICLE IV – OFFICERS

The elective officers of this Organization shall be President, Vice-President, Secretary/Treasurer, Legislative Chairperson and Site Chairpersons.

ARTICLE V -- MEETINGS

Meetings shall be held as deemed necessary by the Faculty Advisors and the Officers who shall determine the date, time, and place.

ARTICLE VI – CODE OF ETHICS

The Code of Ethics of the American Dental Hygienists' Association shall govern the professional conduct of all members.

ARTICLE VII – AMENDMENTS

This Constitution may be amended by a **two-thirds** (2/3) affirmative vote of the membership provided that the proposed amendments or revisions shall have been presented in writing to the Executive Council (Chair of the Dental Hygiene Department and Officers) and Faculty Advisor(s) seven days prior to the voting.

BYLAWS OF THE UNIVERSITY OF OKLAHOMA
STUDENT AMERICAN DENTAL HYGIENISTS' ASSOCIATION

CHAPTER I – MEMBERSHIP

Section I – Classification. The membership of the University of Oklahoma Student American Dental Hygienists' Association shall be classified as Active Membership.

Section II – Qualifications. The active members shall be dental hygiene students enrolled in University of Oklahoma, College of Dentistry, who are of good moral character, who possess a satisfactory scholastic standing, and who are Student Members of the American Dental Hygienists' Association.

Section III – Privileges. Members shall be entitled to an annual membership card, a subscription to *Journal of Dental Hygiene*, the *Access* news magazine, admission to any scientific session of the Association at the current student rate, and such other services provided by the American Dental Hygienists' Association or the Oklahoma Dental Hygienists' Association for the benefit of student members.

CHAPTER II – OFFICERS

Section I – Number and Title. The officers of the University of Oklahoma Student Member Organization shall be President, Vice-President, Secretary/Treasurer, Legislative Chairperson and Site Chairpersons. The President shall be elected from the lead site and one Site Chairperson shall be elected at each of the three remaining sites. The Vice-President, Secretary/Treasurer and Legislative Chairperson shall be elected from any site.

Section II – Qualifications. Any active DHI class student member who maintains a minimum GPA of 3.0 and is a member the Organization may be elected to serve as President-Elect, Vice President-Elect, Secretary/Treasurer-Elect, Legislative Chairperson-Elect or Site Chairpersons-Elect.

Section III – Nominations and Elections. President-Elect, Vice President-Elect, Secretary/Treasurer-Elect, Legislative Chair-Elect and Site Chairpersons-Elect officers are elected during the Fall semester of their junior year by floor nominations and class vote. The candidate receiving the majority of votes cast for each office shall be declared elected.

Section IV – Tenure of Office. The President-Elect, Vice President-Elect, Secretary/Treasurer-Elect, Legislative Chair-Elect and Site Chairpersons-Elect will serve until the completion of their junior year, at which time they will automatically advance without election to the offices of President, Vice President, Secretary/Treasurer, Legislative Chairperson and Site Chairperson, respectfully

Section V – Vacancies. In the event of a vacancy in one of the offices, the Executive Council (Chair of the Dental Hygiene Department and Officers) and Faculty Advisor(s) shall consider all factors which govern the situation and shall determine the course of action.

Section VI – Duties

- A. **President.** The duties of the President shall be:
1. To set the date, time, and place of all meetings.
 2. To preside at all meetings.
 3. To call special meetings.
 4. To appoint members of all committees.
 5. To perform such other duties as may be expected of the President or as may be provided in these bylaws.
 6. To maintain communications with the Oklahoma Dental Hygienists' Association and the American Dental Hygienists' Association.
 7. Organize fundraising booth for ODHA Annual Session.
- B. **Vice President.** The duties of the Vice-President shall be:
1. To preside at all meetings in the absence of the President.
 2. To assist the President as he/she deems necessary.
 3. In the event that the President's term of office is terminated, the Vice President will preside as President for the duration of the President's term of office.
 4. To assist the Site Chairpersons in organizing the All Sites Community Service Project.
- C. **Secretary/Treasurer.** The duties of the Secretary/Treasurer shall be:
1. To announce all meeting information in advance to the membership.
 2. To serve as secretary for all meetings and submit minutes of each meeting to the Advisor.
 3. To prepare correspondence.
 4. To collect and preserve data relative to the history of the Organization.
 5. To submit news of the Organization to the school publications, and to the publications of the American Dental Hygienists' Association and Oklahoma Dental Hygienists' Association.
 6. To distribute tickets for ODHA fundraiser
 7. Collect and account for all funds raised during ODHA fundraiser
- D. **Legislative Chairperson.** The duties of Legislative Chairperson shall be:
1. To organize student appointments with Senators and Representatives for ODHA Legislative Day.
- E. **OKC Site Chairpersons.** The duties of OKC Site Chairpersons shall be:
1. Reserve rooms for OKC SADHA All Sites Meetings
 2. Assist with organizing and distributing of welcome bags for DH1 Fall Orientation
 3. Organize Fall Community Service Project
 4. Assist Vice-President as needed in organization of Spring All-Sites Community Service Project
 5. Assist officers with any other fundraising during calendar year

- F. **Bartlesville Site Chairpersons.** The duties of Bartlesville Site Chairpersons shall be:
1. Assist with organizing and distributing of welcome bags for DH1 Fall Orientation
 2. Organize Fall Community Service Project
 3. Assist Vice-President as needed in organization of Spring All-Sites Community Service Project
 4. Assist officers with any other fundraising during calendar year
- G. **Ardmore Site Chairpersons.** The duties of Ardmore Site Chairperson shall be:
1. Assist with organizing and distributing of welcome bags for DH1 Fall Orientation
 2. Organize Fall Community Service Project
 3. Assist Vice-President as needed in organization of Spring All-Sites Community Service Project
 4. Assist officers with any other fundraising during calendar year
- H. **Weatherford Site Chairpersons.** The duties of Weatherford Site Chairperson shall be:
1. Assist with organizing and distributing of welcome bags for DH1 Fall Orientation
 2. Organize Fall Community Service Project
 3. Assist Vice-President as needed in organization of Spring All-Sites Community Service Project
 4. Assist officers with any other fundraising during calendar year
- I. **President-Elect.**
1. This officer shall advance to the office of President, without election, at the completion of the current President's term.
- J. **Vice President-Elect.**
1. This officer shall advance to the office of Vice President, without election, at the completion of the current Vice President's term.
- K. **Secretary/Treasurer-Elect.**
1. This officer shall advance to the office of Secretary/Treasurer, without election, at the completion of the current Secretary/Treasurer's term.
- L. **Legislative Chairperson-Elect.**
- a. This officer shall advance to the office of Legislative Chairperson, without election, at the completion of the current Legislative Chairperson's term.
- M. **Site Chairpersons-Elect**
- a. This officer shall advance to the office of Site Chairperson, without election, at the completion of the current Site Chairperson's term.

CHAPTER III – MEETINGS

Section I – Regular Meetings. Meetings shall be held as deemed necessary by the Faculty Advisors and Officers.

Section II – Special Meetings. Special meetings may be held with one-week notice to the members.

Section III – Quorum. 1/2 of the active members of the Organization shall constitute a quorum for the transaction of business.

Section IV – Order of Business. Unless changed by a quorum affirmative vote, the order of business at each meeting shall be:

- a. Call to Order
- b. Advisor’s Report
- c. Unfinished Business
- d. New Business
- e. Programs
- f. Adjournment

CHAPTER IV – ACTIVITIES

The Faculty Advisors and Officers shall determine the focus of activities. Proper protocol would then consist of presentation of ideas to the general membership for their discussion and approval through a majority vote.

CHAPTER V – COMMITTEES

1. The Presidents shall appoint members.
2. Committees shall prepare goals.
3. Meetings on a semi-regular basis are recommended.
4. Committee activities should be presented to the general membership for their input, support, and approval.

CHAPTER VI – FINANCES

Section I – Membership Dues. Each member shall submit dues with the online membership application. Individual site dues will be determined and collected for the expenditures of the University of Oklahoma component at each site.

CHAPTER VII – PARLIAMENTARY AUTHORITY

Robert’s Rule of Order Newly Revised shall govern all meetings of this Organization in all cases to which they are applicable and in which they are not inconsistent with these bylaws.

CHAPTER VIII – AMENDMENTS

These bylaws may be amended upon two-thirds (2/3) affirmative vote of the members present and voting provided that written notice has been given to the members seven days prior to voting.

P&P Section IX- REMEDIATION & MENTORING

CLINICAL REMEDIATION PROTOCOL

If student scores less than 75% on clinical competencies, the student must self-assess errors and undergo remediation with the assigned faculty mentor. The student must retake the competency until a score of 75% is achieved. The initial grade will stand.

PROTOCOL for remediation of other clinical skills:

DHI STUDENT

1. **After 1 N** in any category on the Clinical Evaluation Form:
 - **1 point** will be deducted from the clinical course grade.
 - Remediation is required with faculty mentor.
2. Student must complete a self-assessment of the error prior to meeting with faculty mentor, using the Remediation Self-Assessment Worksheet.
3. Mentor will give prescriptive feedback, using the Remediation Contract.

DHI STUDENT (Fall Semester)

1. **After 1 N** in any category on the Clinical Evaluation Form:
 - **1 point** will be deducted from the clinical course grade.
 - Remediation is required with faculty mentor.
2. Student must do a self-assessment of the error prior to meeting with faculty mentor, using the Remediation Self-Assessment Worksheet.
3. Mentor will give prescriptive feedback, using the Remediation Contract.

DHI STUDENT (Spring Semester)

1. **After 1 N** in any category on the Clinical Evaluation Form:
 - **2 points** will be deducted from the clinical course grade.
 - Remediation is required with faculty mentor.
2. Student must do a self-assessment of the error prior to meeting with faculty mentor, using the Remediation Self-Assessment Worksheet.
3. Mentor will give prescriptive feedback, using the Remediation Contract.

PATIENT CARE REMEDIATION AGREEMENT

I, _____ have agreed to participate in one-on-one remediation for the _____ clinical course. I understand that I have not progressed with the development of my patient care skills for the level that is expected at this time in the dental hygiene curriculum, and that I am not performing these skills at a level that is required to successfully complete the course. I also understand that there is no guarantee that my dental hygiene mentor can bring my skills to the required level of performance through remediation sessions.

I agree to meet on the following date(s) with my faculty mentor for one-on-one instruction.

I understand that prior to meeting with my mentor I will self-assess my skill deficiency/deficiencies on the self-assessment worksheet. I will be evaluated on my self-assessment and ability to correct deficiencies during the remediation session(s). My dental hygiene faculty mentor will provide verbal and written feedback on my progress.

I understand that I am the only person who can assure my success in learning and retaining the skill level necessary for competent patient care.

Student

Date

Clinical Instructor Identifying Deficiency

Date

Remediation Mentor

Date

REMEDIATION SELF-ASSESSMENT WORKSHEET

Student Name _____

Date _____

Clinical Instructor: _____

Error	Self-assessment of Error	Correction Method

Remediation Date _____

Remediation Mentor _____

FACULTY COMMENTS:

MENTORING

Faculty Role

Provide students with guidance in:

- *Professional development
- *Academic and clinical concerns (Ex: monitoring of grades and clinical skills/tracking progress)
- *Ethical issues
- *Grade Patient Management through the Records Audit Form

Students Role

- *Maintain regular communication with his or her assigned Faculty Advisor
- *Preparing in advance for Faculty Advisor/Mentor Meetings by:
 - setting daily and weekly goals for program progression
 - assessing attainment of goals
 - identifying challenges to achieving goals
 - monitoring grades and clinical tracking
 - filling out Records Audit Self-Assessment Form prior to meeting

Goals of Meetings

- *Attain and maintain regular communication between students and faculty
- *Provide guidance in areas of clinical skills, or those needing attention or development (refer to clinical evaluation forms "A" or "N")
- *Provide remediation as stated in the Clinical Remediation Protocol

Meeting requirements

- *Students will be assigned a Faculty Advisor/Mentor
- *Mandatory face to face meetings will be scheduled twice per semester
- *Meeting length will average 30 minutes-1 hour depending on need
- *Advisors/Mentors will advise Clinic Coordinator and/or Program Director of any deficiencies or concerns noted in meeting

NOTE: Email will not be utilized for the mentoring session.

STUDENT/FACULTY MENTOR MEETING CHECKLIST

Topics to review at mentoring session:

Positive outcomes or deficiencies* related to:

Professional Development Ex: appearance, attitude, preparedness

Notes:

Academic Performance Ex: progression, achievement goals/outcomes

Notes:

Clinical Performance Ex: progression, achievement goals/outcomes

Notes:

Student Signature _____

Faculty Signature _____

*Attach Copy of Records Audit Self-Assessment and/or Graded Record Audit

COLLABORATING WITH YOUR DENTAL HYGIENE FACULTY MENTOR

Students are assigned to a different faculty mentor each semester. You will work with this individual and seek her counsel for any academic or clinical questions you may have. If there is an extenuating circumstance and the student's faculty mentor is unable to fulfill her role due to an extended absence, the student will be notified about which faculty member will serve as the substitute mentor during that time.

These mentor meetings are prescheduled, so everyone will have time to be well prepared for each encounter. You should be organized for each mentor meeting by reviewing course requirements/clinical tracking, your progress toward them, and progress toward your goals before your appointment. Bring your clinical tracking document/folder with you. These items should be kept in your locker and never taken home, due to the PHI they contain.

Be sure you understand all policies and requirements. It is the student's responsibility to understand the course requirements for your major, the graduation requirements for your college, and academic rules and policies for your college. Read the college handbooks and catalog information for the rules that apply to your program. If you do not understand them, ask your faculty mentor for clarification. Rules and requirements vary from course to course, and it is your responsibility to know what those are for each course.

Keep your mentor informed about your program experiences. Your faculty mentor needs to know about your extracurricular activities, interests, and responsibilities. Through these experiences, you will develop and demonstrate other important qualities such as leadership, initiative, creativity, commitment, judgment, and interpersonal skills. With some understanding of your extracurricular life and individual experiences, your faculty mentor will be better able to help guide you.

Be proactive and contact your faculty mentor within a few days when:

- You are having trouble in a course.
- How can you get extra help?
- How can you improve your approach?
- Illness, family issues, or personal problems prevent you from concentrating on your classes.
- Who on campus can assist you?
- You feel so overwhelmed by program/course load and other commitments (Ex: family).
- Is there anyone who can help you deal with this stress?
- Shy about talking to your faculty mentor? *They want to get to know you and want you to get to know them!*
- You are so worried about your grades that you are not performing/learning at your best.
- How can I deal with self-imposed pressure or pressure from external sources?

Summary of Mentor meetings:

- Provides a very important service throughout your OU Dental Hygiene program
- Each assigned mentor meets with you at least once each semester
- Follows your progress toward degree/licensure requirements
- Helps you think about individualized academic opportunities
- Gives you guidance if special issues or problems arise related to academics/clinical skills
- Knows you well enough to serve as a reference

Student Signature _____

Date _____

P&P Section X- OKC SITE CLINICAL ROTATIONS DHI

OUCOD OKC SITE CLINICAL ROTATIONS

Clinic Assistant for DH2s
Radiology
Central Sterilization
Observe at Good Shepherd Mission
Observe at Crossings Community Clinic

CLINICAL REQUIREMENTS

The Dental Hygiene Clinic Manual contains the goals, requirements and protocol for each rotation site. Students are advised to consult this manual prior to attending each rotation. Orientation to the rotations will be scheduled at the beginning of the semester prior to students' attendance in the rotation.

Dental Hygiene Program

CLINICAL ASSISTANT ROTATION

GOAL:

To provide the student with the opportunity to apply the didactic principles and clinical skills learned in Clinical Dental Hygiene I in assisting DHII students.

REQUIREMENTS:

Attend scheduled Green Clinic and Comprehensive Care DHII clinic rotations as listed on the Clinic Rotation Schedule.

Dress in appropriate clinic attire and bring safety glasses.

You will assist a DHII dental hygiene student during the assessment and treatment of a patient. Principles of four-handed dentistry are to be followed during assisting. You will also assist with axiUm/digital charting.

Assist in care, sterilization and disinfection of instruments and equipment.

PROTOCOL:

Students are to report to DH Faculty in the assigned Green Clinic (on the 4th floor of the COD) or Comprehensive Care clinic (on the 3rd floor of the COD) 10 minutes prior to the beginning of clinic session and present a Rotation Report Form. DH Faculty will instruct the student as to his/her specific duties for the clinic session.

The dental hygiene student is expected to be present during the entire clinic session.

RADIOLOGY

GOAL:

To provide the dental hygiene student with experiences that will develop proficiency in intraoral radiographic technique, patient management, radiation protection, infection control, quality evaluation, and diagnostic analysis. Students will be familiarized with panoramic and extraoral technique, darkroom care, film processor maintenance, and radiographic duplication.

REQUIREMENTS:

Attend scheduled Oral Radiology Clinic sessions as assigned.

Complete radiographic procedures as directed during rotations.

PROTOCOL:

Report to the Radiographic Technicians in the Oral Radiology Clinic for room assignment.

Prepare the cubical and x-ray unit.

Comply with "Radiation Use Policy" upheld by the University of Oklahoma College of Dentistry.

Expose and process films in compliance with The University of Oklahoma College of Dentistry Infection Control Policy.

Evaluate radiographic quality, document this evaluation and determine the number and type of retake radiographs necessary with the agreement of the teaching faculty.

OBSERVATION

GOAL:

To provide the student with the opportunity to observe DHII students providing dental hygiene services to the community.

REQUIREMENTS:

Dress in appropriate clinic attire and bring your safety glasses. Bring all necessary forms.

❖ GOOD SHEPHERD MISSION

The Mission Clinics-Good Shepherd Ministries, OKC, Inc.
1201 North Robinson Ave Street (12th & Robinson)
Oklahoma City, Ok 73103 (405) 232-8631

PROTOCOL

Students should report to The Good Shepherd Mission no later than **8:30 am** for 9:00 a.m. Tuesday/Wednesday clinic and 12:30 for 1:00 p.m. Wednesday clinic.

Students will be required to observe DHII students during the scheduled clinic session.

DIRECTIONS TO GOOD SHEPHERD MISSION From OUCOD:

West on 13th Street to N. Robinson Ave.

LEFT on N. Robinson

The Clinic will be one block South on corner of NW 12th St. and N. Robinson

❖ CROSSINGS COMMUNITY CLINIC

DENTAL CLINIC

10255 N Pennsylvania Ave

The Village, OK 73120 (405) 749-0800

PROTOCOL

Students should report to The Crossings Community Center at 8:30 a.m.

Students will be required to observe DHII students during the scheduled clinic session.

OUCOD OKC SITE CLINICAL ROTATIONS- DHII

**Clinic Assistant
Crossings Community Clinic
Good Shepherd Mission
Implantology
Teaching Assistant in DHI
Central Sterilization
Green Clinic**

**Pediatric Dentistry
Radiology
Comprehensive Care
Graduate Periodontics
Children's Hospital
Oral Surgery**

CLINICAL REQUIREMENTS

1. Students will provide dental hygiene services to patients during the fall semester at above named clinical rotations. In each of these rotations, students will be under the direct supervision of dental, dental hygiene faculty and /or staff.
2. The Dental Hygiene Clinic Manual contains the goals, requirements, and protocol for each rotation site. Students are advised to consult this manual prior to attending each rotation. Orientation to the rotations will be scheduled at the beginning of the semester prior to students' attendance in the rotation.
3. Student use of local anesthesia and nitrous oxide analgesia is **prohibited** until notification by the course director that the student has attained a passing grade in the didactic and clinical exams for the use of local anesthesia and nitrous oxide analgesia.

CLINICAL ASSISTANT ROTATION

GOALS

To allow students the opportunity to assist other DH Students with patient care, learn efficient maintenance of the clinic, and complete required Competency Exams and Clinical Exercises as assigned.

REQUIREMENTS:

Student will:

1. Demonstrate professionalism by arriving to clinic on time (15 minutes before clinic begins) and wearing appropriate clinic attire to facilitate clinic preparation for patient treatment.
2. Remain on duty until the close of the clinic period when all students and patients have left the clinic area.
3. Seek new learning opportunities by actively assisting students and faculty with procedures including (but not limited to) chart documentation and chair side assisting, following principles of 4-handed dentistry.
4. Work only on projects that involve these duties. Studying, phone calls, patient scheduling, and other projects are to be done outside of this time.

DUTIES:

1. Chair side assisting
2. Stock DH Clinic Forms (All assigned Clinical Assistants will be held responsible for this task).
 - a. Sign DH Clinic Form Log
 - b. Make copies as needed in 5th Floor DH Office area
 - c. Notify Clinic Coordinator if NCR forms (duplicate forms with white/yellow copies) are needed.
3. Stock Clinic supplies as needed, including: paper towels, gloves, masks, disposable items, patient educational information brochures and pamphlets, oral hygiene supplies, etc. Ask clinic dispensary personnel for guidance when necessary.
4. Complete Competency Exams and Clinical Exercises as directed by Clinic Coordinator
may include:
 - a. **Transitional Dentition Competency**
 - b. Calculus Detection Exercise
 - c. Alginate Impressions and Diagnostic Casts
 - d. Air Polishing
 - e. Local Anesthesia

REPORTING:

All Clinic Assistants must turn in completed and signed Clinic Evaluation Form.

CROSSINGS COMMUNITY CLINIC
DENTAL CLINIC
10255 N Pennsylvania Ave, The Village, OK 73120
(405) 749-0800
Ms. Carolyn Hinckle, R.D.H., Professor

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from Clinical Dental Hygiene and Dental Hygiene Process of Care to providing dental hygiene services to adults from the community.

REQUIREMENTS

Dress in appropriate clinic attire and bring your safety glasses/loupes.

Bring all necessary forms.

Petite syringe if needed

Bring 2 sterilized instrument kits and ultrasonic inserts

PROTOCOL

Students should report to The Crossings Community Center **30 minutes prior** to first scheduled appointment at 8:30 a.m. **(8:00 a.m.)**

Students will be required to provide the following services for adult patients during the scheduled clinic session:

1. Assess and/or update the medical history
2. Charting as needed
3. Patient education and oral hygiene instruction.
4. Prophylaxis, Periodontal Maintenance, or NSPT (non-surgical periodontal therapy; scaling & root planing) fluoride treatment, chemotherapeutics and desensitization as needed.
5. Expose and process radiographs as indicated by dental faculty.
6. Administer local anesthesia as needed, following successful completion of DH 4472 Anxiety and Pain Control.

A Clinical Evaluation Form must be signed by supervising faculty and turned in by Friday of the week of the rotation for credit.

GOOD SHEPHERD MISSION

The Mission Clinics-Good Shepherd Ministries, OKC, Inc.

222 NW 12th Street (12th and Robinson)

Oklahoma City, OK 73103 (405) 232-8631

Dr. Jeanie Bath, D.D.S.- Dental Clinic Director

Kathy Rogers, R.D.H. Clinical Assistant Professor

(405) 271-5579 ext 46525

(405) 410-6367 (M)

www.goodshepherdokc.org

GOAL: To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from Developmental Dentistry and Clinical Dental Hygiene to provide dental hygiene services to the community.

REQUIREMENTS

Dress in appropriate clinic attire and bring your safety glasses/loupes.

Bring all necessary forms. (Clinic Evaluation, Local Anesthesia form, Rotation Form, Competency form.)

Ultrasonic units will be provided at GSM.

Bring C kit and either A or B kit, (two kits needed), hand piece, and ultrasonic inserts.

PROTOCOL

Students should report to The Good Shepherd Mission no later than **8:30 am** for 9:00 a.m. Tuesday/ Wednesday and 12:30 for 1:00 p.m Wednesday clinic.

Students will be required to provide the following services (but not exclusively) for dental hygiene patients during the scheduled clinic session:

1. Assess and/or update the medical history.
2. Head and neck exam and oral cancer screening.
3. Perform comprehensive periodontal examination.
3. Provide patient education and oral hygiene instruction.
4. Provide a prophylaxis, periodontal maintenance, NSPT, chemotherapeutics, desensitization, fluoride treatment, and sealants as needed.
5. Expose digital radiographs as indicated by faculty.
6. Administer local anesthesia as needed, following successful completion of DH 4472 Pain Control.

A Rotation Report Form, Clinic Evaluation Form with any Competency Forms and Local Anesthesia Forms must be signed by supervising faculty and turned in by noon on Friday of the week of the rotation for credit.

DIRECTIONS TO
GOOD SHEPHERD MISSION

222 NW 12TH STREET
Oklahoma City, OK 73103
405-232-8631

From OUCOD head west on 13th Street all the way
to N. Robinson Ave. and turn left.
The mission will be one block south on corner of
N. W. 12th St. and N. Robinson.

**GOOD SHEPHERD MINISTRIES ROTATION
PATIENT SEQUENCE CHECK LIST FOR EAGLESOFT**

**GOOD SHEPHERD MINISTRIES ROTATION
PATIENT SEQUENCE CHECK LIST FOR EAGLESOFT**

- [] LOG ON VOLUNTEER SIGN IN SCREEN.
- [] LOG ON TO COMPUTER WITH Wisdom1.
- [] LOG ON TO EAGLESOFT UNDER OU DH STUDENT WITH Smile.
- [] SELECT PATIENT ON DAY CALENDER: **YELLOW DOT=PATIENT ARRIVED**
RED DOT=PATIENT LATE **GREEN DOT= PATIENT IN CHAIR**

- [] GO TO SMART DOC FOR MED HX.
- [] GO TO CHART FOR PROPOSED TX treatment should already be planned and proposed.
- [] GO TO NOTE HISTORY FOR PAST TREATMENT NOTES.
- () VITALS
- [] VERBAL PTP (There is not a separate autonote for PTP}.
- [] SELECT DENTAL X-RAY TAB > Click **exams by date** to view past x-rays > Click **new exams** to take new x-rays.

- [] ODONTOGRAM ALREADY UPDATED WITH INITIAL EXAM.
- [] SELECT PERIO CHART TAB AND PERIO CHART APPEARS (after entering charting and approved by faculty click SAVE) > CLICK **Edit Previous** TO REVIEW PAST READINGS > CLICK **Use** for correct **highlighted** exam.

- [] CLICK ON NOTE HISTORY TAB > UNDER AUTONOTE CHOOSE **DH STUDENT** AND USE APPROPRIATE AUTONOTE FOR TX PROVIDED > FILL IN AS INDICATED AND CLICK **OK** TO DROP NOTE INTO EHR

***(NEVER CLICK EDIT OR NEW OR DOUBLE CLICK ON AUTO NOTE IN THE WINDOW) Only click USE when note is in the window - YOU CAN DOUBLE CLICK ON THE NOTE ONCE IT APPEARS IN THE EHR WHEN YOU NEED TO EDIT OR ADD TO THE NOTE.**

- [] WALKOUT ALL TREATMENT COMPLETED > HIGHLIGHT PROCEDURE CLICK **EDIT** TAB AND SELECT **OU HYGIENE STUDENT** AS PROVIDER > CHANGE FROM PROPOSED TO WALKOUT > CLICK **OK** (if TX still IN PROCESS do not walkout - code D0006 will be added from the **SERVICE** tab on the right)
ALWAYS CLICK SAVE AFTER ENTERING WALKOUTS! THIS MUST BE DONE PRIOR TO DISMISSING PATIENT.

- [] COMPLETE AUTONOTE AND HAVE APPROVED BY FACULTY.
- [] LOG OUT WHEN COMPLETED.

IMPLANTOLOGY

4th floor, Green Clinic

Mrs. Kathy Miller, R.D.H., M.Ed Professor and Assistant Dean For
Quality Assurance and Compliance, Director of Patient Relations
Clinical Faculty Department of Implantology (405) 271-8001 x 34143

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from Clinical Dental Hygiene to providing dental hygiene services to patients with dental implants.

REQUIREMENTS

Attend scheduled implantology rotations as listed on the Clinic and Rotation Schedule.

Dress in appropriate clinic attire and bring protective eyewear.
Specific implant instruments will be available in the clinic

PROTOCOL

Implantology Rotation Orientation for DH II's

- ◆ Arrive at 8:30 a.m. to prepare for clinic.
- ◆ We are on the north side of the Green Clinic on the 4th floor.
- ◆ Oral hygiene products are in the red/black cabinet and in the upper cabinets.
- ◆ Bring your Midwest handpiece, personal safety eyewear (loupes w/light if you have them), and a watch with a second hand.
- ◆ Complete the PTP guide and see Mrs. Miller for PTP as you would in general clinic (follow laminated guide sheet). Have your PTP notes entered into axiUm.
- ◆ Radiographs are exposed and developed in Oral Radiology on the 2nd floor.
- ◆ No dental charting; chart recall perio prn on perio chart; EIE findings are noted in the clinical notes.
- ◆ Follow appointment procedure guidelines on clinic laminate.
- ◆ Recall appointments are scheduled by Mrs. Miller at the end of the appointment.
- ◆ You will escort the patient to the Implantology front desk to pay for that day's service.
- ◆ Be sure to complete a clinical performance assessment form (the same one you use in general clinic).
- ◆ Distance students need to have parking cards validated in the Dean's office (5th Floor).

IMPLANT MAINTENANCE RECALL

Department of Oral Implantology

Implant Maintenance Prophylaxis/Oral Hygiene Instructions Complete Denture/Fixed Detachable

Oral Hygiene Products Needed:

- Tapered end tuft brush (bent under hot water at the appropriate angle for the patient, set with cold water)
- 2 row sulcus brush
- Conventional toothbrush
- Implant Superfloss - use the single dose packet at chairside to ensure the patient has the motor skills to use this product and then dispense a take-home package. This product is now available at Walmart.
- Denture brush
- Toothpaste

Optional Oral Hygiene Products:

- Proxabrush (if the patient is unable to use the superfloss or merely prefers these over the superfloss)
- Tongue cleaner (if the patient is unable to adequately clean their tongue with a toothbrush)

Prophylaxis Instructions

- Place the maxillary denture in the ultrasonic cleaner following the posted instructions.
- Intraorally, debride any soft accretions first by brushing and flossing.
- Use the tapered end tuft brush for the lingual aspect and the two-row sulcus brush for the facial aspect of the base of the fixed prosthesis and the posts. Use a very small amount of toothpaste and then rinse the brushes and re-brush with water only to remove any toothpaste residue.
- Use a wet conventional toothbrush to clean the fixed prosthesis acrylic (NO toothpaste).
- Floss all appropriate areas including underneath the distal extensions.
- Scale any calculus found on metal structures with a titanium curette. Be sure to dry thoroughly with compressed air and effectively use light reflection and indirect vision during your assessment.
- Re-toothbrush polish scaled areas.
- Clean the maxillary denture as outlined in the posted instructions and store in the water/Crest Pro Health rinse in the denture cup until Mrs. Miller has completed her patient examination.

DEPARTMENT OF ORAL IMPLANTOLOGY

Implant Maintenance Prophylaxis/Oral Hygiene Instructions Complete Denture/Complete Denture with Bar and Clip(s)

Oral Hygiene Products Needed:

- Tapered end tuft brush (bent slightly under hot water at the appropriate angle for the patient, set with cold water)
- Implant Superfloss - use the single dose packet at chairside to ensure the patient has the motor skills to use this product and then dispense a take-home package.
- Denture brush
- Toothpaste

Optional Oral Hygiene Products:

- Proxabrush (if the patient is unable to use the superfloss or merely prefers these over the superfloss)
- Tongue cleaner (if the patient is unable to adequately clean their tongue with a toothbrush)

Prophylaxis Instructions

- Place both dentures in the ultrasonic cleaner following the posted instructions.
- Intraorally, debride any soft accretions first by brushing and flossing.
- Use a very small amount of toothpaste and then rinse the brush and re-brush with water only to remove any toothpaste residue.
- Floss under the bar and around the posts.
- Scale any calculus found with a titanium curette. Be sure to dry thoroughly with compressed air and effectively use light reflection and indirect vision during your assessment.
- Re-toothbrush polish scaled areas.
- Clean the dentures as outlined in the posted instructions and store in the water/mouthwash in the denture cup until Mrs. Miller has completed her patient examination.

WORK FLOW FOR IMPLANT MAINTENANCE RECALL APPTS.

- Jana indicates on the schedule that the pt. is present by selecting “pt checked in”.
- The student indicates that the pt. has been seated by right clicking on the appt. and selecting “Pt seated”.
- Student completes the MedHx ONLY (no dental hx) in the EHR under the forms tab. The pt. should not sign the MedHx until after it has been reviewed by faculty. If updating an existing MedHx, use Control R to advance to each question with unchanged answers to (this enters the new date of review). Be sure to include all information on drugs being taken.
- Student completes the PTP template note in the EHR under the tx history tab. Select new note and select the PTP template note (continuing care) from the General Notes bundle. Be sure to select the location as Green Clinic 1/Implantology. Be sure to include the presence or absence of a chief concern in the comments on the PTP note and notify faculty if there is a potential need for a lab repair.
- Student enters the codes for the procedures for that appt. (i.e. D6080I for implant maintenance, D0330 for pano). The faculty approves the planned tx codes at ptp. If pano is needed, student should inform patient of the cost of this additional service.
- PTP is presented at chairside and faculty has the pt. sign the MedHx and approves the MedHx, the planned procedure codes, and the PTP note.
- Student fills out paper Radiology slip and takes patient to Radiology if a panoramic radiograph is needed.
- Student places any removable prostheses in the ultrasonic following the posted instructions.
- Student performs the Extra-Intraoral Examination (EIE) including evaluating the status of the implants, stability of the prosthesis(es), adequate closure of access holes, and the status of the health of the supporting tissues.
- Student records periodontal/peri-implant findings and plaque on the perio chart as needed. Be sure to name the examination.
- Implant maintenance prophylaxis is completed (see reference laminate) and OHI delivered.
- Complete implant system/prosthesis adjustments as may be necessary.
- Perform fluoride tx for natural dentition if indicated.
- Student completes the clinical template note (attaching it to the procedure code). Select the Implant Maintenance procedure code (D6080) and right click; Near the top of the selection list is “add tx note”, select this option and select the Implant Maintenance note in the Implantology bundle in template notes.
- Student selects the procedures completed and right clicks on the procedure and indicates it as completed. When recall card appears, click on the plus sign and close the card.
- Faculty examines the patient; approves the note and completed procedure codes.
- Mrs. Miller schedules the next recall appt.
- Pt is checked out with Jana.
- Commonly used codes:

D6080I	Implant Maintenance
D0330	Panoramic Film
D5867	Replace Implant part

GREEN CLINIC

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic and clinical principles learned in CDH Theory I, II, and Dental Hygiene Process of Care to provide dental hygiene services to patients.

REQUIREMENTS

Attend scheduled Green Clinic rotations as listed on the Clinic Rotation Schedule.

Dress in appropriate clinic attire.

Each student is required to bring his/her handpiece, ultrasonic inserts, and instruments to assigned clinic.

Students will be required to provide Dental Hygiene care as prescribed in the DH Process of Care for adult patients during the scheduled clinic session.

Students will follow OUCOD clinical policies and procedures.

PROTOCOL

Students should report to assigned clinic no later than 8:30 a.m. for morning clinic and 12:30 p.m. for afternoon clinic.

PEDIATRIC DENTISTRY AND SEALANT CLINIC

4th floor, Yellow/Orange Clinic

Dr. Tim Fagan, Division Head, Department of Pediatric Dentistry

Dr. Kevin Haney, Assistant Dean, Acad & Std Admin

Mrs. Kathy Rogers, R.D.H.

Clinical Assistant Professor of Pediatric Dentistry

(405) 271-5579 X 46525

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from Developmental Dentistry and Clinical Dental Hygiene to providing dental hygiene services to children and adolescents.

REQUIREMENTS

Attend scheduled pediatric dentistry rotations as listed on the Clinic and Rotation Schedule.

Dress in appropriate clinic attire.

Each student should bring their handpiece and instrument kit.

PROTOCOL

Students should report to Yellow/Orange clinic no later than 8:50 a.m. for Thursday morning clinic.

Dental Hygiene Student Orientation

Fall/Spring Semester / Pediatric Dentistry

Pediatric Dentistry

Recalls – Thursday mornings in the Yellow/Orange Clinic

- Protocol review for BWX:
 - One year or longer since last BWX
 - Caries history
 - Interproximal incipient caries/ watch areas from last visit
 - Diagnostic integrity of last BWX
 - No BWX if bands and brackets are in place

Objectives:

1. Identify eruption patterns and morphology of the primary dentition and mixed dentition.
2. Classify occlusion and recognize malocclusion.
3. Implement and refine communication skills with parents and the child/adolescent patient.
4. Recognize indications and contraindications of the patient's health history and/or oral status and be able to modify treatment plan accordingly.
5. Expose and evaluate radiographs on the child/ adolescent patient.
6. Apply clinical guidelines to determine if new radiographs are necessary at recall appointments.
7. Enhance clinical skills for delivery of care for the pediatric/ adolescent patient and orthodontic patient. This includes instrumentation skills.
8. Refine dental charting skills.
9. Implement diagnostic skills for detecting hard and soft tissue lesions/ anomalies.
10. Educate parents and the child/adolescent patient with preventive home care techniques.
11. Implement clinical judgment in determining type of topical fluoride, indications and contraindications for use.
12. Develop clinical skills for applying sealants and maintenance instruction.

Protocol for Pedo Dental Hygiene Recall Clinic

1. Review the patient's healthy history before collecting the patient from the reception area. Also, determine if new radiographs are needed. Remember no radiographs will be taken if patient has orthodontic brackets and wires.
2. Check the schedule frequently for new arrivals by hitting refresh. The patient's name will turn red when they have completed check-in and are ready to be seated.
3. Escort Parent and Patient to computer quiet room and review Health History if > than a year since updated. Use control R on the first page only of the **Childrens Health History**. Document any changes in health, any medications that are currently being taken and any concerns that need to be addressed during the appointment.
4. Proceed with patient to the clinic and complete a PTP note and get it approved. Add any additional codes needed. Expose radiographs if needed.
5. Begin with hard / soft tissue exam and check the **odontogram** for accuracy. Make any changes on the odontogram based on the patient's current status i.e: updating eruption patterns.
6. Be sure to note any soft or hard tissue findings and /or crowding, malocclusion, so you can present to the attending pedo faculty. No need to open a form, just document on your notes.
7. You will add the "**PEDO ORAL HYGIENE ASSESSMENT**" form and complete. This is your gingival and plaque index.
8. Implement Oral Hygiene instructions with patient.
Disclose if no soft tissue findings.
9. Scale /ultrasonic as needed. Rubber cup, toothbrush polish or air polish. If air polisher is needed, it can be checked out at dispensary or green clinic.
10. Have Mrs. Rogers check the patient. Have Pedo faculty perform exam. Add codes for any return procedures.
11. Deliver Fluoride treatment.
12. Complete codes for the procedures completed. Add and complete the **PEDO RECALL EXAM' template note**.
13. Walk patient out to parent. Discuss findings with parent and /or any recommendations. Walk parent and patient to Clarissa to schedule a return visit, if needed. Thank the patient and parent.
14. Confirm that all codes, notes, forms and radiographs have been approved by faculty.

Pedo Patient Sequence Check List

- [] Check schedule frequently for new arrivals by hitting refresh
- [] **Right Click “Seat Patient” on Patient Schedule**
- [] **Treatment codes :**
(with 4BW: **D0274.1** -- 2BW: **D0272.1**) AS NEEDED
ALL OTHER CODES WILL ALREADY BE ENTERED
- [] **Complete/Update health history**
(Select forms tab → select appropriate form- CHILDRENS HHX-just first page)
If changes, update all dates using Control R
- [] **PTP template complete**
(TX History → add new note → temp. note → click “...” → select DH → select appropriate note)
Verbally tell CI you are ready for PTP (This occurs at the beginning of each appointment.)
- [] **X-rays taken if necessary** (Anytime after PTP)
- [] **EIE including malocclusion**
- [] **Odontogram**
- [] **Add “PEDO ORAL HYGIENE ASSESSMENT” Form and complete. (under forms listed as OHA)**
- [] **Disclose and OHI**
- [] **Scaling and US if appropriate(Depends on quantity and tenacity)**
- [] **Toothbrush polish/RC Polish /Air Polish**
CHECK BY CI
EXAM BY PEDO FACULTY
- [] **Fluoride application**
- [] **Complete codes and add codes for return procedures**
CI approves code
Bring patient to waiting room and review outcomes with parent.
- [] **Add and complete the “PEDO RECALL EXAM” template note**
CI approval necessary before leaving

Additional Info:

- axiUm help: dial extension #13694
- **Green** = pt. not confirmed
- **Blue** = pt confirmed appointment
- **Red** = pt. checked in
- **Black** = pt. seated in chair
- **Grey** = completed pt.
- **Red** “Alert” = medical considerations from medical history (MHX)

axiUm Pedo Assessment Form

Add Form
X

Form	<div style="border: 1px solid gray; padding: 2px;"> Form OK </div>	
Date	AEGDPS	AEGD Pre-screening Questions
Description	BRSMHH	Medical Consultation
Status	BRSMRE	AUD BriteSmile Health History
Internet Access	CBCT	AUD BriteSmile Client Record
	CLEX	CBCT Referral/ Consent Form
	CLEXAM	AUD Panza Clinical Exam Form
	COTCM	Orthodontic Clinical Exam Form
Instructions	DEMOGR	Outcomes Assessment
	DHCARE	Basic Demographics
	DXFIND	OUCOD DH Care Plan
	EMEREF	OUCOD Diagnostic Findings Form
	FAHLHX	Emergency Referral Form
Assigned To	FAPRET	FacialAesthetic Health History
Message Group	FETXCH	FacialAesthetics PreTreat Inst
User	FINPOL	FacialAesthetics Tx Chart
	FPNPHH	OUCOD Financial Policy
	GKASD	OUDFP Adult Health History
	GPCTCO	Kid's Day Info Form
	GPDYFD	Grad Perio Consent To Treat
	HHX	GradPerio Diag Find Form
	HYCDI	AEGD Health/ Dental History
	LTDTX	OUCOD Hygiene CDI
	MDHX	OUCOD Limited Treatment Form
	OHA	OUCOD Medical History
	ORTDIA	Pedo Oral Hygiene Assessment
	ORTEVL	Student Ortho Dx Form
	OUODOPE	Ortho Work Up
	OUDORT	OUDFP Oral Path Eval Form
	PEDORE	Children Health Hx
		Pedo Release Letter

ASSISTING IN PEDIATRIC DENTISTRY

GOAL:

To provide the dental hygiene student with the opportunity to:

Assist DH II students in unit set-up, four-handed dentistry, and unit break-down during treatment of children, adolescents and young adults.

Assist with time management.

Assist with radiographs.

Assist with documentation.

Requirements:

Attend scheduled pediatric dentistry rotations as listed on the Clinical Rotation Schedule.

Dress in appropriate clinic attire.

Protocol:

Students should report to Mrs. Kathy Rogers R.D.H. for student assignment.

RADIOLOGY

2nd Floor, OD Clinic

(405) 271-5687

Dr. Farah Masood, DDS- Radiology Director

Ms. Donna Harrison-Radiology Tech

Mr. James Price – Radiology Tech

GOALS

To provide the dental hygiene student with experiences that will develop proficiency in intraoral and panoramic radiographic technique, patient management, radiation protection, infection control, quality evaluation, and diagnostic analysis.

REQUIREMENTS

1. Attend scheduled Oral Radiology Clinic sessions as assigned on the Clinic Rotation Schedule.
2. Complete a minimum of seven complete intraoral radiographic surveys and 5 panoramic surveys with a 70% score or better.
3. Complete other radiographic procedures as directed during rotations.

PROTOCOL

1. Report to the Radiographic Technicians in the Oral Radiology Clinic for room and patient assignment.
2. Prepare the cubical and x-ray unit for the patient.
3. Comply with "Radiation Use Policy" upheld by the University of Oklahoma College of Dentistry.
4. Expose and process films in compliance with The University of Oklahoma College of Dentistry Infection Control Policy.
5. Evaluate radiographic quality, document this evaluation and determine the number and type of retake radiographs necessary with the agreement of the teaching faculty.
6. Complete the Clinic Evaluation form, marking appropriate box for Rotation. Turn this form in to the DHII Clinical Coordinator for credit.

TEACHING ASSISTANT in DHII CLINIC

Ms. Staci Wekenborg, R.D.H., B.S.
Clinic Coordinator

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles and clinical skills learned in Clinical Dental Hygiene I, II, III, and IV in assisting and mentoring DHII students.

REQUIREMENTS

Attend all TA rotations as assigned on Clinic Rotation Schedule.
Review all class/lab/clinic material(s) prior to attending the rotation.
Attend DH-I & DH-II lectures, as instructed to do so by faculty.
Dress in appropriate clinic attire and bring safety glasses.

DUTIES

- Report for TA Calibration prior to clinic as directed. (Faculty will communicate time and location of TA Calibration)
- Observe all assigned DHIs perform a skill or skills.
- Be knowledgeable regarding the newness of the skill being performed and provide relative feedback based on the level of performance at that time. (First time vs. multiple times)
- Refer to DH I Clinical Evaluation criteria in the Dental Hygiene Manual as a guide for expected clinical performance.
- Be tactful when providing constructive criticism or suggestions for improvement.
- Peer Evaluation for TA Rotation Form must be completed and submitted no later than Friday of the same week of assigned rotation.
 - OKC students: Submit to the DH II lock box located in the DH office
 - Distance students: Follow the clinic form remittance procedure at each respective site.

Failure to submit Peer Evaluation Form as directed will result in an unexcused clinic absence.

PEER EVALUATION for TA ROTATION

Student _____

Date _____

This rotation is designed to provide an opportunity to utilize critical thinking skills in providing feedback on your assigned students' performance. The instructions are as follows:

- Observe all assigned DH Is perform a skill or skills.
- Be knowledgeable regarding the newness of the skill being performed and provide relative feedback based on the level of performance at that time. (First time vs. multiple times)
- Refer to DH I Clinical Evaluation criteria in the Dental Hygiene Manual as a guide for expected clinical performance.
- Be tactful when providing constructive criticism or suggestions for improvement.
- Form must be completed and submitted no later than Friday of the same week of assigned rotation.
 - OKC students: Submit to the DH II lock box located in the DH office
 - Distance students: Follow the clinic form remittance procedure at each respective site.

Failure to submit Peer Evaluation Form as directed will result in an unexcused clinic absence.

Student observed (signature) _____

Patient Case Type _____

Procedure/s Observed _____

Feedback

Student observed (signature) _____

Patient Case Type _____

Procedure/s Observed _____

Feedback

Student observed (signature) _____

Patient Case Type _____

Procedure/s Observed _____

Feedback

COMPREHENSIVE CARE
3rd Floor Clinics, OUCOD
Ms. Staci Wekenborg, R.D.H., B.S.
Clinic Coordinator

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic and clinical principles learned in CDH Theory I, II and Dental Hygiene Process of Care, to provide dental hygiene services to patients from the community in a comprehensive care setting.

REQUIREMENTS

Attend scheduled comprehensive care rotations as listed on the Clinic Rotation Schedule.

Dress in appropriate clinic attire.

Each student is required to bring his/her handpiece, ultrasonic inserts, and instruments to assigned clinic.

Students will be required to provide comprehensive Dental Hygiene care as prescribed in the DH Process of Care for adult patients during the scheduled clinic session.

Students will follow OUCOD clinical policies and procedures.

PROTOCOL

Students should report to assigned clinic no later than 8:30 a.m. for morning clinic and 12:30 p.m. for afternoon clinic.

Comprehensive Care Appointment Protocol

Pre-Appointment

- DH II students will have access to the patients they will be treating in Comp Care as soon as they are scheduled. If they do not have access to the patient's record, they should communicate with the appropriate PSC.
- DH II student may review the health history upon assignment, and must confirm the appointment the **night before** the patient is due to be seen.
- DH II student and DS 4 will discuss patient needs prior to the beginning of treatment including exam/radiographic needs.

During the Appointment

- DH II student will follow DS 4 recommended treatment, performing an **EIE and updating the Perio Chart**. (Update at EVERY perio maintenance appointment and once per year for prophylaxis patient.)
- DH II students will **complete perio diagnosis, PI, and OHI**.
- DH students will **scale and polish** as indicated.
- If local anesthesia is necessary, the DS 4 or DH CI will administer **prior to October 11**. After **October 11**, the DH II will administer his/her own local with supervision.
- **GPD** (Group Practice Director) **Exams** must occur as follows:
 1. When new radiographs have been exposed
 2. When the patient has not had a dental exam within the last 13 months.

(Discussion between a DH II and a DS 4 should occur regarding this necessity prior to the actual appointment.)

- A DS 4 exam may take place at a 6-11 month interval without being followed by a GPD exam unless something pertinent has changed.
- The only time an exam would not be performed, is if one had been recorded within the last 6 months.
- DH student must be aware that dental exams may occur any time during the appointment.

DH II must obtain consent from patient and inform patient of the fee for **fluoride varnish**.

Post- Treatment

- DH student will have codes entered as **In Process** or **Complete** at the end of the appointment/ Example: D4910 perio mtn/ D0120 periodic exam/ D0274 BWX. The student will verify that they are **approved** before bringing patient to the PSC for check-out.
- DH student will complete the "planned appointment" for the next recall.
- DH student will escort the patient to the PSC office and stay with the patient until the check out process has begun.
- Once the PSC has verified that the codes are complete for services rendered, she will communicate with the DH II student to return to their unit for breakdown and completion of notes.

GRADUATE PERIODONTICS

2nd floor, Grad Perio Clinic
Dr. Tapan Koticha, BDS, MDS
Diplomat, American Board of Periodontology
Assistant Professor, Department of Periodontics

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from CDH Theory I, II, and Dental Hygiene Process of Care to providing dental hygiene services to patients with periodontal disease.

REQUIREMENTS

Attend scheduled Grad Perio rotations as listed on the Clinic and Rotation Schedule. Dress in appropriate clinic attire and bring your loupes or safety glasses and instrument cassette. Specific periodontal instruments will be available in clinic.

PROTOCOL

*Arrive 30 minutes prior to prepare for clinic. (8:30 a.m. for morning rotation and 12:30 p.m. for afternoon rotation)

*Be prepared to deliver non-surgical periodontal therapy (SRP) and assist surgical periodontal procedures with the possibility of involvement in root-planing phase of surgical therapy.

*Clinical Evaluation Form should be filled out for each clinic session and signed by Grad Perio Faculty or attending resident.

CHILDREN'S HOSPITAL
1200 Children's Avenue, 8F
Dr. Carla Yeates, DMD
Clinic Director, OUCP Dental Clinic

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from CDH Theory I, II, and Dental Hygiene Process of Care to providing dental hygiene services to patients.

REQUIREMENTS

Attend scheduled Children's Hospital rotations as listed on the Clinic and Rotation Schedule. Dress in appropriate clinic attire and bring your loupes or safety glasses. All instruments needed in order to provide care will be available at the Children's Dental Clinic.

PROTOCOL

- *Attend the mandatory Children's Dental Clinic Orientation and follow proper protocol outlined at meeting.
- *Arrive 30 minutes prior to prepare for clinic. (8:30 a.m. for morning rotation)
- *Be prepared to deliver care to the pediatric, special needs and adult patients.
- *Clinical Evaluation Form should be filled out for each clinic session and signed by Dr. Yeates or attending residents.

ORAL SURGERY

2nd Floor, Oral and Maxillofacial Surgery Clinic
Dr. Edmund Braly, DDS FAACS
Director, OMS Pre-Doc/Clinics

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from Pain Control Course to providing local anesthesia to patients.

REQUIREMENTS

Attend scheduled Oral Surgery rotations as listed on the Clinic and Rotation Schedule.
Dress in appropriate clinic attire and bring your loupes or safety glasses.

PROTOCOL

- *Arrive 30 minutes prior to prepare for clinic. (8:30 a.m. for morning rotation and 12:30 p.m. for afternoon rotation)
- * Be prepared to deliver local anesthesia to patients and assist/observe residents as needed
- *Clinical Evaluation Form should be filled out for each clinic session and signed by Oral Surgery Faculty or attending resident.

P&P Section XII- SOTC SITE CLINICAL ROTATIONS

SOTC CLINICAL ROTATIONS

ARDMORE SITE CLINICAL ROTATIONS

CLINICAL REQUIREMENTS

1. Students will provide dental hygiene services to patients during the fall and spring semesters in clinical rotation sites as assigned. In each of these rotations, students will be under the direct supervision of dental, dental hygiene faculty and/or staff.
2. The Dental Hygiene Clinic Manual contains the goals, requirements and protocol for each rotation site. Students are advised to consult this manual prior to attending each rotation. Orientation to the rotations will be scheduled at the beginning of the semester prior to students' attendance in the rotation.
3. Student use of local anesthesia and nitrous oxide analgesia is **prohibited** until notification by Sr. Clinical Coordinator that the student has attained a passing grade in the didactic and clinical exams for the use of local anesthesia and nitrous oxide analgesia.

•Note: Administration of local anesthesia must be documented on the Local Anesthesia Report Form to receive credit.

CLINICAL ROTATIONS

Implantology

Radiology

Screening

Teaching Assistant

Dental Practice Observation

Mercy Mothers' Oral Health Initiative

IMPLANTOLOGY

Refer to **P&P Section XI- OUCOD OKC SITE CLINICAL ROTATIONS DH II**
IMPLANTOLOGY

RADIOLOGY ROTATION SOTC CLINIC

GOALS

To provide the dental hygiene student with the opportunity to:

Expose radiographs on patients that have been accepted for dental treatment at the clinic. Purpose of radiology rotation:

- Provide students with a diagnostic experience
- Increase skill in radiograph exposure

REQUIREMENTS

Attend rotation as listed in the Clinic and Rotation Schedule. Dress in scrubs and bring your safety glasses.

Comply with College of Dentistry Infection Control Policies.

PROTOCOL

Students are to report to clinic promptly at 8:30 a.m. for morning clinics and 12:30 p.m. for afternoon sessions. You will utilize this time to expose FMXs and BWXs as needed to use less general clinic time.

Dental hygiene students assigned to clinics designated for screening patients applying for dental treatment at the clinic will perform the following:

- Prior to clinic:
 - Ensure both rooms are disinfected with barriers set up.
 - Ensure computers in both rooms are on, ready to log in to Eaglesoft.
 - Ensure panoramic machine and computer is on.
 - Assist classmates as needed.
- 9:00 or 1:00:
 - Seat patient and review health history.
 - If questions regarding pre-med etc., contact faculty.
 - Take vital signs
 - HHx reviewed by faculty, obtain PTP.
 - Request appropriate radiographs if not prescribed already.
Expose radiographs as directed by faculty.
 - Review images and findings with faculty.
 - If time allows, images may be evaluated for retakes and exposed at that time.
 - Retakes **MUST BE** supervised with faculty.

Release patient to administrative assistant with routing form, indicating treatment the patient received that day.

MISCELLANEOUS

When the student is not with patients, he/she will:

- Assist DH students as needed
- Assist in sterilization area
- Stock units and shelves
- Assist faculty as needed Assist administration assistant as needed

SCREENING ROTATION

SOTC CLINIC

GOALS

To provide the dental hygiene student with the opportunity to:

Perform oral examinations on patients applying for dental treatment at the clinic. Purpose of screenings:

- Provide suitable patients for dental hygiene students
- Provide students with a diagnostic experience
- Increase awareness of oral conditions beyond patients assigned to you

REQUIREMENTS

Attend rotation as listed in the Clinic and Rotation Schedule. Dress in Scrubs, PPE, and loupes with light (if you have them).

Comply with College of Dentistry Infection Control Policies.

PROTOCOL

Students are to report to clinic promptly at 8:30 a.m. for morning clinics and 12:30 p.m. for afternoon sessions. You will screen 3-4 patients each clinic session.

Dental hygiene students assigned to clinics designated for screening patients applying for dental treatment at the clinic will perform the following:

- Seat patient and review health history
- Take vital signs (blood pressure, pulse, respirations, temperature)
- Ask faculty if they would like to briefly examine patient at that time
- HHx reviewed by faculty, obtain PTP
- Record recommended treatment in treatment notes
- Accept or Reject the patient
 - Provisionally accepted may NOT ever be assigned

If patient is accepted:

- Tell patient they will be contacted by a student but there is no set time they will be called
- Explain clinic procedures (length of appointments, cost, etc)

If patient is rejected:

If they inquire, we can make copies of the screening films to either be sent to another dentist or taken with them
Types of patients to reject:

- Patients with unrealistic expectations
- Patients who do not have time to commit to OUCOD
- Patients with rampant caries
- Patients with severe periodontal disease
- Many other complex dental conditions

Take patient to administrative assistant who will give him/her the Patient Rights and Responsibilities.

MISCELLANEOUS

When the student is not screening patients, he/she will:

- Assist DH students as needed
- Assist in sterilization area
- Stock units and shelves
- Assist faculty as needed
- Assist administrative assistant as needed

TEACHING ASSISTANT in DHI CLINIC

Mrs. Christy McCullers, RDH, MS, SOTC Site
Coordinator (580) 224-8268 (M) (580)504-9421
Mrs. Lindsey Hays, RDH, BS, SOTC Clinical Instructor (580) 224-
8278 (M) (580)371-1622

GOALS:

To provide the student with the opportunity to apply the didactic principles and clinical skills learned in Clinical Dental Hygiene I, II, III, and IV in assisting and mentoring DHI students.

REQUIREMENTS:

Review all class/lab/clinic material(s) prior to attending the rotation. Attend DH-I and DH-II lectures, as instructed to do so by faculty.

Attend scheduled DHI clinic rotations (see 'Clinic Rotation Schedule').

Dress in appropriate clinic attire and PPE.

DUTIES:

Fall

1. Assist and mentor DHI students in lab and clinical exercises
2. Assist clinical faculty as requested

Spring

1. Check instrument sharpening at the beginning of each clinic session.
2. Assist and mentor radiographic technique
3. Assist and mentor DHI student in organization and treatment sequencing (DHII student is **not** allowed to record probing depths or hard tissue until notification by faculty)
4. Assist clinical faculty upon request by:
 - a. Evaluating assessment and documenting results on evaluation form.
 - b. Evaluating polishing and documenting results on evaluation form.
 - c. Providing instrumentation technique feedback and documenting prn
 - d. Providing individualized mentoring at chairside for students providing care for patients
5. Dental hygiene faculty **must** co-sign all record documentation entries
6. This rotation is for the duration of the academic year (fall and spring semesters)

DENTAL PRACTICE OBSERVATIONS

Mrs. Christy McCullers, RDH, MS, SOTC Site Coordinator

(580) 224-8268 (M) (580)504-9421

Mrs. Lindsey Hays, RDH, BS, STC Clinical Instructor

(580) 224-8278 (M) (580)371-1622

GOAL

To provide the dental hygiene student with the opportunity to:

Observe how practicing dentists, hygienists, and office staff work together in a dental office environment. Students will gain knowledge of dental hygiene practices and how they are applied in a general dentistry and public health setting by observing the dental hygienist.

Students will gain knowledge about dental office procedures by observing sterilization, patient care, and staff interactions at the mentioned facility.

REQUIREMENTS

Attend rotation as listed in the Clinic and Rotation Schedule. Dress in scrubs, lab coat, and bring your safety glasses.

Comply with College of Dentistry Infection Control Policies.

PROTOCOL

Students are to report to the site 15 minutes prior to assigned time.

1. Students are to observe how dental hygienists work together with the dentist and office staff, including asking questions as needed

MERCY MOTHERS' ORAL HEALTH INITIATIVE

Mercy Hospital, Ardmore
Christy McCullers, RDH, MS (580)224-8268
Lindsey Hays, RDH, BS (580)224-8278
Debrah Moyers, MMHC Labor & Delivery, debrah.moyers@mercy.net

GOAL

To provide the dental hygiene student with the opportunity to:

Educate new parents on infant and early childhood oral health care needs and to provide information on access to care.

In accordance with *Healthy People 2020*, the following Oral Health Goals will be addressed:

OH-1: Reduce the proportion of children and adolescents who have dental caries experience in their primary teeth.

➤➤ By delivering oral health education to the target population, parents are more likely to be aware of oral health care needs and more likely to identify a need should it arise.

OH-7: Increase the proportion of children, adolescents and adults who used the oral health care system in the past year.

➤➤ By providing the target population with options for access to care, parents and children of all ages are more likely to have an oral health examination or treatment.

REQUIREMENTS/PROTOCOL

- **Project setting:** Mercy Hospital, Ardmore, Oklahoma
- **Project focus:** Parents of newborns or expecting mothers, as determined by the staff at Mercy Hospital

Proposed times:

- Tuesday mornings from 10:00-11:30
- February-April and September-November
- Absences for school breaks

Student information:

- Two students will be present for each session
- Clinical attire: Scrubs, clean shoes, lab coat, student ID badge
- Arrive on time as scheduled, but may depart early after tasks are complete

MATERIALS

STC Dental Hygiene Students will provide each patient with an oral health kit, including an infant toothbrush, adult toothbrush and aids, educational materials, and Delta Dental's "Resource for Care" Oral Health Guide

P&P Section XIII- TCTC SITE CLINICAL ROTATIONS

TCTC CLINICAL ROTATIONS

BARTLESVILLE SITE CLINICAL ROTATIONS

CLINICAL REQUIREMENTS

1. Students will provide dental hygiene services to patients during the fall semester in clinical rotation sites as assigned. In each of these rotations, students will be under the direct supervision of dental, dental hygiene faculty and/or staff. Students are required to sign the Outgoing Trainee Confidentiality Agreement prior to attendance to offsite clinic rotations.
2. The Dental Hygiene Clinic Manual contains the goals, requirements, and protocol for each rotation site. Students are advised to consult this manual prior to attending each rotation. Orientation to the rotations will be scheduled at the beginning of the semester prior to students' attendance in the rotation.
3. Student use of local anesthesia and nitrous oxide analgesia is **prohibited** until notification by Mrs. Wood that the student has attained a passing grade in the didactic and clinical exams for the use of local anesthesia and nitrous oxide analgesia.
 - Note: Administration of local anesthesia must be documented on the Local Anesthesia Report Form to receive credit.

TCTC SITE CLINICAL ROTATIONS

Catholic Charities (CC)

Catholic Charities Assistant

Green Country Free Dental Clinic (GCDC)

Green Country Free Dental Clinic Assistant

Cherokee Clinic – Ochelata (Cherokee)

Implantology - OKC

Screening & Sterilization

Oral Surgery/General Dentistry

Pediatric Dentistry

Teaching Assistant

Front Desk

Assistant Rotation

Observations: Dr. Jon Lindblom, Dr. David Stapleton, Green Country Dental Arts Downtown – Dr. Swisher, Dr. J. Butler, Green Country Dental Arts – Dr. Bulleigh and Lard, Dr. Heath Potter, My Dentist Bartlesville, Dr. Craig Cochran, Dr. Mark Unruh, Dr. Christopher Delong, Dr. Stephen Beard; Dewey Dental – Dr. Nathan Bulleigh

CLINICAL ROTATION PROTOCOL

Each student assigned to any rotation or completing any unassigned rotations are required to complete a **Clinical Evaluation Form for participation to be documented**. These forms are available in Clinic. Any adjunct service or rotation requirement completed on a rotation site should be marked by the dental hygiene student including the patient's name and signed by attending dental faculty / dental hygiene faculty / staff.

Clinic Evaluation Forms must be completely filled out, signed by faculty or supervisor as appropriate and turned in to the Department of Dental Hygiene by noon on Thursday of the week of the rotation. Credit will not be given for any forms that are not received in the department by the aforementioned time.

Compliance with the College of Dentistry Infection Control Policy is mandatory at all rotations.

Students are reminded that all guidelines for clinical appearance and behavior apply to all clinical rotations.

Students are expected to assume responsibility for learning: ask appropriate questions, be on time, be courteous, be helpful, **Do NOT leave early unless specifically directed by the faculty responsible for the rotation experience**. Please remember that we are guests at the rotation sites.

Few dental hygiene students are afforded similar opportunities for enhancement of their dental hygiene educational experience.

In case of an emergency that prevents attendance, the student must contact the rotation, site coordinator and the Course Director. It is strongly recommended that every effort be made to attend the assigned rotation. Grade penalty may be imposed for absences.

CATHOLIC CHARITIES

Blessed Mother Teresa Dental Clinic

2450 North Harvard Ave

Tulsa, OK 74158

(918) 585-8167

Lydia Snyder, RDH, MS, Site Coordinator (M) 918.277.6222

Tammie Golden, RDH, MHS (M) 316.250.0354

Abbie Gustafson, RDH, BS (M) 918.440.9998

Dr. Jennifer Cook, DDS, Supervising Dentist

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from Clinical Dental Hygiene and Dental Hygiene Process of Care to providing dental hygiene services to patients from the community.

REQUIREMENTS

Dress in appropriate clinic attire and bring your safety glasses/loupes.

Bring all necessary forms.

Bring 2 instrument kits.

PROTOCOL

Students are to report to the Catholic Charities in Tulsa, OK. Students are expected to report to the dental clinic by **8:15 a.m.** on the assigned day. During this rotation, the OU clinical faculty will oversee clinical procedures.

Students will be required to provide the following services (but not exclusively) for adult periodontal patients during the scheduled clinic session:

1. Assess and/or update the medical history.
2. Charting as needed.
3. Provide patient education and oral hygiene instruction.
4. Provide a prophylaxis, NSPT (non surgical periodontal therapy; scaling & root planing) fluoride treatment, chemotherapeutics and desensitization as needed.
5. Expose and process radiographs as indicated by dental faculty.
6. Administer local anesthesia as needed, following successful completion of DH 4472 Anxiety and Pain Control.

A Clinic Evaluation Form must be signed by supervising faculty and turned in by noon on Thursday of the week of the rotation for credit. Grading and credit will be the same as clinic at OUCOD.

CATHOLIC CHARITIES

Blessed Mother Teresa Dental Clinic

2450 North Harvard Ave

Tulsa, OK 74158

(918) 585-8167

Lydia Snyder, RDH, MS, Site Coordinator (M) 918.277.6222

Tammie Golden, RDH, MHS (M) 316.250

Abbie Gustafson, RDH, BS (M) 918.440.9998

Dr. Jennifer Cook, DDS, Supervising Dentist

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from Clinical Dental Hygiene and Dental Hygiene Process of Care to providing dental hygiene services to patients from the community **in the capacity as a dental assistant.**

REQUIREMENTS

Dress in appropriate clinic attire and bring your safety glasses.

Bring all necessary forms.

PROTOCOL

Students are to report to the Catholic Charities in Tulsa, OK. Students are expected to report to the dental clinic by **8:15 a.m.** on the assigned day. During this rotation, the OU clinical faculty will oversee clinical procedures

Students will be required to assist in providing the following services (but not exclusively) for adult periodontal patients during the scheduled clinic session:

1. Assess and/or update the medical history.
2. Charting as needed
3. Provide patient education and oral hygiene instruction.
4. Assist your assigned partner when she is providing care to the patient.
5. Assist in disinfecting the unit between patients, escort the patient to the reception area.
6. Assist dental students as necessary.

A Clinic Evaluation Form must be signed by supervising faculty and turned in by noon on Thursday of the week of the rotation for credit.

GREEN COUNTRY FREE DENTAL CLINIC

321 Delaware Ave. Bartlesville, OK 74003
(918)338-0198

Lydia Snyder, RDH, MS, Site Coordinator (M) 918.277.6222
Tammie Golden, RDH, MHS (M) 316.250.0354
Abbie Gustafson, RDH, BS (M) 918.440.9998
Dean Zervas, DDS Supervising Dentist

GOALS

To provide the dental hygiene students with the opportunity to:

Apply the didactic principles from the Clinical Dental Hygiene and Dental Hygiene Process of Care to providing dental hygiene services to patients from the community.

REQUIREMENTS

Dress in appropriate clinic attire and bring your safety glasses/loupes.
Bring all necessary forms.
Bring 1 instrument kit.

PROTOCOL

Students are to report to the Green Country Free Dental Clinic (GCDC), which is located at 321 Delaware Bartlesville, OK 74003. Students are expected to report to the dental clinic by **12:40 p.m.** on the assigned day. During this rotation, the OU faculty will oversee procedures.

Students will be required to provide the following services (but not exclusively) for adult periodontal patients during the scheduled clinic session:

1. Assess and/or update the medical history.
2. Charting as needed on XLDent.
3. Provide patient education and oral hygiene instruction.
4. Provide a prophylaxis, NSPT (non surgical periodontal therapy; scaling & root planing) fluoride treatment, chemotherapeutics and desensitization as needed.
5. Expose and process radiographs as indicated by dental faculty using the NOMAD and Phosphor plates.
6. Students will have the opportunity to use the Piezo while providing treatment to patients.
7. Administer local anesthesia as needed, following successful completion of DH 4472 Anxiety and Pain Control.

EVALUATION

A Clinical Evaluation Form is to be turned in by noon on Wednesday of the week of the rotation to receive credit. Grading and credit will be the same as clinic at OUCOD.

GREEN COUNTRY FREE DENTAL CLINIC

321 Delaware Ave
Bartlesville, OK 74003
(918)338-0198

Lydia Snyder, RDH, MS, Site Coordinator (M) 918.277.6222
Tammie Golden, RDH, MHS (M) 316.250
Abbie Gustafson, RDH, BS (M) 918.440.9998
Dr. Dean Zervas, DDS, Supervising Dentist

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from Clinical Dental Hygiene and Dental Hygiene Process of Care to providing dental hygiene services to patients from the community **in the capacity as a dental assistant.**

REQUIREMENTS

Dress in appropriate clinic attire and bring your safety glasses.
Bring all necessary forms.

PROTOCOL

Students are to report to the Green Country Free Dental Clinic (GCDC) which is located at 321 Delaware Ave. Bartlesville, OK 74003. Students are expected to report to the dental clinic by **12:40 p.m.** on the assigned day. During this rotation, the OU clinical faculty will oversee clinical procedures

Students will be required to assist in providing the following services (but not exclusively) for adult periodontal patients during the scheduled clinic session:

1. Assess and/or update the medical history.
2. Charting as needed; this will be paper charting
3. Provide patient education and oral hygiene instruction.
4. Assist your assigned partner when she is providing care to the patient.
5. Assist in exposing radiographs using the NOMAD and phosphor plates.
6. Assist in disinfecting the unit between patients, escort the patient to the reception area.
7. Assist dental hygiene students as necessary.

A Clinic Evaluation Form must be signed by supervising faculty and turned in by noon on Wednesday of the week of the rotation for credit.

CHEROKEE CLINIC OCHELATA
395200 W 2900 Rd Ochelata, OK 74051
(918)535-6070
Alisha Underwood, RDH
Jason Holland, DDS Supervising Dentist

GOALS

To provide the dental hygiene students with the opportunity to:

Apply the didactic principles from the Clinical Dental Hygiene and Dental Hygiene Process of Care to providing dental hygiene services to patients from the community.

REQUIREMENTS

Dress in appropriate clinic attire and bring your safety glasses/loupes.
Bring all necessary forms.

PROTOCOL

Students are to report to the Cherokee Clinic (Cherokee), which is located at 395200 W 2900 Rd Ochelata. Students are expected to report to the dental clinic by **12:50 p.m.** on the assigned day. During this rotation, the OU faculty will oversee procedures.

Students will be required to provide the following services (but not exclusively) for adult periodontal patients during the scheduled clinic session:

1. Assess and/or update the medical history.
2. Charting as needed on Dentrix.
3. Provide patient education and oral hygiene instruction.
4. Provide a prophylaxis, NSPT (non surgical periodontal therapy; scaling & root planing) fluoride treatment, chemotherapeutics and desensitization as needed.
5. Expose and process radiographs as indicated by dental faculty.
6. Students will have the opportunity to use the piezo or cavitron while providing treatment to patients.
7. **No** local anesthesia will be administered by students at this rotation.

EVALUATION

A Clinical Evaluation Form is to be turned in by noon the next day of the week of the rotation. Experiential only; no patient credit will be given.

IMPLANTOLOGY

Refer to **P&P Section XI- OUCOD OKC SITE CLINICAL ROTATIONS DH II**
IMPLANTOLOGY

SCREENING & STERILIZATION

TCTC Clinic

Lydia Snyder, RDH, MS; Site Coordinator; (M) 918.277.6222
Tammie Golden, RDH, MHS; Clinical Instructor; (M) 316.250.0354
Abbie Gustafson, RDH, BS; Clinical Instructor; (M) 918.440.9998

GOALS

To provide the dental hygiene student with the opportunity to:

1. Perform oral examinations on patients applying for dental treatment at the TCTC Clinic.
2. Purpose of screenings:
 - Provide suitable patients for dental hygiene students.
 - Provide students with a diagnostic experience.
 - Increase awareness of oral conditions beyond patients assigned to you.
3. Perform sterilization and disinfection in the clinic.

REQUIREMENTS

Attend screening rotations as listed in the Clinic and Rotation Schedule.
Dress in appropriate clinic attire and bring safety glasses/loupes.
Comply with College of Dentistry Infection Control Policies.

PROTOCOL

Dental hygiene students assigned to the screening rotation will perform the following procedures:

1. Observe asepsis protocol in clinic. Properly sterilize, disinfect, and sanitize equipment, instruments, and counters.
2. Wear appropriate barrier equipment when working with patients or when handling contaminated materials.
3. Seat the patient at the scheduled time and review HHX with patient; obtain BP. Obtain PTP from clinic instructor.
4. Screen patient using Screening form and obtain consent from clinic instructor.
5. Discuss findings with patient and clinic instructor along with clinic hours, procedures and estimated fees.
6. The student should report to the clinic **30 minutes** before the clinic begins and should remain on duty until the close of the clinic period when all students and patients have left the clinic area.
7. In the event there are no patients to be screened, students will serve as a clinic assistant.
8. The student will stock the clinic supplies as needed.

EVALUATION

The clinic SSR should report to the Site Coordinator or faculty member to receive specific duties. A clinic evaluation form should be completed and turned in to the faculty member.

ORAL SURGERY & GENERAL DENTISTRY

TCTC-DELTA DENTAL CLINIC

Lydia Snyder, RDH, MS; Site Coordinator; (M) 918.277.6222
Tammie Golden, RDH, MHS; Clinical Instructor; (M) 316.250.0354
Abbie Gustafson, RDH, BS; Clinical Instructor; (M) 918.440.9998

GOAL

To provide the dental hygiene student with the opportunity to:

Assist dentists in providing dental care to the underserved population and practice four-handed dentistry for extractions and restorations.

REQUIREMENTS

Sign up with the site coordinator to assist in the TCTC-Delta Dental Clinic.
Dress in proper clinic attire and bring safety glasses/loupes.
Arrive **30 minutes** prior to the clinic starting to assist setting up the units.
Comply with College of Dentistry Infection Control Policies.

PROTOCOL

Dental hygiene students are to report to the TCTC Dental Clinic. Students are expected to report 30 minutes prior to the start of clinic on the assigned day.

1. Assess and/or update the medical history.
2. Charting as needed.
3. Provide patient education and oral hygiene instruction.
4. Assist the dentist during restorative procedures or extractions.
5. Expose radiographs as indicated by dental faculty.
6. Administer local anesthesia as needed, following the successful completion of DH 4472 Anxiety and Pain Control.

EVALUATION

A Clinic Evaluation Form must be signed by supervising faculty and turned in by noon the following day of the clinic.

PEDIATRIC DENTISTRY

TCTC Clinic

Lydia Snyder, RDH, MS; Site Coordinator; (M) 918.277.6222
Tammie Golden, RDH, MHS; Clinical Instructor; (M) 316.250.0354
Abbie Gustafson, RDH, BS; Clinical Instructor; (M) 918.440.9998
Dr. Frank Sommer & Dr. John Lindblom, Supervising Dentists

GOAL

To provide the dental hygiene student with the opportunity to:

Apply the didactic principles from Developmental Dentistry and Clinical Dental Hygiene to providing dental hygiene services to children; ages 3 – 12 years.

REQUIREMENTS

Attend scheduled pediatric dentistry rotations as listed on the Clinic and Rotation Schedule.

Dress in appropriate clinic attire and bring safety glasses/loupes.

Comply with College of Dentistry Infection Control Policies.

PROTOCOL

Students should report to dental hygiene clinic **30 minutes** prior to the Pedo rotation.

Students will be required to provide the following services for pediatric dentistry patients during the scheduled clinic session:

1. Update the HHX with parent or guardian; update address & phone; discuss radiographs.
2. Chart deciduous and mixed dentition teeth.
3. Expose and process radiographs as indicated by the supervising dentist.
4. Complete a plaque score.
5. Provide patient education.
6. Provide a prophylaxis.
7. Place sealants if indicated; CI must check prior to fluoride treatment.
8. Provide appropriate fluoride treatment.

Protocol review for BWX:

One year or longer since last BWX

1st permanent molars are present take panoramic radiographic (if not previously taken) and 2 BWX

1st permanent molars have not erupted; take 2 occlusals (if not previously taken) and 2 BWX unless there is adequate space to evaluate interproximal space. Caries history, Interproximal watch areas from last visit, Diagnostic integrity from previous BWX, No BWX if bands and brackets are in place.

EVALUATION

A Clinical Evaluation Form is to be turned in. Grading and credit will be the same as clinic at OUCOD.

TEACHING ASSISTANT in DHI CLINIC

Lydia Snyder, RDH, MS; Site Coordinator; (M) 918.277.6222
Tammie Golden, RDH, MHS; Clinical Instructor; (M) 316.250.0354
Abbie Gustafson, RDH, BS; Clinical Instructor; (M) 918.440.9998

GOALS

To provide the student with the opportunity to apply the didactic principles and clinical skills learned in Clinical Dental Hygiene I, II, III, and IV in assisting and mentoring DHI students.

REQUIREMENTS

Review all class/lab/clinic material(s) prior to attending the rotation.
Attend DH-I & DH-II lectures, as instructed to do so by Mrs.Stutzman.
Attend scheduled DHI clinic rotations (see 'Clinic Rotation Schedule').
Dress in appropriate clinic attire and bring your safety glasses/loupes.

Protocol

Dental hygiene students should report to the clinic **30 minutes** prior to the scheduled clinic time or be present in lecture **15 minutes** prior to scheduled lecture.

Fall

1. Assist and mentor DHI students in lab and clinical exercises.
2. Assist clinical faculty as requested.

Spring

1. Check instrument sharpening at the beginning of each clinic session.
2. Assist and mentor radiographic technique.
3. Assist and mentor DHI student in organization and treatment sequencing (DHII student is **not** allowed to record probing depths or hard tissue until notification by Mrs.Stutzman).
4. Assist clinical faculty upon request by:
 - a. evaluating work-ups and documenting results on evaluation form.
 - b. evaluating polishing and documenting results on evaluation form.
 - c. providing instrumentation technique feedback and documenting prn.
 - d. providing individualized mentoring at chairside for students providing care for more difficult patients.
5. Dental hygiene faculty **must** co-sign all record documentation entries.

This rotation is for the duration of the academic year (fall and spring semesters).

EVALUATION

A clinic evaluation form must be completed and turned in to faculty.

OBSERVATIONS IN DENTAL OFFICES

Lydia Snyder, RDH, MS; Site Coordinator; (M) 918.277.6222

GOAL

To provide the dental hygiene student with the opportunity to:

Observe and understand how a dental office works in a private or corporate setting.

REQUIREMENTS

Attend clinical observation rotations as listed in the Clinic and Rotation Schedule.

Dress in appropriate clinic attire and bring safety glasses/loupes.

Comply with College of Dentistry Infection Control Policies.

PROTOCOL

Arrive to the assigned office at the time noted.

Students will be required to observe the registered dental hygienist or dentist in their interaction with patients.

Students will observe how the dental hygienist or dentist explain treatment plans to the patients; including but not limited to hygiene treatment.

Dr. Jon Lindblom

2359 Nowata Place

Bartlesville, OK 74006

(918) 331-0016

AM 9 – 11; PM 2- 4

Dr. David Stapleton

12/14 E 101st PI N

Owasso, OK 74055

(918) 376-2191

AM 9 – 11; PM 12 – 2

Dr. Heath Potter

4200 SE Adams

Bartlesville, OK 74006

(918) 333-3694

AM 9 – 11; PM 1 - 3

Dr. J. Reed Butler (you will be asked to sign a HIPAA form there)

2419 SE Nowata Pl, Ste 101

Bartlesville, OK 74006

(918) 333-0990

AM 9 – 11; PM 12-2

Green Country Dental Arts of Bartlesville

Dr. Bulleigh & Dr. Lard

1820 Washington Blvd.

Bartlesville, OK 74006

(918) 336-1030
AM 9 - 11; PM 1 - 3

Green Country Dental Arts Downtown
Dr. Brendon Swisher
412 SE 4th
Bartlesville, OK 74003
918-336-1262
AM 9 – 11; PM 1 - 3

My Dentist Bartlesville
1224 SE Washington Blvd
Bartlesville, OK 74006
(918) 333-3241
AM 9 – 11; PM 1 - 3

Dr. Craig Cochran – Oral & Maxiofacial Surgery
215 SE Howard Ave.
Bartlesville, OK 74006
(918) 333-9155
AM 9:00 – 11:00

Dr. Mark Unruh – Orthodontist
425 S Madison Blvd
Bartlesville, OK 74006
(918) 333-3628
AM 9 – 11; PM 1 - 3

Dr. Christopher Delong – Endodontist
12899 E 76th St N
Suite # 108
Owasso, OK 74055
(918) 272-2488
AM 9 – 11; PM 12– 2

Dr. Stephen Beard
509 SE Delaware
Bartlesville, OK 74003
(918) 336-3441
AM 9 – 11; PM 12 – 2

Dewey Dental – Dr. Nathan Bulleigh
417 E Don Tyler Ave
Dewey, OK 74029
918-534-3170
AM 9 – 11; PM 12 - 2

EVALUATION

A rotation form must be completed and turned in to the site coordinator.

FRONT DESK

Lydia Snyder, RDH, MS; Site Coordinator; (M) 918.277.6222
Tammie Golden, RDH, MHS; Clinical Instructor; (M) 316.250.0354
Abbie Gustafson, RDH, BS; Clinical Instructor; (M) 918.440.9998

GOAL

To provide the dental hygiene student with the opportunity to:

Understand how the front office works.

REQUIREMENTS

Arrive at the reception area on the dates indicated in the Clinic and Rotation Schedule.
Dress in appropriate clinic attire and bring safety glasses/loupes.
Comply with College of Dentistry Infection Control Policies.

Protocol

Arrive to the reception area at the assigned time.

Students will be required to assist the Administrative Assistant in her duties which include but are not limited to pulling charts, filing, calling patients to see if they would still like to be a patient in our clinic **IF** they are unable to reach them, then send post cards, answering the phones, etc.

Students will observe how the administrative assistant works to keep the clinic running smoothly.

Once all reception duties are complete the student may complete transitional dentition, take impressions, chart audits or any other duties that the clinic instructor may assign them.

During this rotation students will be under the supervision of the Dental Administrative Assistant.

EVALUATION

A clinic evaluation form must be completed and turned in to faculty.

ASSISTANT ROTATION

Lydia Snyder, RDH, MS; Site Coordinator; (M) 918.277.6222
Tammie Golden, RDH, MHS; Clinical Instructor; (M) 316.250.0354
Abbie Gustafson, RDH, BS; Clinical Instructor; (M) 918.440.9998

GOAL

To provide the dental hygiene student with the opportunity to:

Understand how to be a dental assistant and utilize four-handed dentistry.

REQUIREMENTS

Arrive at the reception area on the dates indicated in the Clinic and Rotation Schedule.

Dress in appropriate clinic attire and bring safety glasses/loupes.

Comply with College of Dentistry Infection Control Policies.

Protocol

Arrive to the clinic 30 minutes prior to clinic time.

Students will be assigned to assist one or more hygiene students working in the clinic by the clinic faculty.

EVALUATION

A clinic evaluation form must be completed and turned in to faculty.

P&P Section XIV- WTC CLINICAL ROTATIONS

WTC CLINICAL ROTATIONS WEATHERFORD SITE CLINICAL ROTATIONS

CLINICAL REQUIREMENTS

Students will provide dental hygiene services to patients during the fall semester in clinical rotation sites as assigned. In each of these rotations, students will be under the direct supervision of dental, dental hygiene faculty and/or staff.

The Dental Hygiene Manual contains the goals, requirements and protocol for each rotation site. Students are advised to consult this manual prior to attending each rotation. Orientation to the rotations will be scheduled at the beginning of the semester prior to students' attendance in the rotation.

Student use of local anesthesia and nitrous oxide analgesia is **prohibited** until notification by faculty that the student has attained a passing grade in the didactic and clinical exams for the use of local anesthesia and nitrous oxide analgesia.

•Note: Administration of local anesthesia must be documented on the Local Anesthesia Report Form to receive credit.

WTC SITE CLINICAL ROTATIONS

**Clinic Assistant
Implantology
Screening & Sterilization
Hope Dental Clinic
Teaching Assistant**

CLINIC ASSISTANT

Ms. Tina Tuck, RDH, MHR, Site Coordinator (580) 302-4246
Ms. Marla Holt, RDH, BS, Clinical Instructor (580) 772-0294

GOALS

Apply didactic principles and clinical skills learned in Clinical Dental Hygiene I and II in assisting DHII students.

REQUIREMENTS

Attend scheduled DHII clinic rotations as listed on the Clinic Rotation Schedule.

Dress in appropriate clinic attire and bring safety glasses.

Assist a DHII student during the assessment and treatment of a patient.

(Principles of four-handed dentistry are to be followed during assisting.)

Assist in care, sterilization, and disinfection of instruments and equipment.

PROTOCOL

Students are to report to the Clinical Coordinator and present a clinical evaluation form.

The Clinical Coordinator will instruct the student as to his/her specific duties for that clinic session.

The dental hygiene student is expected to **be present and participating as a dental team member throughout the entire clinic session.**

IMPLANTOLOGY

Refer to **P&P Section XI- OUCOD OKC SITE CLINICAL ROTATIONS DH II**
IMPLANTOLOGY

STERILIZATION/SCREENING

Ms. Tina Tuck, RDH, MHR, Site Coordinator (580) 302-4246

Ms. Marla Holt, RDH, BS, Clinical Instructor (580) 772-0294

GOAL

To provide dental hygiene students with: 1) the opportunity to experience sterilization and maintenance of the dental clinic and 2) become proficient in screening patients for dental hygiene treatment.

REQUIREMENTS/DUTIES

Dispensing instruments and supplies to dental hygiene students prn.

Perform necessary steps for sterilization of instruments in the sterilization area of the WTC clinic. Included are: instruments in the “red” cabinet, running the ultrasonic and autoclave prn.

Restock or dispense materials/supplies in the clinic prn.

Screen dental hygiene patients as appointed, following the same protocol as for the “Screening” rotation. (Set up and properly clean/shut-down the dental cubical used for screening patients)

Properly sterilize, disinfect, and sanitize equipment, instruments and counters.

PROTOCOL

Wear appropriate barrier equipment when handling contaminated, caustic or otherwise dangerous substances or materials. These materials will be labeled.

Students assigned to be the sterilization/screener for the clinic session should report to the clinic 30 minutes prior to the clinic session and should remain on duty until the close of the clinic period to ensure that all “end of clinic” duties have been completed.

“Beginning of Clinic” duties include but are not limited to: turning on all of the equipment, turning on the computers in radiology, filling and running the statim or autoclave with any bagged instruments left to be sterilized.

“End of Clinic” duties include turning off all electrical devices (ultrasonic scalers, dental units, lights, suction, N2O units, etc.)

See Central Sterilization Rotation Check List in the WTC Dental Clinic.

Assisting fellow students is encouraged if patients are not scheduled for screenings

**WESTERN OKLAHOMA FAMILY CARE CENTER
HOPE CLINIC**

Ms. Tina Tuck, RDH, MHR, Site Coordinator (580) 302-4246
Ms. Marla Holt, RDH, BS, Clinical Instructor (580) 772-0294

GOAL

To provide the students with an opportunity to:

Provide preventive dental services to patients in a public health setting.
Experience a clinic setting similar to private practice dental settings.
Learn public health dentistry procedures as they relate to medically compromised patients, children, and elderly patients.

REQUIREMENTS

Attend scheduled rotations as listed on the clinic rotation schedule.

Dress in appropriate clinic attire and bring your safety glasses.

Bring instrument cassettes, sterilization bags, pens, assessment and clinic evaluation forms, drug reference book, and appointment book with the rotations list.

Be respectful of the employees, hygienists and dentists at the Hope Clinic.

Maintain proper asepsis protocol throughout the rotation.

PROCEDURES

Obtain the patient chart, review the most recent health history and medications list.
Assess vitals for the patient according to OUCOD clinic guidelines.

Review recent dental visit forms in the patient chart to determine if the patient is a candidate for radiographs and to verify the treatment recommended by the clinic dentist.

Obtain PTP following the protocol for the OUCOD clinic.

Assessment will be completed using the OUCOD assessment forms.

Oral Hygiene Instructions should be performed **prior to** beginning scaling at each appointment.

Students should not expect to complete a quadrant or a patient on each rotation.

TEACHING ASSISTANT in DHI CLINIC

Ms. Tina Tuck, RDH, MHR, Site Coordinator (580) 302-4246
Ms. Marla Holt, RDH, BS, Clinical Instructor (580) 772-0294

GOAL

To provide the student with the opportunity to apply the didactic principles and clinical skills learned in Clinical Dental Hygiene I, II, III, and IV in assisting and mentoring DHI dental hygiene students.

REQUIREMENTS

Review all class/lab/clinic material(s) prior to attending the rotation. Attend DH-I & DH-II lectures, as instructed to do so by faculty.

Attend scheduled DHI clinic rotations (see 'Clinic Rotation Schedule'). Dress in appropriate clinic attire and bring safety glasses.

DUTIES:

Fall

Assist and mentor DH I students in lab and clinical exercises Assist clinical faculty as requested

Spring

Check instrument sharpening at the beginning of each clinic session.

Assist and mentor radiographic technique

Assist and mentor DH I student in organization and treatment sequencing (DH II student is **not** allowed to record probing depths or hard tissue until notification by faculty)

Assist clinical faculty upon request by:

- evaluating work-ups and documenting results on evaluation form.
- evaluating polishing and documenting results on evaluation form.
- providing instrumentation technique feedback and documenting prn
- providing individualized mentoring at chairside for students

Dental hygiene faculty **must** co-sign all record documentation entries

This rotation is for the duration of the academic year (fall and spring semesters)

Clinical Operations Section I

DH I Competencies & Clinical Evaluation Forms

Student: _____ Start Time: _____

DISINFECTION AND SET-UP OF THE DENTAL UNIT AREA

TASK COMPONENTS/PROCEDURES

EVAL

Obtain protective eyewear & bib clip/tape from student supply box. Place on paper towel. Wash hands thoroughly for 40-60 seconds.	5	
Gather mask, gloves, & pitcher to flush evacuation system. Put on mask and glasses.		
Put on gloves. Position patient, operator and assistant chairs, light (position light pole to opposite side of operator), carts, & rheostat.		
Fill water bottle with properly treated water (DO NOT touch tubing when reattaching water bottle to unit).		
Flush evacuation system with one pitcher of warm water (HVE, Saliva Ejector, & Isovac flushed separately).		
Flush water lines for 30 seconds.		
Clean dental chair, operator's and assistant's stools utilizing Silky soap* and water. Discard paper towel or towelette. *If blood is present, use a disinfectant towelette.	20	
PRECLEAN		
Dental light switch, handles, and swivel arm. Discard disinfecting towelette.		
Operator and Assistant's Chair Levers/Handles.		
Computer handles, bracket table, swivel arm, power switch, and accessories (A/W syringe, connectors, holders and hoses). Discard disinfecting towelette.		
Assistant's cart, handles, swivel arm, patient chair lever, and accessories (A/W syringe, connectors, holders and hoses). Discard disinfecting towelette.		
Paper towel dispenser, soap dispenser, faucet handle, countertops & sink rim. Discard disinfecting towelette		
Remove gloves and discard into round opening next to sink.		
DISINFECT		
Dental light switch, handles, and swivel arm. Discard disinfecting towelette		
Operator and Assistant's Chair Levers/Handles.		
Computer handles, bracket table, swivel arm, power switch, and accessories (A/W syringe, connectors, holders and hoses). Discard disinfecting towelette.		
Assistant's cart, handles, swivel arm, patient chair lever, and accessories (A/W syringe, connectors, holders and hoses). Discard disinfecting towelette.		
Paper towel dispenser, soap dispenser, faucet handle, countertops & sink rim. Discard disinfecting towelette.		
Remove gloves and discard into round opening next to sink.		
SET UP	5	
Wash hands or use hand sanitizer- gather supplies (including isolation gown).		
Cover chair back and place barrier film on switches, controls/levers, and arm rests—includes the hydraulic lever.		
Cover bracket table and assistant's cart with dental bibs. Place instrument cassette on bracket table.		
Insert saliva ejector and A/W syringe tip. Cover with plastic sleeves.		
Hang white bag for trash from unit. Place isolation gown on countertop. Barrier keyboard/mouse.		
BREAKDOWN PROCEDURE (Following Patient Tx and Patient Dismissal)	20	
Put on mask, glasses, and gloves.		
Instruments must be safely and securely placed in cassette before transporting to designated bin.		
Place contaminated disposables in white bag. Place bag into general trash receptacle/container (and/or regulated trash placed into a designated biohazard container). Remove contaminated gloves into trash container, wash hands or use hand sanitizer. Re-glove.		
DISINFECT		
Disinfect unit using Modified Technique.		
Flush water and evacuate lines for 30 seconds.		
Return equipment to its original position; rheostat on dental chair (on paper towel).		
Remove protective eye wear and disinfect (operator and patient). Remove mask and gloves and discard into round opening next to sink. Wash hands or use hand sanitizer.		
OTHER	10	
Performed in appropriate time frame. (30 minutes)		
*Maintains asepsis		
Instructor:	TOTAL	60

*Critical error will result in automatic failure with highest attainable score of 74% of this competency

Student: _____

Instructor: _____

MOUTH MIRROR & SHEPHERD'S HOOK EXPLORERS
Process Competency Examination

TASK COMPONENTS	PTS	EVAL
OPERATOR POSITIONING		
Correct height of operator's stool	5	
Back in neutral position		
Correct seating area for instrumentation (Clock positions)		
PATIENT POSITIONING		
Back of patient chair adjusted for appropriate arch	5	
Height of patient chair adjusted to level of operator's elbow		
Patient's head adjusted for treatment area (ex. toward/away, chin-up / down)		
Light positioned appropriately for treatment area		
MIRROR TECHNIQUE		
Demonstrates (using NON-DOMINANT hand) and explains uses of mouth mirror:	20	
a. Illumination		
b. Transillumination		
c. Retraction		
d. Indirect Vision		
SHEPHERD'S HOOK EXPLORER		
Examines pits and fissures and margins of restorations and sealants	10	
GRASP		
Thumb and index finger pads positioned opposite one another on handle; fingers not touching or overlapped	5	
Index finger and thumb near handle/shank junction with thumb flexed outward		
Upper inside corner of middle finger rests lightly on shank		
FULCRUM		
Uses appropriate fulcrum for area of instrumentation	5	
*Maintains asepsis	*	
COMMENTS:	TOTAL 50	

***Critical error will result in automatic failure with highest attainable score of 74% of this competency**

Student: _____

Instructor: _____

ODU 11/12 Explorer
Process Competency Examination

AREA:		
TASK COMPONENTS	PTS	EVAL
OPERATOR POSITIONING		
Correct height of operator's stool	5	
Back in neutral position		
Correct seating area for instrumentation (Clock positions)		
PATIENT POSITIONING		
Back of patient chair adjusted for appropriate arch	5	
Height of patient chair adjusted to level of operator's elbow		
Patient's head adjusted for treatment area (ex. toward/away, chin-up / down)		
Light positioned appropriately for treatment area		
MOUTH MIRROR		
Appropriate for area (retracts when appropriate, indirect vision when appropriate)	5	
GRASP		
Thumb and index finger pads positioned opposite one another on handle; fingers not touching or overlapped	10	
Index finger and thumb near handle/shank junction with thumb flexed outward		
Upper inside corner of middle finger rests lightly on shank		
Handle rests between second and third knuckle of index finger		
All fingers contact instrument as unit (NO "SPLITTING") using a stacked fulcrum		
Grasp is relaxed but secure (no blanching of fingers)		
FULCRUM		
Uses appropriate fulcrum for area of instrumentation	10	
ADAPTATION, INSERTION		
Correct working end chosen	20	
Point of insertion appropriate		
Adapts 1-2 mm of tip to tooth		
ACTIVATION/STROKE		
Maintains neutral wrist position	10	
Activates with appropriate wrist-forearm motion		
Pivots stroke from fulcrum		
Rolls instrument in fingers around line angles		
Appropriate stroke direction (oblique on facial and lingual; vertical into proximal)		
Light, overlapping strokes of appropriate length		
OTHER		
*Maintains asepsis	*	
COMMENTS:	TOTAL 65	

*Critical error will result in automatic failure with highest attainable score of 74%

Student: _____ Instructor: _____

EXTRA/INTRA ORAL EXAM
Process Competency Examination

Size	Location
Color	Symptoms
Shape	Duration
Lesion	
Consistency	
Surface texture	

TASK COMPONENTS	PTS	EVAL
PREPARATION		
Assembles correct armamentarium	10	
Reviews health history		
Identifies considerations presented in health history		
Explains and obtains consent		
SEQUENCE OF EXTRA ORAL EXAM		
Patient seated upright in dental chair, Removes glasses of patient, Operator standing	20	
Uses appropriate technique, pressure, stroke while examining the following:		
Visual assessment of patient looking for anomalies of head and neck area		
Frontal and supraorbital region		
Infraorbital and zygomatic process region		
Maxillary sinus region		
Mandible and parotid gland region		
Temporal region (pre-auricular)		
TMJ and masseter		
Submental, submandibular and sublingual regions		
Trachea and thyroid		
Sternocleidomastoid muscle (Anterior cervical lymph chain)		
Supraclavicular region		
Trapezius muscle and occipital region (Posterior cervical node chain)		
Back and lateral portions of neck posterior to Sternocleidomastoid muscle		
SEQUENCE OF INTRA ORAL EXAM		
Remove gloves, wash hands, put on new gloves	20	
Patient in supine position, Put patient glasses on, Operator sitting, Appropriate light placement		
Uses appropriate technique, pressure, stroke while palpating and/or evaluating the following:		
Visual assessment of lips and commissures		
Labial mucosa		
Buccal mucosa		
Vestibule and frenula		
Floor of mouth		
Tongue		
Hard and soft palate		
Uvula, tonsillar pillars, oropharynx		
Alveolar mucosa		
Edentulous gingiva if indicated		
Assess salivary flow by stimulating Stenson's Duct		
VERBALIZE TO FACULTY		
Gingival assessment: Color, Contour, Consistency	10	
Utilizes 'SCSLCSLSD' to describe intra/extra oral findings		
OTHER		
Discusses findings with patient in appropriate language	10	
Delivers patient specific education based on findings		
*Maintains asepsis	*	
COMMENTS:	TOTAL	
	70	

*Critical error will result in automatic failure with highest attainable score of 74%

Student: _____

Instructor: _____

SICKLE SCALERS
Process Competency Examination

TASK COMPONENTS	Ant. Nevi		Post. Nevi		204S	
	PTS	EVAL	PTS	EVAL	PTS	EVAL
OPERATOR POSITIONING						
Correct height of operator's stool	5		5		5	
Back in neutral position						
Correct seating area for instrumentation (Clock positions)						
PATIENT POSITIONING						
Back of patient chair adjusted for appropriate arch	5		5		5	
Height of patient chair adjusted to level of operator's elbow						
Patient's head adjusted for treatment area						
Light positioned appropriately for treatment area						
MOUTH MIRROR						
Appropriate for area (retracts when appropriate, indirect when appropriate)	5		5		5	
GRASP						
Thumb and index finger pads positioned opposite one another on handle; fingers not touching or overlapped	10		10		10	
Index finger and thumb near handle/shank junction with thumb flexed outward						
Upper inside corner of middle finger rests lightly on shank						
Handle rests between second and third knuckle of index finger						
All fingers contact as a unit (NO "SPLITTING") using a stacked fulcrum						
FULCRUM						
Uses appropriate fulcrum for area of instrumentation	10		10		10	
ADAPTATION						
Correct working end chosen	20		20		20	
Adapts terminal 2 mm of working end						
ACTIVATION/STROKE						
Maintains neutral wrist position	10		10		10	
Activates with appropriate wrist-forearm motion						
Pivots stroke from fulcrum						
Rolls instrument in fingers around line angles						
Appropriate stroke direction						
Covers circumference of tooth by channel scaling						
Short, controlled stroke (2-3mm in length)						
Appropriate speed						
OTHER						
*Maintains asepsis	*		*		*	
TOTAL POINTS PER INSTRUMENT:	65		65		65	
COMMENTS:	Average of Instruments: Ant. Nevi + Post. Nevi + 204S = TOTAL / 3		TOTAL		EVAL	
			65			

*Critical error will result in automatic failure with highest attainable score of 74%

Student: _____

Instructor: _____

BARNHART 5/6
Process Competency Examination

AREA:		
TASK COMPONENTS	PTS	EVAL
OPERATOR POSITIONING		
Correct height of operator's stool	5	
Back in neutral position		
Correct seating area for instrumentation (Clock positions)		
PATIENT POSITIONING		
Back of patient chair adjusted for appropriate arch	5	
Height of patient chair adjusted to level of operator's elbow		
Patient's head adjusted for treatment area		
Light positioned appropriately for treatment area		
MOUTH MIRROR		
Appropriate for area (retracts when appropriate, indirect when appropriate)	5	
GRASP		
Thumb and index finger pads positioned opposite one another on handle; fingers not touching or overlapping	10	
Index finger and thumb near handle/shank junction with thumb flexed outward		
Upper inside corner of middle finger rests lightly on shank		
Handle rests between second and third knuckle of index finger		
All fingers contact as a unit (NO SPLITTING) using a stacked fulcrum		
FULCRUM		
Uses appropriate fulcrum for area of instrumentation	10	
ADAPTATION/INSERTION		
Correct working end chosen	20	
Adapts terminal 1-2 mm of working end		
Point of insertion appropriate		
ACTIVATION/STROKE (DEMONSTRATED SUPRAGINGIVALLY)		
Maintains neutral wrist position	10	
Activates with appropriate wrist-forearm motion		
Pivots stroke from fulcrum		
Rolls instrument in fingers around line angles		
Appropriate stroke direction		
Covers circumference of tooth by channel scaling		
Short, controlled strokes		
Appropriate speed		
OTHER		
*Maintains asepsis	*	
COMMENTS:	TOTAL 65	

*Critical error will result in automatic failure with highest attainable score of 74%

Student: _____

Instructor: _____

GRACEY 1/2, 11/12, 13/14
Process Competency Examination

TASK COMPONENTS	Gracey 1/2		Gracey 11/12		Gracey 13/14	
	PTS	EVAL	PTS	EVAL	PTS	EVAL
OPERATOR POSITIONING						
Correct height of operator's stool	5		5		5	
Back in neutral position						
Correct seating area for instrumentation (Clock positions)						
PATIENT POSITIONING						
Back of patient chair adjusted for appropriate arch	5		5		5	
Height of patient chair adjusted to level of operator's elbow						
Patient's head adjusted for treatment area						
Light positioned appropriately for treatment area						
MOUTH MIRROR						
Appropriate for area (retracts when appropriate, indirect when appropriate)	5		5		5	
GRASP						
Thumb and index finger pads positioned opposite one another on handle; fingers not touching or overlapping	10		10		10	
Index finger and thumb near handle/shank junction with thumb flexed outward						
Upper inside corner of middle finger rests lightly on shank						
Handle rests between second and third knuckle of index finger						
All fingers contact as a unit (NO "SPLITTING") using a stacked fulcrum						
FULCRUM						
Uses appropriate fulcrum for area of instrumentation	10		10		10	
ADAPTATION						
Correct working end chosen	20		20		20	
Point of insertion appropriate						
Adapts terminal 1-2 mm of working end						
ACTIVATION/STROKE						
Maintains neutral wrist position	10		10		10	
Activates with appropriate wrist/forearm motion						
Pivots stroke from fulcrum						
Rolls instrument in fingers around line angles						
Appropriate stroke direction						
Covers circumference of tooth by channel scaling						
Short, controlled stroke						
Appropriate speed						
OTHER						
*Maintains asepsis	*		*		*	
TOTAL POINTS PER INSTRUMENT:	65		65		65	
COMMENTS:	Average of Instruments: Gracey 1/2 + Gracey/11/12 + Gracey 13/14 = TOTAL / 3			TOTAL 65		EVAL

*Critical error will result in automatic failure with highest attainable score of 74%

Student: _____

Instructor: _____

PERIODONTAL PROBE
Process Competency Examination

AREA:		
TASK COMPONENTS	PTS	EVAL
OPERATOR POSITIONING		
Correct height of operator's stool	5	
Back in neutral position		
PATIENT POSITIONING		
Back of patient chair adjusted for appropriate arch	5	
Height of patient chair adjusted to level of operator's elbow		
Patient's head adjusted for treatment area		
Light positioned appropriately for treatment area		
MOUTH MIRROR		
Appropriate for area (retracts when appropriate, indirect vision when appropriate)	5	
GRASP		
Thumb and index finger pads positioned opposite one another on handle; fingers not touching or overlapping	10	
Index finger and thumb near handle/shank junction with thumb flexed outward		
Upper inside corner of middle finger rests lightly on shank		
Handle rests between second and third knuckle of index finger		
All fingers contact as a unit (NO "SPLITTING) using a stacked fulcrum		
Grasp is secure and relaxed (no blanching of fingers)		
FULCRUM		
Uses appropriate fulcrum for area of instrumentation	10	
ADAPTATION/INSERTION		
Uses appropriate sequence in the treatment area	20	
Tip remains in contact with tooth surface including interproximal area or col		
Insertion with light pressure to junctional epithelium		
ACTIVATION/STROKE		
Maintains neutral wrist position	10	
Uses small walking strokes within the sulcus or periodontal pocket to cover circumference of tooth		
OTHER		
*Maintains asepsis	*	
COMMENTS:	TOTAL	
	65	

*Critical error will result in automatic failure with highest attainable score of 74%

Student: _____

Instructor: _____

CORONAL POLISHING
Process Competency Examination

AREA:		
TASK COMPONENTS	PTS	EVAL
OPERATOR POSITIONING		
Correct height of operator's stool	5	
Back in neutral position		
Correct seating area for instrumentation		
PATIENT POSITIONING		
Back of patient chair adjusted for appropriate arch	5	
Height of patient chair adjusted to level of operator's elbow		
Patient's head adjusted for treatment area		
Light positioned appropriately for treatment area		
MOUTH MIRROR		
Appropriate for area (retracts when appropriate, indirect when appropriate)	5	
GRASP		
Uses modified pen grasp	10	
Holds as near working end as possible		
FULCRUM		
Appropriate for working area (intraoral when appropriate and extraoral when appropriate)	10	
ADAPTATION/INSERTION		
Angles prophy cup to flare slightly subgingivally	20	
ACTIVATION/STROKE		
Maintains neutral wrist position		
Uses appropriate sequence in the treatment area		
Pivots stroke from fulcrum		
Uses light but secure/controlled stroke covering entire surface into proximal		
OTHER		
Flosses, rinses and evacuates patient's mouth	10	
*Maintains asepsis	*	
COMMENTS:	TOTAL	
	65	

***Critical error will result in automatic failure with highest attainable score of 74%**

Student: _____

Instructor: _____

TOPICAL FLUORIDE (TRAYS)

TASK COMPONENTS	PTS	EVAL
PREPARATION		
Assembles complete armamentarium	10	
Correct patient positioning (upright)		
Selects correct tray size		
Selects appropriate type of fluoride and states rationale		
PROCEDURE		
Thin band of fluoride dispensed in tray	20	
Thoroughly dries teeth		
Instructs patient not to swallow fluoride		
Correctly places trays		
Places saliva ejector between trays for continuous suction		
Instructs patient to chew/tap into tray to disperse fluoride to gingival margin thoroughly		
Times procedure correctly		
Removes trays and excess fluoride		
COMPLETION		
Verbalizes appropriate post-treatment instructions	20	
OTHER		
*Maintains asepsis	*	

*Critical error will result in automatic failure with highest attainable score of 74%

50

TOPICAL FLUORIDE (VARNISH)

PREPARATION	PTS	EVAL
Assembles complete armamentarium	10	
Correct patient positioning (supine)		
States the rationale and consideration for use of varnish		
PROCEDURE		
Dry teeth with gauze	20	
Dip applicator brush in varnish and mix well		
Paint a thin layer on mandibular tooth surfaces		
Continue with maxillary tooth surfaces		
Application takes approximately 1-3 minutes		
COMPLETION		
Verbalizes appropriate post-treatment instructions	20	
OTHER		
*Maintains asepsis	*	

*Critical error will result in automatic failure with highest attainable score of 74%

50

COMMENTS:

**UNIVERSITY of OKLAHOMA
COLLEGE of DENTISTRY
Dental Hygiene Program**

SCALING COMPETENCY I

Completed during CDHII-Spring

Objective: Student will complete scaling on a qualifying patient using the following criteria with 75% accuracy. Remediation required if necessary; initial grade stands even after remediation.

CRITERIA & PROCEDURE for SCALING COMPETENCY I

- Student must have completed two “periodontal maintenance” or prophylaxis patients prior to contracting for competency. (*May be amended by CDH II course director or site coordinator)
- Patient must present with localized or generalized gingivitis.
- Patient must have both anterior and posterior dentition with 10 areas of demonstrable calculus.
- Perio maintenance patient may utilize 1-2 quads upon instructor discretion due to increased difficulty of patient.

Student:

1. Inform the instructor that a competency exam is to be performed. This should be done as soon as the student determines that the patient is an acceptable candidate for a scaling competency.
2. CI will identify and record calculus deposits onto NCR form. Student must not be present while charting is being completed.
3. Student will proceed with appointment as usual but with no guidance from CI.
4. Student remains chairside while the product evaluation (final check out) is graded by the CI. Student will then be allowed to attempt deposit removal.
5. Student will complete a COMPETENCY SELF-ASSESSMENT WORKSHEET on any identified remaining deposits.
6. After faculty review of the self-assessment worksheet, faculty and student will discuss outcome.

Faculty:

1. Verify that the patient is an acceptable competency patient
2. CI to verify deposits using Calculus Deposits Check in Sheet at determination of eligibility. (Deposits preferably supragingival)
3. CI will check end product (product evaluation). Document on Calculus Deposits Check in Sheet.

Evaluation/Scoring:

THE SCALING COMPETENCY I IS CALCULATED AS FOLLOWS:

$$\frac{\text{Number of removed deposits}}{\text{Total number of deposits charted}} + \text{SELF-ASSESSMENT POINTS (UP TO 5 BONUS POINTS)}$$
$$\frac{8}{10} = 80 + 2 = 82$$

*6 point deduction for each area of tissue trauma

POLISHING COMPETENCY

CRITERIA:

Student must have completed two patients prior to contracting for the competency. (*May be amended by course director). Polishing competency may be done on scaling competency patient.

Patient must:

- Have 10 natural teeth free from crown and bridge (6 posterior & 4 anterior).
- Have a minimum of 25% plaque index **on day of exam on the 10 selected teeth.**

PROCEDURE:

One CI will confirm patient suitability and check plaque removal competency.

1. Inform the CI at PTP that a potential plaque removal competency exam is to be performed.
(Patients must meet above criteria)
2. Calculate Plaque Index on entire dentition and document on calculus charting form.
(Note: CI will select the TEN competency teeth)
3. CI will verify that the patient is an acceptable competency patient and verify plaque index.
4. Student performs plaque removal procedure.
5. CI checks competency.
6. Student removes residual plaque (if remaining).
7. Fill out self-assessment worksheet.
8. CI checks residual plaque removal.
9. Self-assessment worksheet completed and returned to the CI (may place in CI mailbox).
10. After CI review of the self-assessment worksheet, CI and student will discuss outcome and compute grade-using formula below.

Grading as Follows:

Light Plaque = 25-40% plaque index, allowed 0 areas of plaque remaining. Deduct 12 points per site remaining.

Moderate Plaque = 41-55% plaque index, allowed 1 area of plaque remaining. Greater than 1, deduct 12 points per error.

Heavy Plaque \geq 56% plaque index, allowed 2 areas of plaque remaining. Greater than 2, deduct 12 points per error.

Tissue trauma No allowable errors. Trauma designates automatic failure of competency; no additional points will be added.

Self-Assessment- Points added for removal of error(s) and correct assessment of error(s). Maximum allowed +5.

STUDENT NAME _____

PATIENT NAME _____ P or PM _____

CLINIC INSTRUCTOR _____

DATE _____

POLISHING PRODUCT COMPETENCY				
Plaque index (PI)	Total errors	Allowable errors	Excessive errors	Points from 100
25 – 40% (10-16) areas		0		X 12=
41 – 55% (17-22) areas		1		X 12=
≥ 56% (>22) areas		2		X 12=
Total errors – allowable errors = excessive errors X 12 for plaque				100 -
Self Assessment	Maximum of 5 points added			+
Trauma	Zero allowable errors			Automatic Failure
GRADE				= %

COMPETENCY SELF-ASSESSMENT WORKSHEET

Student Name _____

Date/ Faculty Signature _____

Scaling Comp. I

Polishing

Probe

Error	Self-assessment of Error (.25)	Correction Method (.25)	Error Removed (.5)	Value

DH3313- CDHI POST COMPETENCY SELF-ASSESSMENT

1. Prior to reviewing your _____ competency, discuss your perceived performance regarding your strengths and weaknesses.
2. After reviewing your competency, what were your strengths and weaknesses?
3. How do you plan to master the areas that were identified as needing improvement

ALGINATE IMPRESSIONS LABORATORY EVALUATION DHI

STUDENT: _____ PATIENT: _____ INSTRUCTOR INITIALS: _____ FINAL GRADE: _____ DATE: _____

Objective: Student will create a maxillary and mandibular impression with 75% accuracy for a satisfactory grade in Applied Dental Materials.

Procedure: Set up unit, Take impression. Remove, disinfect and store impression in accordance with CDC guidelines. Student will be evaluated on maxillary and mandibular impression.

	Mand Pts.	Max Pts	Total Pts. Earned
I. EQUIPMENT SET UP & PREPARATION			
1. Gather mixing bowl, spatula, alginate impression material, graduated cylinder, maxillary and mandibular trays, tray adhesive, ziplock plastic bag with patient's name and beading wax (if needed)	2pts.	2pts.	
2. Disinfect mixing bowl and spatula	2pts.	2pts.	
II. PROCEDURE			
3. Recognize indications and contraindications	2 pts.	2pts.	
4. Explain procedure to patient, gain verbal consent	2 pts.	2pts.	
5. Lubricate patient's lips and provide antimicrobial mouthrinse.	2 pts.	2pts.	
6. Inspect patient's mouth for correct tray size and try in tray. Make adjustments to tray. (At least 1/4" between tray and dentition, covers retro molar pads/max. tuberosity)	2 pts.	2pts.	
7. Place tray adhesive on plastic tray and wait to dry	1 pt.	1pts.	
8. Pour alginate powder into bowl and fill graduated cylinder with water at room temperature to top line and pour into bowl	1 pt.	1pts.	
9. Pour water onto powder and highly incorporate until powder is wet; then spatulate alginate onto sides of bowl to express air bubbles	2 pts	2pts.	
10. Spatulate vigorously for 1 minute until smooth and creamy	2 pts.	2pts.	
11. Load mandibular tray first using large increments of alginate material and loading from the lingual side just below the rim of the tray	2 pts.	2pts.	
12. Right handed operator should be at the 8 o'clock position (4 o'clock for left handed) for the mandibular impression and retract the opposite cheek with the non-dominant hand	2 pt.	2pts.	
13. HOLD OUT LIP while seating anterior teeth being careful not to remove alginate from vestibule while moving your fingers anteriorly	2 pt.	2pts.	
14. Seat tray from posterior to anterior and ensure tray is centered over teeth with handle centered over midline of mouth	2 pts.	2pts.	
15. Use middle fingers on each side of the tray and thumbs to support the jaw	2 pts.	2pts.	
16. Instruct patient to lift tongue and breath through nose	2 pt.	2pts.	
17. Impression material should remain in patient's mouth for 1 minute after initial set	2 pts.	2pts.	
18. Repeat steps 8-16 for maxillary arch except right handed operator should be at the 11 o'clock position (1 o'clock for left handed) for the maxillary Impression. Adjust pt chair height as needed to cradle patients head with non-dominant arm			
III. REMOVAL OF IMPRESSION 10 points for maxillary impression and 10 points for mandibular impression			
19. Place non-dominant index finger under posterior facial portion of the tray (also pulling cheek out a bit) to break the seal between the teeth and the impression	2 pt.	2pts.	
20. Grasp handle of tray and lift tray from teeth with one snapping motion	3 pts.	3pts.	
21. Inspect impression for voids and over seating (voids over 1mm and parts of tray showing)	5 pts.	5pts.	
22. Disinfect impression and place in plastic bag with patients name and date	5 pts.	5pts.	
IV. OVERALL TECHNIQUE			
23. Impression shows buccal roll, sublingual area, uniform thickness and did not trap lip in the anterior portion	10 pts		
24. Tray is parallel with ocusal plane and midline is centered with tray handle	5 pts.		
25. Infection Control Protocol is followed	10 pts.		
26. Twenty-five points will be automatically deducted from the overall grade if working area is not cleaned and disinfected			
27. Automatic Failure if all teeth and gingival margins are not covered			
COMMENTS ON BACK OF COMPETENCY			
TOTAL POINTS 119 POINTS EARNED			

DENTAL HYGIENE PROGRAM
DIAGNOSTIC CASTS LABORATORY EVALUATION DHI

STUDENT: _____ PATIENT: _____

DATE: _____ INSTRUCTOR: _____ FINAL GRADE: _____

Objective: Student will construct a maxillary and mandibular cast for whitening trays with 75% accuracy for a satisfactory grade in Applied Dental Materials.

Procedure: Prepare laboratory area, disinfect area/equipment before and after use and store casts for whitening tray fabrication. Student will be evaluated on fabrication of maxillary and mandibular casts.

Evaluation: Minimum 75 % accuracy. (75/100)

I. EQUIPMENT SET UP & PREPARATION		Poss. Pts	Pts. Earned	
			MAX	MAND
1.	Clinic attire, safety glasses, gloves, tie/paper for casts to set	4 pts.		
2.	Disinfect laboratory mixing bowl and spatula	4 pts.		
II. PROCEDURE- Do not split points up. Equal points given for EACH cast where columns are split				
3.	Rinse impression and shake off or air dry excess water	2 pts.		
4.	Spray surface surfactant on impression to reduce air bubbles	2 pts.		
5.	Place 40 ml of water at room temperature in mixing bowl	1 pt.		
6.	Pour 140 g of stone (if using pre-packaged) into water in steady increments	2 pt.		
7.	Lightly spatulate mixture	2 pts.		
8.	Mix stone either manually or with the vacuum mixing system for 20-30 seconds or until mixture has a uniform consistency	2 pts.		
9.	Rinse blades of vacuum mixer immediately	2 pts.		
10.	Cover vibrator with protective paper or plastic barrier	2 pts.		
11.	Turn on vibrator and press handle of impression on finger resting on vibrator and let small amount of mixture pour over all occlusal surfaces of impression	6 pts.		
12.	Change angle of tray to allow mixture to flow slowly into recessions around impression	6 pts.		
13.	Turn impression over on vibrator to allow most of material to flow out	6 pts.		
14.	Add small amounts of stone to impression until impression is full	10 pts.		
15.	Make sure impression tray does not touch stone material and impression tray is level with floor and does not slump	4 pts.		
16.	Set impression in a safe place to dry for manufacturer's recommendation and not more than 24 hours	2 pts.		
III. SEPARATED CASTS				
17.	Cast does not have voids	10 pts.		
18.	Cast surface is not rough or grainy	4 pts.		
19.	Cast surface is smooth and free of stone "bubbles"	8 pts.		
20.	Cast shows all teeth and gingival margins clearly	12 pts.		
21.	Cast has adequate vestibule for fabrication of whitening trays	12 pts.		
22.	Automatic failure if cast is broken			
23.	Twenty-five points will be automatically deducted from the overall grade if working area is not cleaned and disinfected			
24.	Repeat step 3-18 for fabrication of an opposite arch cast	200 pts.		
TOTAL POINTS POSSIBLE: 144			TOTAL POINTS EARNED: _____	

CLINICAL OPERATIONS SECTION II- DH II Competencies and Clinical Evaluation Forms

TOTAL TECHNICAL COMPETENCY

Student _____
 Evaluator _____
 Date _____

SCORE: _____/400 pts possible

Objective: Student will demonstrate proper instrumentation technique with each of the following instruments on student-partner/patient, using criteria stated below with 75% accuracy. Remediation required if 75% accuracy not achieved. Initial grade stands.

Evaluation:

S (satisfactory) = Meets Criteria; U (unsatisfactory) = Does not meet criteria

Each "S"=25 points, each "U" = 0 points

CRITERIA:	ODU 11/12	Sickle Scaler	Gracey Curette	Universal Curette
Position:	S/U	S/U	S/U	S/U
Positioned correctly on operator chair, feet flat, elbow at level of patient's mouth				
Positioned correctly with relation to patient, equipment and tx area				
Establishes correct supine patient positioning				
Grasp:				
Uses correct grasp and establishes secure rest with mirror				
Uses the mirror correctly for retraction and/or indirect vision				
Thumb and index finger positioned opposite one another on instrument				
Side of middle finger rests lightly on shank; fingers work as a unit				
Handle rests between 2 nd and 3 rd knuckles of the index finger.				
Thumb flexed, not collapsed				
Fulcrum:				
Demonstrates appropriate intraoral or extraoral fulcrum for area				
Handle straight up from occlusal/incisal surfaces; doesn't cross over occlusal plane of B/Li surface being instrumented				
Technique:				
Activates wrist/forearm with rock or roll motion				
Establishes and maintains correct angulation (°)				
Maintains correct adaptation (mm); Rolls handle when needed for adaptation				
Uses controlled stroke; blade on tooth with up and down stroke				
Applies appropriate lateral stroke pressure				
Uses correct sequence: overlap midline anterior; distal line angle posterior				
TOTAL POINTS EARNED FOR EACH INSTRUMENT:				
√ : 75% accuracy				

EVALUATOR COMMENTS

UNIVERSITY of OKLAHOMA COLLEGE of DENTISTRY
Dental Hygiene Program

CALCULUS DETECTION COMPETENCY

SPRING

STUDENT: _____

CI: _____

SCORE: _____

DATE: _____

KEY:

- 0=SMOOTH SURFACE
- 1=GRANULAR
- 2=SPICULE
- 3=LEDGE OR BINDING

Objective: Using the ODU 11/12 explorer and mirror, direct vision, transillumination, radiographs and compressed air, the student will chart **one** quadrant of a qualifying patient on the chart below using the criteria in the key with **75%** accuracy, remediation required if necessary.

Procedure:

- Student requests permission from CI to verify qualifying patient. CI may provide guidance & direction in patient selection.
- CI assigns one quadrant with a **minimum of 10 clicks** of calculus. There must be a minimum of 1 surface that includes Category 3 calculus. CI will calibrate with student on 4 surfaces (1 tooth) in a quadrant not being tested.
- Student records amount of calculus present on each of 4 surfaces (M, D, F, L) using key with a black or blue pen.
- Student must complete the charting within **15-minutes.**
- CI evaluates while student holds the test paper up to CI. CI instructs student to **mark out incorrect values in RED.**
- CI calculates score. Divide total correct by total possible.

1	2	3	4	5	6	7	8	FACIAL	9	10	11	12	13	14	15	16
L								LINGUAL	L							
FACIAL								FACIAL								
32	31	30	29	28	27	26	25	FACIAL								
L								L								
LINGUAL								LINGUAL								
24	23	22	21	20	19	18	17	L								

UNIVERSITY of OKLAHOMA
COLLEGE of DENTISTRY
Dental Hygiene Program

WREB Prep. I
FALL

Objective: Student will select an appropriate patient to qualify for the competency, prepare all necessary forms, arrange for administration of local anesthetic as needed, complete scaling and root planing, and record probe depths and recession on a NSPT patient within 2 hours & 15 mins. Student must achieve 75% accuracy, according to the following criteria. **(Competency format similar to WREB clinical exam)**

Forms and items needed:

- NCR Calculus Chart
- WREB Candidate Assignment Form (MUST BE SHREDDDED AFTER COMPLETION)
- WREB Medication/Anesthesia Dosage Form (MUST BE SHREDDDED AFTER COMPLETION)
- WREB Patient Submission/Alternate Submission Sheet
- Blue or black pen

Criteria:

- Recommended that student complete a minimum of 2 Periodontal Maintenance patients (may be amended by CC or CI)
- Patient should have generalized, **heavy/binding subgingival** calculus in ONE quadrant
- A minimum of **10 clicks** in one quad (may add up to 1 additional quadrant to meet minimum 10 clicks)

Procedure:

- Inform the instructor that a competency exam is to be performed. All paperwork must be completed.
- CI does cursory exam to determine qualification. Student dismissed while CI charts **10 surfaces** of qualifying calculus on NCR calculus chart form.
- CI fills out “Candidate Assignment Form” including start and stop time.
- Student administers or arranges for faculty or qualified dental student to administer local anesthetic PRN and removes deposits from submission area.
- Student probes and records **6 probe depths** on each tooth in assigned quadrant after calculus removal.
- Student records any gingival recession on facial and lingual aspects of all teeth in assigned treatment quadrant
 - The greatest amount of recession from line angle to line angle should be recorded; a 1mm leeway is given to this measurement
 - Student **must record a “0”** if recession is **NOT** present. **It is an error if student records recession as 1mm, and recession is not present (no 1mm leeway allowed).**
- Student answers the four (4) periodontal assessment questions on an assigned molar in the treatment quadrant.

**UNIVERSITY of OKLAHOMA
COLLEGE of DENTISTRY
Dental Hygiene Program
WREB Prep. I**

Evaluation/Scoring:

- Check-out/evaluation by CI: CI instructs student to chart any remaining deposits and/or areas of trauma on NCR calculus chart. CI instructs student to chart any discrepancies in probe depths or recession greater than 1 mm difference.
- **2 hours & 15 mins** total time using time clock (may be divided into 2 separate appointments with faculty approval)

ERRORS & PENALTIES	POINT DEDUCTIONS
Patient Submission Rejection	-4
Recession Error	-3(maximum)
Probe Error	-1 (each, maximum of 5)
Periodontal Assessment Items	-0.5 (each)
Calculus Remaining	-6.25 (each)
Tissue Trauma Error	-6

**No point deductions taken for time infractions on WREB Prep I Competency*

WREB FORMS

Access current WREB forms on official WREB website: www.wreb.org

The following are **EXAMPLES** of WREB forms, and **are not intended for student printing** from the Dental Hygiene Manual.

Students must print most current forms from official WREB website or from other sources as directed by faculty prior to attempting WREB Prep. I or II Competency Exams.

WREB **CANDIDATE ASSIGNMENT FORM** Use Ink

TIME ASSIGNMENT: _____ CANDIDATE ID # _____
 START TIME: _____ (Deducted for late check-in: _____ minutes.)
 STOP TIME: _____ (Patient must be at the Check-In desk at or before this time.)

It is your responsibility to evaluate this form for accuracy prior to beginning treatment. If you think there is an error, please see the Chief Examiner. Making changes to this form could result in dismissal from the exam.

SUBMISSION ACCEPTED:
 The examiner(s) accepted the following submission: 1st 2nd 3rd

QUADRANT ASSIGNMENT: UR UL LR LL ADDITIONAL TEETH: _____

Remove all subgingival and supragingival calculus from the circled quadrant and additional teeth.

EXTRAORAL AND INTRAORAL EXAMINATION
 Describe atypical conditions, which require follow up evaluation or monitoring at future recare.

NSF
OR
 Follow up or Monitor

Location of Condition: _____
 BRIEF Description: _____
 History: _____

Follow up or Monitor

Location of Condition: _____
 BRIEF Description: _____
 History: _____

WREB **PATIENT SUBMISSION SHEET**

General comments to Examiners (informational only, not graded): _____

PATIENT'S FIRST NAME: _____ DATE: _____ CANDIDATE # _____
 SUBMISSION # _____

CIRCLE THE QUADRANT YOU ARE SUBMITTING: UR UL LR LL

ADDITIONAL TEETH: _____

Comments to Examiners: _____

CHIEF INITIALS ARE NOT REQUIRED FOR PATIENT TO REPORT FOR CHECK-OUT.

WREB **DENTAL HYGIENE PATIENT MEDICAL HISTORY** Use Ink

PATIENT'S FIRST NAME: _____ CANDIDATE # _____
 DATE OF BIRTH: _____ DATE: _____
 SUBMISSION # _____

Circle "YES" or "NO" to all questions. "YES" responses must be circled in red. Do you have or have had any of the following?

A Heart Condition(s)	YES NO	I Tuberculosis	YES NO
B Heart Surgery	YES NO	J Kidney/Renal Disease	YES NO
C Valve Replacement	YES NO	K Hepatitis/Jaundice	YES NO
D Stroke	YES NO	L HIV Positive	YES NO
E High Blood Pressure	YES NO	M Epilepsy/Seizures	YES NO
F Bleeding Disorder(s)	YES NO	N Joint Replacement	YES NO
G Respiratory Condition(s)	YES NO	O Liver/Hepatic Disease	YES NO
H Diabetes	YES NO	P Latex Allergy	YES NO

Answer the following questions as completely and accurately as possible:

- Do you have any known allergies or sensitivities (food, medications, dental material)? **YES NO**
If yes, please explain: _____
- Are you taking any prescribed medications? **YES NO**
If yes, please explain: _____
- Are you taking any Over the Counter (OTC) supplements or medications? **YES NO**
If yes, please explain: _____
- Are you currently receiving or have received intravenous bisphosphonate therapy? **YES NO**
If yes, please explain: _____
- Within the last six months, have you been seen by, or are you currently under the care of a physician or health care provider? **YES NO**
If yes, please explain: _____
- Have you experienced local anesthetic complications with dental treatment in the past? **YES NO**
If so, please explain: _____
- Have you used any recreational drug(s) (cocaine or methamphetamines) within the last twenty-four hours? **YES NO**
If yes, please explain: _____
- Do you have or have you been exposed to any condition (disease) not listed above? **YES NO**
If yes, please explain: _____
- Women: Are you pregnant? **YES NO**
If yes, expected due date: _____

INSTRUCTIONS TO CANDIDATE
 Please state below the reason for any alteration in standard treatment. Attach verification of the patient's medical clearance for dental hygiene/anesthesia procedures or state the reason for necessary antibiotic coverage.

PATIENT BLOOD PRESSURE _____ PATIENT PULSE _____ CHIEF EXAMINER INITIALS _____
 RETAKE BLOOD PRESSURE _____ (Consent Form on Reverse Side)

WREB **Alternate Submission**

QUADRANT ASSIGNMENT: UR UL LR LL ADDITIONAL TEETH: _____

FOR EXAMINER USE ONLY to indicate excluded teeth/surfaces.

PATIENT'S FIRST NAME: _____ DATE: _____ CANDIDATE # _____
 SUBMISSION # _____

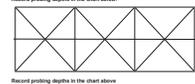
CIRCLE THE QUADRANT YOU ARE SUBMITTING: UR UL LR LL

ADDITIONAL TEETH: _____

Comments to Examiners: _____

Record the six periodontal probing depths and the facial and lingual recession for the **indicated teeth** below.

FI/L # _____ # _____ # _____
 Record recession in the individual boxes below:

Record probing depths in the chart below:

 Record recession in the individual boxes above:

FI/L # _____ # _____ # _____

Periodontal Assessment
 Utilizing all of your assessment records, answer the following questions for Tooth # _____

- What is the degree of mobility?
 None Class I-II Class III
- What type of radiographic bone loss is present? Evaluate the interproximal surfaces for the presence of bone loss and select the correct answer.
 No bone loss present
OR
 If bone loss is present select all that apply.
 Horizontal Vertical
- What is the classification of furcation on the **facial aspect**?
 None Class I - II Class III - IV
- What is the classification of severity of periodontal disease? Using all recorded measurements and radiographs, classify the severity of disease for the **assigned tooth** by the most severe condition present.
 Gingivitis Slight Moderate Severe

CHIEF INITIALS ARE NOT REQUIRED FOR PATIENT TO REPORT FOR CHECK-OUT. AT CHECK-OUT, PLACE THIS FORM IN A SHEET PROTECTOR.

Local Anesthesia Dosage Form Use Ink

C.E. Initials: _____

Candidate ID _____ Date _____
 Exam Site _____
 Patient First and Last Name _____

Credentials Checked:
 Practitioner Candidate

List any medications taken today: _____

Total Amount of Local Anesthetic Administered this session:
 Amount/Type: _____

Patient Shared AM and PM Sessions (same clinic day):
 Shared with Candidate ID: _____
 Total Amount of local anesthetic administered AM Session
 Amount/Type: _____

Total Amount Administered AM and PM Session
 Amount/Type: _____
 No Anesthetic Planned Administered

You must obtain Chief Examiner approval to administer local anesthetic that will exceed 50% MRD.

Chief Examiner Approval: _____

SUBMIT THIS FORM AT CHECK-OUT

UNIVERSITY of OKLAHOMA COLLEGE of DENTISTRY
Dental Hygiene Program

Student _____

CI _____

Date _____

Score _____

ULTRASONIC INSTRUMENTATION COMPETENCY

Objective: Student will demonstrate use of the ultrasonic scaler with 75% accuracy.

Criteria: Using a clinic patient with demonstrable calculus, demonstrate use of ultrasonic in **one** quadrant.

Evaluation: Earned Points/100 Remediation required if 75% accuracy not achieved.

CRITERIA				FACULTY COMMENTS		Score
I. Patient Selection and Preparation = 10 points						
Rationale for use recognized & contraindications verbalized						
Procedure is explained (purpose, noise, evacuation)						
Preprocedural mouthrinse is used for 30 seconds						
Patient and clinician positioning are appropriate						/10
II. Instrumentation = 80 points (40 pts each insert)				10 Slim Insert		
Explores to locate deposit				Score	FACULTY COMMENTS	
Power setting is correct						
Approach is systematic						
A gentle pen grasp is used						
Uses appropriate fulcrum						
Cord is properly managed				/40		
Insert adapted appropriately to tooth surface						
Insert is in motion at all times; adequate water flow						
Strokes are multi-directional, brush like, tapping, or probe like						
Light, lateral pressure is used						
III. Patient Management = 10 points				FACULTY COMMENTS		
Manages patient appropriately; efficiency is demonstrated						
Stops periodically to allow complete evacuation						
Evaluates progress with explorer						
Demonstrates proper use of 'efficiency indicator'						/10
				TOTAL		/100

*Critical error will result in automatic failure with highest attainable score of 74%

LOCAL ANESTHESIA WORKSHEET

Evaluation: *(circle one)*

C (competent)

A (needs attention)

N (needs development)

Student Name _____

Patient Name _____

Date _____

Procedure Area _____

Type of Injection _____

Nerve(s) Anesthetized _____

Type of Anesthetic _____

Volume of Anesthetic _____

Medical History Considerations _____

Comments: _____

Number of Injections

Tooth Number(s) or Quadrants

____ PSA

____ MSA

____ ASA

____ Nasopalatine

____ Greater Palatine

____ Infraorbital

____ Inferior Alveolar & LB

____ Mental

____ Infiltration

Faculty Signature _____

UNIVERSITY of OKLAHOMA COLLEGE OF DENTISTRY
LOCAL ANESTHESIA LAB

STUDENT: _____ PTP: _____ TOTAL POINTS POSSIBLE: _____ 80 _____
 PATIENT: _____ BP: _____ TOTAL POINTS EARNED: _____
 DATE: _____ FINAL GRADE: _____ CI: _____

Objective: Student will administer local anesthesia (PSA, MSA, ASA, IO, GP, NP, IANB injections on classmate following the checklist with 75% accuracy.

Procedure: Update HHx, BP, PTP. CI evaluates by placing a “check mark” in appropriate box & totals points for each. Total points for entire competency should be placed at top of form. CI to initial.

Criteria: C (Competent) =1 point, A (Needs Attention) = .5 point, N= (Needs development) = (0) point

Evaluation: Minimum 75 % accuracy. (60/80)

ARMAMENTARIUM & SYRINGE PREPARATION

Disposable mouth mirror, 2 aspirating syringes, 2 each: long & short 27 gauge needles, 1 Pro-Tector Sheath Prop, (27 gauge), 8 cotton tipped applicators, 10 gauze 2x2s, 2-3 carpules of 3% Polocaine (mepivacaine), 20% benzocaine topical anesthetic.

SYRINGE PREPARATION

	C	A	N
1. Secures thumb ring, if applicable.			
2. Places needle on syringe, making certain it is straight.			
3. Retracts piston & inserts rubber stopper end of cartridge first. Looking down on needle, slides cartridge to perforate diaphragm. (allow it to click)			
4. Covers glass and engages harpoon.			
5. Holding syringe in palm, gently loosens sheath & allows it to fall off.			
6. Expels a few drops of solution to determine proper flow. (DO NOT tap on napkin!)			
7. Determines if bevel is toward bone. If not, re-sheaths using scoop technique & firmly replaces it. Turns white part of needle hub 90°(or prn) using white raised line as reference point. Loosens & allows sheath to fall off.			
8. Re-sheaths using scoop technique.			
9. Releases harpoon from rubber stopper by pulling back on thumb ring, removes carpule, removes needle, disposes of properly in sharps container etc.			

TOTAL POINTS POSSIBLE: _____ 9 _____

TOTAL POINTS EARNED: _____

INJECTION TECHNIQUES

I. ANTERIOR SUPERIOR ALVEOLAR (use yellow 25/27 gauge short needle).	C	A	N
1. Identifies landmarks (MB between canine and lateral incisor; canine fossa).			
2. Gently dries area with gauze.			
3. Applies topical anesthetic for minimum 1 minute.			
4. With palm up, window facing operator, grasps syringe and allows sheath to fall off; tests solution flow.			
5. Orients bevel toward bone.			
6. Retracts patient's cheek with gauze; pull tissues taut.			
7. Using syringe etiquette, inserts needle 1-2 mm at height of MB fold. DOES NOT ADVANCE when adding solution.			
8. Aspirates and deposits 1/4 carpule of solution; aspirates once; states 'positive or negative' (aspirate).			
9. Withdraws and re-sheaths using scoop technique.			
10. Rinses patient.			

TOTAL POINTS POSSIBLE: 10

TOTAL POINTS EARNED: _____

II. MIDDLE SUPERIOR ALVEOLAR (use yellow 25/27 gauge short needle)	C	A	N
1. Identifies landmarks (MB fold 2 nd pre molar).			
2. Gently dries area with gauze.			
3. Applies topical anesthetic for minimum 1 minute.			
4. With palm up, window facing operator, grasps syringe; loosens sheath from behind and allows sheath to fall off; tests solution flow.			
5. Orients bevel toward bone.			
6. Retracts patient's cheek with gauze; pull tissues taut.			
7. Using syringe etiquette, inserts needle 1-2 mm at height of MB fold. DOES NOT ADVANCE when adding solution.			
8. Aspirates and deposits 1/4 carpule of solution; aspirates once; states 'positive or negative' (aspirate).			
9. Withdraws and re-sheaths using scoop technique.			
10. Rinses patient.			

TOTAL POINTS POSSIBLE: 10

TOTAL POINTS EARNED: _____

III. POSTERIOR SUPERIOR ALVEOLAR (use yellow 25/27 gauge short needle)	C	A	N
1. Identifies landmarks (MB fold 2 nd mx molar, maxillary tuberosity, zygomatic process).			
2. Gently dries area with gauze.			
3. Applies topical anesthetic for minimum 1 minute.			
4. With palm up, window facing operator, grasps syringe and allows sheath to fall off; tests solution flow.			
5. Orients bevel toward bone.			
6. Retract patient's cheek with gauze; pull tissues taut.			
7. Using syringe etiquette, inserts needle to ¾ depth, in upward, inward, backward direction (in one motion).			
8. Aspirates and deposits ½ carpule of solution; aspirates at least once more ; states 'positive or negative' (aspirate).			
9. Withdraws and re-sheaths using scoop technique.			
10. Rinses patient.			

TOTAL POINTS POSSIBLE: 10

TOTAL POINTS EARNED: _____

IV. GREATER PALATINE (use yellow 27 gauge short needle)	C	A	N
1. Identifies landmarks (jet hard & soft palate, anterior to palatal foramen).			
2. Gently dries area with gauze.			
3. With palm up, window facing operator, grasps syringe and allows sheath to fall off; tests solution flow.			
4. Orients bevel toward bone.			
5. With syringe in dominant hand (using syringe etiquette), and cotton tipped applicator in non-dominant hand, establishes fulcrum & uses gentle pressure, applying topical anesthetic for minimum 1 minute , increasing pressure incrementally.			
6. Moves cotton tipped applicator aside, establishes fulcrum & inserts needle 1-2 mm under mucosa.			
7. Aspirates and states 'positive or negative' aspirate; if positive, repositions, aspirates and continues deposition deposits ¼ to 1/3 carpule of solution; observes blanching tissue.			
8. Withdraws and re-sheaths using scoop technique.			
9. Rinses patient.			

TOTAL POINTS POSSIBLE: 9

TOTAL POINTS EARNED: _____

V. NASOPALATINE (use yellow 27 gauge short needle)	C	A	N
1. Identifies landmarks (lateral to incisive papilla).			
2. Gently dries area with gauze.			
3. With palm up, window facing operator, grasps syringe and allows sheath to fall off ; tests solution flow.			
4. Orients bevel toward bone.			
5. With syringe in dominant hand (using syringe etiquette), and cotton tipped applicator in non-dominant hand, establishes fulcrum & uses gentle pressure, applying topical anesthetic for minimum 1 minute, increasing pressure incrementally.			
6. Moves cotton tipped applicator aside, inserts needle 1-2 mm under mucosa, depositing small volume of anesthetic. Continues applying pressure & slowly advances needle until osseous contact.			
7. Aspirates and states 'positive or negative' aspirate; if positive, repositions, aspirates and continues deposition. Deposits 1/4 or less carpule of solution; observes blanching tissue.			
8. Withdraws and re-sheaths using scoop technique.			
9. Rinses patient.			

TOTAL POINTS POSSIBLE: 9

TOTAL POINTS EARNED: _____

VI. INFRAORBITAL (use yellow 25/27 gauge long needle)	C	A	N
1. Identifies landmarks (infraorbital foramen, MB fold 1 st premolar, needle parallel with long axis of tooth).			
2. Gently dries area with gauze.			
3. Applies topical anesthetic for minimum 1 minute.			
4. With palm up, window facing operator, grasps syringe and allows sheath to fall off; tests solution flow.			
5. Orients bevel toward bone.			
6. Retracts patient's cheek with gauze, pulls tissues taut.			
7. Using syringe etiquette, establishes fulcrum, inserts needle to approx ½ depth, contacting bone; states osseous contact.			
8. Aspirates and deposits ½ carpule of solution; aspirates at least once more ; states 'positive or negative' aspirate.			
9. Withdraws and re-sheaths using scoop technique.			
10. Rinses patient and maintain firm pressure on foramen for 1 minute.			

TOTAL POINTS POSSIBLE: 10

TOTAL POINTS EARNED: _____

VII. INFERIOR ALVEOLAR NERVE BLOCK, LINGUAL and LONG BUCCAL NERVE BLOCK (use yellow 25/27 gauge long needle)	C	A	N
1. Identifies landmarks, 6-10 mm above occlusal plane, distal to coronoid notch, ¾ distance from notch to pterygomandibular raphe, using long needle; for LB, distal to 2 nd molar.			
2. Gently dries area with gauze.			
3. Applies topical anesthetic for minimum 1 minute.			
4. With palm up, window facing operator, grasps syringe and allows sheath to fall off; tests solution flow.			
5. Orients bevel toward bone .			
6. Retracts patient's cheek with gauze; pulls tissues taut; establishes fulcrum.			
7. Using syringe etiquette, places barrel of syringe in commissure on contralateral side & inserts needle to ¾ depth.			
8. Aspirates and deposits 3/4 carpule of solution; re aspirates throughout procedure; states 'positive or negative' aspirate; if positive, repositions, aspirates and continues deposition; for lingual, retracts needle halfway, aspirates, states positive or negative and deposits 1/8 carpule. Removes needle and gives LB distal & buccal to 2 nd molar.			
9. Withdraws and re-sheaths using scoop technique.			
10. Rinses patient.			

TOTAL POINTS POSSIBLE: 10

TOTAL POINTS EARNED: _____

OVERALL TECHNIQUE	C	A	N
1. Maintains proper infection control and manages sharps throughout procedure.			
2. Communicates with patient throughout procedure; minimizes anxiety, reassures, avoids unnecessary relocation of needle; etc			
3. Accurately records procedure in patient's chart, including type of anesthetic, amount, and concentration, any adverse reactions. Ex: Administered 1.8 cc lidocaine 2%, 1:100,000 epi., no complications.			

TOTAL POINTS POSSIBLE: 3

TOTAL POINTS EARNED: _____



UNIVERSITY of OKLAHOMA COLLEGE OF DENTISTRY
 DENTAL HYGIENE PROGRAM
ALGINATE IMPRESSIONS CLINICAL EXERCISE DHII

STUDENT: _____ PATIENT: _____

DATE: _____ FINAL GRADE: _____ CLINIC INSTRUCTOR: _____

Objective: Student will create a maxillary and mandibular impression with 75% accuracy for a passing grade.

Procedure: Set up unit, alert clinic instructor of desire to complete exercise, verbally review HHx and PTP (if working on classmate). Take impression, CI evaluates with C, A, or N. CI to initial top of form. As with all clinical appointments, student is required to maintain proper infection control and manage patient throughout procedure even though CI may not be observing. Student will be evaluated on **both** maxillary and mandibular impressions. Student is allowed **TWO retakes** if first impressions are not acceptable.

Criteria: C-competent= 12 points; A-acceptable= 5 points; N-needs development; -0 point

Evaluation: Minimum 75 % accuracy.

OVERALL TECHNIQUE	<u>C</u>	<u>A</u>	<u>N</u>
1. Student gathers appropriate supplies and armamentarium for maxillary and mandibular impressions			
2. Student gains permission to proceed from clinic instructor			
3. Student assesses maxillary and mandibular impressions for accuracy without assistance			
4. Student presents impressions to clinic instructor for approval			
5. Student disinfects impressions and places in plastic baggie for transport to lab			
6. Student pours up casts in a timely manner to minimize distortion of impression (preferably within an hour)			
7. Automatic failure if working area is not cleaned and disinfected by student performing impression			
8. Automatic failure if impression does not show all gingival margins and vestibule			

COMMENTS: _____



UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY
DENTAL HYGIENE PROGRAM
DIAGNOSTIC CASTS CLINICAL EVALUATION DHII

STUDENT: _____ PATIENT: _____

DATE: _____ INSTRUCTOR: _____ FINAL GRADE: _____

Objective: Student will construct a maxillary and mandibular cast for whitening trays or patient education. All criteria are critical for an acceptable cast and an "N" in any area will result in automatic failure.

Criteria: C-competent A-acceptable N-needs development=0 points Students must achieve 75% to pass competency.

FINAL CASTS	C	A	N
1. Casts surfaces are smooth and free of stone "bubbles"			
2. Casts do not have voids			
3. Casts have adequate vestibule for fabrication of whitening trays			
4. Casts are adequate for chairside presentation			
5. Casts have been trimmed of all excess stone			
6. Casts show all gingival margins clearly			
7. Casts or teeth are not broken			
8. Working area is cleaned and disinfected			

Comments: _____

UNIVERSITY of OKLAHOMA COLLEGE of DENTISTRY
Dental Hygiene Program

WREB Prep. II
SPRING

Objective: Student will select an appropriate patient to qualify for the competency, prepare all necessary forms, arrange for administration of local anesthetic as needed, complete scaling and root planing, and record probe depths and recession on a NSPT patient within 2 hours & 15 mins. Student must achieve 75% accuracy, according to the following criteria. **(Competency format similar to WREB clinical exam)**

Forms and items needed:

- NCR Calculus Chart
- WREB Candidate Assignment Form (MUST BE SHREDDDED AFTER COMPLETION)
- WREB Medication/Anesthesia Dosage Form (MUST BE SHREDDDED AFTER COMPLETION)
- WREB Patient Submission/Alternate Submission Sheet
- Blue or black pen

Criteria:

- Recommended that student complete 8 Quads NSPT prior to competency (Includes Fall semester; may be amended by CC or CI)
- Patient should have generalized, **heavy/binding subgingival** calculus in ONE quadrant
- A minimum of **12 clicks** in one quad (may add up to 4 additional teeth from other quadrants to meet minimum 12 clicks)
- Minimum of **3 (three) surfaces** must be on **molars**
- No more than **4 (four) surfaces** on **mandibular anterior** teeth
- May have more than 4 (four) qualifying surfaces on maxillary anterior teeth
- Must have one molar contact; explorer does not pass through contact

Procedure:

- Inform the instructor that a competency exam is to be performed. All paperwork must be completed.
- CI does cursory exam to determine qualification. Student dismissed while CI charts **12 surfaces** of qualifying calculus on NCR calculus chart form.
- CI fills out “Candidate Assignment Form” including start and stop time.
- Student administers local anesthetic PRN and removes deposits from submission area.
- Student probes and records 6 probe depths on each tooth in assigned quadrant after calculus removal.
- Student records any gingival recession on facial and lingual aspects of all teeth in assigned treatment quadrant
 - The greatest amount of recession from line angle to line angle should be recorded; a 1mm leeway is given to this measurement
 - Student **must record a “0”** if recession is **NOT** present. **It is an error if student records recession as 1mm, and recession is not present (no 1mm leeway allowed).**
- Student answers the four (4) periodontal assessment questions on an assigned molar in the treatment quadrant.

**UNIVERSITY of OKLAHOMA
COLLEGE of DENTISTRY
Dental Hygiene Program**

**WREB Prep. II
SPRING**

Evaluation/Scoring:

- Check-out/evaluation by CI: CI instructs student to chart any remaining deposits and/or areas of trauma on NCR calculus chart. CI instructs student to chart any discrepancies in probe depths or recession greater than 1 mm difference.
- **2 hours & 15 mins** total time using time clock (may be divided into 2 separate appointments with faculty approval)

ERRORS & PENALTIES	POINT DEDUCTIONS
Patient Submission Rejection	-4
Late Check-Out	-1 (per minute, maximum of 7)
Recession Error	-3(maximum)
Probe Error	-1 (each, maximum of 5)
Periodontal Assessment Items	-0.5 (each)
Calculus Remaining	-6.25 (each)
Tissue Trauma Error	-6

UNIVERSITY of OKLAHOMA COLLEGE OF DENTISTRY
DENTAL HYGIENE PROGRAM

NITROUS OXIDE/OXYGEN SEDATION ADMINISTRATION

STUDENT: _____
 PATIENT: _____
 DATE: _____
 FINAL GRADE: _____ /22 CI: _____

Objective: Student will administer N₂O-O₂ for appropriate patient with 75% accuracy.

Procedure: Set up unit. Update HHx, measure vital signs, obtain PTP. Administer N₂O O₂ sedation. Provide for patient's recovery. Record administration. Properly manage equipment. CI evaluates by placing a "check mark" in the appropriate box. CI signs top of form.

Criteria: C (Competent) =1 point, A (Needs Attention) = .5 points, N= (needs development) = (0) point

Evaluation: Minimum 75 % accuracy. (16.5/22)

I. EQUIPMENT SET UP & PREPARATION	C	A	N
1. Tanks set up, ensure hoses are properly in place, reservoir bag press-fitted on bottom of tee			
2. Place sterilized inner mask inside outer mask and connect to hoses (coaxial tubing)			
3. Place scavenger hose with vacuum control block into high volume evacuator and press the on button			
4. Press the on button of the flowmeter into the on position			
5. Using wrench, slowly loosen one each N ₂ O and O ₂ tank valves			
II. PROCEDURE			
6. Review Health History, recognize contraindications, measure vital signs			
7. Explain procedure to patient and obtain consent			
8. Obtain PTP			
9. Initiate flow of O ₂ at 6-7 L/min (for adults)			
10. Turn on the HVE and adjust the vacuum control block lever for scavenging so that the ball floats in the green bar			
11. Press the flush button to fill the bag 2/3 full and place nasal hood/mask over patient's nose and adjust appropriately			
12. Adjust flow to maintain bag 2/3 full upon patient exhalation (use O ₂ flush to refill bag if it deflates excessively); establish flow rate and maintain this rate throughout the procedure			
13. Introduce 1liter of N ₂ O and increase by .5-1 liter every 60 seconds (while reducing the O ₂ accordingly to maintain flow rate) until sedation is apparent; N ₂ O should then be added every 3 minutes until proper sedation is achieved			
14. Observe patient throughout procedure			
III. TERMINATION of PROCEDURE			
15. Decrease the N ₂ O and increase the O ₂ to maintain the flow rate and administer 100% O ₂			
16. 100% O ₂ administered a minimum of 5 minutes until patient is fully recovered; establish recovery and remove mask			
17. Bleed the remaining gas from the lines (close the valve on the N ₂ O tank and once the N ₂ O has bled off, close the valve on the O ₂ tank; both gauges should be at zero), rotate the flowmeter levers to the off position			
18. Turn the HVE off, press the button on the vacuum control to the off position, press the flowmeter button to the off position			
19. Properly document administration record (concentration, flow rate, administration time, recovery)			
20. Properly disassemble & disinfect unit, place nasal hoods/masks and connectors in sterilizing bags. Return equipment to the dispensary.			
IV. OVERALL TECHNIQUE			
21. Maintain proper infection control and manage patient throughout procedure			
22. Communicate with patient throughout procedure; minimize anxiety, reassure, adjust flow as necessary			

CHECKLIST FOR ADMINISTRATION OF NITROUS OXIDE/OXYGEN SEDATION

- ✓ Press-fit the reservoir bag onto the bag tee
- ✓ Place the inner mask inside the outer mask
- ✓ Connect the mask to the coaxial tubing
- ✓ Insert the vacuum control block into the HVE and press the button on the vacuum control block to the on position
- ✓ Press the flowmeter “on” button into the on position (located on the side at the base of the flowmeter; this is not the flush button)
- ✓ Using the black metal wrench (should be attached to a chain hanging on the N₂O O₂ unit), open the valves of one each nitrous tank and oxygen tank by turning the wrench slowly ¼ turn counter-clockwise (to your left); the gauge should register a reading; open “partial tanks” if available to use remaining gas before using “full tanks”
- ✓ Review pt’s HHx, recognize contraindications, measure vital signs, and obtain informed consent
- ✓ Obtain PTP
- ✓ Rotate the lever on the flowmeter on the oxygen side to 6-7 liters for adults (4-5 liters for children)
- ✓ Turn on the HVE and adjust the lever on the vacuum control block so that the ball is floating in the green bar
- ✓ Press the flush button until the reservoir bag is 2/3 full
- ✓ Secure the mask over the patient’s nose ensuring a good seal (remind the patient to breathe deeply in and out through his/her nose not mouth)
- ✓ Monitor the reservoir bag
 - If the bag fills over 2/3, reduce the flow of oxygen by a liter until the bag fills to 2/3 upon patient exhalation
 - If the bag collapses, press the flush button to refill the bag to 2/3 full and increase the flow of oxygen by a liter until the bag fills to 2/3 upon patient exhalation
- ✓ Once the flow rate (L/min) has been established, be sure to maintain this flow rate throughout the procedure
- ✓ Rotate the nitrous lever on the flowmeter to 1 liter (remember to decrease the oxygen by 1 liter to maintain the flow rate)
- ✓ Continue to increase nitrous oxide by .5-1 liter every 60 seconds (while reducing the oxygen accordingly). Once sedation is becoming apparent, nitrous should be added every 3 minutes until proper sedation is achieved.
- ✓ Decrease the nitrous oxide and increase the oxygen toward the end of the procedure until 100 % oxygen is being administered (be sure to maintain the established flow rate)
- ✓ Administer 100% oxygen for a minimum of 5 minutes before assessing the patient’s full recovery
- ✓ Once full recovery has been established, remove the mask from the patient’s nose
- ✓ Rotate the lever for the oxygen down to zero
- ✓ Close the valve on the nitrous oxide tank by using the wrench and turning clockwise (to your right) until tight. Leave the valve on the oxygen tank open at this time.
- ✓ Rotate the levers on both the nitrous oxide and the oxygen simultaneously as far as they will go to bleed the remaining gases out of the lines. Once the nitrous oxide ball falls to zero, close the valve on the oxygen tank and turn the flowmeter levers to the off position when the oxygen ball falls to zero.
- ✓ Turn the HVE off
- ✓ Press the button on the vacuum control block to the off position
- ✓ Press the flowmeter button to the off position
- ✓ Complete the administration documentation in the treatment progress notes (use poor, fair or good for condition of pt)
- ✓ After patient is dismissed, unassemble the equipment. Wipe any debris off the mask with a wet (water) paper towel. Separate the inner mask from the outer mask and the connectors from the coaxial tubing and place all in a sterilizing bag. The reservoir bag should be removed by rocking back and forth or twisting while gently pulling on the rim and then placed in a sterilizing bag (if it is a blue disposable reservoir bag, it should be disposed of in the regular trash). Disinfect the flowmeter, levers, hoses, vacuum control block and any other parts touched with contaminated gloves. Ensure that the tank content tags accurately reflect the tank contents. Return unit and sterilizing bags to the dispensary.

PATIENT CARE PLAN WORKSHEET-FOR EDUCATIONAL PURPOSES ONLY-
NOT A PART OF THE OFFICIAL PATIENT RECORD

Student _____

Date _____

Caries Risk Assessment

Caries Risk: _____ [Based on Caries Risk Assessment completed in patient's EHR]

Recommended dental hygiene interventions

CLINICAL: _____

Pt. EDUCATION: _____

Referrals needed: _____

Directions: Consider the patient's assessment information. Select (X) either "Yes" or "No" for the risk areas present.

Periodontal Risk Assessment [1 or more "Yes" responses = risk]

- | | |
|--|--|
| Age | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Periodontal assessment indicates signs of active disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hx of past periodontal disease and/or treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Use of tobacco products | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Oral/Systemic link: diabetes, heart disease, osteoporosis, suppressed immunity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hormonal factors including pregnancy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nutritional deficiencies and/or obesity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medications | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sub-gingival restorations or overhanging margins affecting oral health | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stress | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Genetics | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bruxism and/or clenching | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Malocclusion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sub-gingival calculus | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DH/Perio. Diagnosis: _____

Recommended dental hygiene interventions

CLINICAL: _____

Pt. EDUCATION: _____

Referrals needed: _____

Oral Cancer Risk Assessments [1 or more "Yes" responses = risk]

- | | |
|--|--|
| Family history of head and neck cancer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Use of tobacco products | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alcoholic beverage consumption >3per week | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lesions/changes in lesions visible during oral cancer assessment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DH Diagnosis: _____

Recommended dental hygiene interventions

CLINICAL: _____

Pt. EDUCATION: _____

Referrals needed: _____

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Trauma/Other Risk Assessments [1 or more "Yes" responses = risk]

- Parafunctional habits (e.g., improper brushing, chewing ice, occupational, etc.) Yes No
- Presence of oral piercing(s) Yes No
- Use of smokeless tobacco products Yes No
- Tooth erosion habits (e.g. sucking on lemons, sipping acidic drinks, bulimia) Yes No
- Athletic mouth guard not worn during sporting activities Yes No
- Hx of bruxism or clenching teeth Yes No

DH Diagnosis: _____

Recommended dental hygiene interventions

CLINICAL: _____

Pt. EDUCATION: _____

Referrals needed: _____

Appointment Sequence with Interventions (CDT Codes)

Appointment 1		Appointment 2		Appointment 3		Appointment 4	
CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION

REFERRALS: _____

RECALL: _____

Patient Goals:

1. _____
2. _____
3. _____

CLINICAL EVALUATION FORM

Supragingival Calculus <i>Generalized (>30% Surfaces)</i> <input type="checkbox"/> 1- Granular <input type="checkbox"/> 2- Spicule(s) <input type="checkbox"/> 3- Ledge/Binding and/or <i>Localized (<30% Surfaces)</i> <input type="checkbox"/> 1- Granular <input type="checkbox"/> 2- Spicule(s) <input type="checkbox"/> 3- Ledge/Binding	Subgingival Calculus <i>Generalized (>30% Surfaces)</i> <input type="checkbox"/> 1- Granular <input type="checkbox"/> 2- Spicule(s) <input type="checkbox"/> 3- Ledge/Binding and/or <i>Localized (<30% Surfaces)</i> <input type="checkbox"/> 1- Granular <input type="checkbox"/> 2- Spicule(s) <input type="checkbox"/> 3- Ledge/Binding
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Dental Hygiene Program CLINICAL EVALUATION FORM

Recall Interval: _____ Treatment Complete: _____	COMPETENCIES Scaling I _____ Polishing _____ Total Technical _____ Transitional Dentition _____ Ultrasonic _____ Calculus Detection _____ WREB Prep. I _____ PSDHCP _____ WREB Prep. II _____
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STUDENT _____ CHART # or PT NAME _____ AGE _____
 PTP (1) _____ PTP (2) _____ PTP (3) _____ PTP (4) _____ PTP (5) _____ PTP (6) _____

APPT TYPE	AGE	STAGING	GRADING	CLINICAL DIAGNOSIS	<input type="checkbox"/> Loc <input type="checkbox"/> Gen <input type="checkbox"/> Active <input type="checkbox"/> Stable
<input type="checkbox"/> 1110 <input type="checkbox"/> 4341/4342 <input type="checkbox"/> 4910 <input type="checkbox"/> 4999 <input type="checkbox"/> 4346 <input type="checkbox"/> Special Needs <input type="checkbox"/> Implantology <input type="checkbox"/> Rotation _____	<input type="checkbox"/> Pado (4-12) <input type="checkbox"/> Adolesc. (13-17) <input type="checkbox"/> Adult (18-64) <input type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Healthy <input type="checkbox"/> Stage I <input type="checkbox"/> Stage II <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Gingivitis <input type="checkbox"/> Periodontitis <input type="checkbox"/> Reduced stable periodontium <input type="checkbox"/> Other _____	

I. ASSESS	IV. IMPLEMENT	V. EVALUATE	
PTP C A N EIE C A N Odontogram C A N Perio Assessment C A N Caries Risk Assess C A N *Radiographs C A N	Infection Control C A N OHI C A N Instrumentation C A N Instrument Care C A N Powered Instrument C A N Ergonomics C A N Desensitization C A N Coronal Polishing C A N Air Polishing C A N Implant Care C A N Care of Prosthesis C A N Time Management C A N Fluoride C A N Patient Management C A N Anxiety/Pain Control C A N	Re-Eval, Retreat, Refer, Maintain C A N Continuing Care Interval C A N Patient Satisfaction Survey C A N	C=Competent A=Needs Attention N=Needs Development
II. DIAGNOSE		VI. DOCUMENT	
DH Dx C A N		Documentation C A N	
III. PLAN			
PSDH Care Plan C A N			

PROFESSIONALISM CONCERNS	
<input type="checkbox"/> Prof appearance <input type="checkbox"/> Receptive to feedback <input type="checkbox"/> Positive attitude <input type="checkbox"/> Ethical judgment <input type="checkbox"/> Respectful to others <input type="checkbox"/> Critical thinking/ problem solving	<input type="checkbox"/> Punctual <input type="checkbox"/> Prepared <input type="checkbox"/> Confidentiality <input type="checkbox"/> Teamwork <input type="checkbox"/> Protocol adherence <input type="checkbox"/> Communication <input type="checkbox"/> Other
A	N

* HBW: _____ PANO: _____ VBW: _____ FMX: _____ PA: _____
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Sealants: C A N Tooth #(s): _____

UR/Q1 CI _____ Date _____ Errors _____	UL/Q2 CI _____ Date _____ Errors _____
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LR/Q4 CI _____ Date _____ Errors _____ C A N	LL/Q3 CI _____ Date _____ Errors _____ C A N
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S=Supra D=Definite Sub T=Trauma P=Plaque Z=Stain

FACULTY COMMENTS: SELF ASSESSMENT:

CLINICAL OPERATIONS SECTION III- Clinical Evaluation Criteria

DH1 and DH2 Clinical Evaluation Criteria

The DH1 and DH2 Clinical Evaluation Criteria documents are utilized to measure clinical performance when providing patient care. The established criteria categorize the student performance utilizing a C (Competent), A (Needs Attention), and N (Needs Development). Those students receiving a determined number of Ns in the same category, will be assigned to their mentor for remediation and will also receive a point deduction in their overall course grade.

DH1s – 1 N in any category = Mentor remediation/1 point overall grade deduction

1 A in any category = .5 point deduction from the final course grade

DH2s – **FALL:** 1 N in any category = Mentor remediation/1 point overall grade deduction

1 A in any category = .5 point deduction from the final course grade

SPRING: 1 N in any category = Mentor remediation/2 points overall grade deduction

1 A in same category = 1 point deduction from the final course grade

DH I CLINICAL EVALUATION

This document is intended to provide guidance to students and faculty on criteria utilized to measure clinical performance when providing patient care. The established degree of skill is based on C-Competent, A-Needs Attention, or N-Needs Development.

STEP	C (Competent)	A (Needs Attention)	N (Needs Development)
ASSESSMENT			
PTP	<ul style="list-style-type: none"> >Comprehensively collects, synthesizes, and presents all appropriate data (i.e. HHx/Meds/Vitals) > Identifies patient's subjective statement of reason for appt/CC >Identifies areas of concern >Uses descriptive terminology 	<ul style="list-style-type: none"> >Collects all appropriate data but does not synthesize information >Fails to recognize necessary adaptations in care >Unorganized or doesn't adhere to protocol >Uncertain of patient's reason for DH visit 	<ul style="list-style-type: none"> >Lack of documentation or differentiation between significant and insignificant findings > Fails to ascertain patient's oral concern
EIE	<ul style="list-style-type: none"> Identifies relevant normal and possible abnormal findings 	<ul style="list-style-type: none"> >Fails to identify 1-2 normal and possible abnormal findings >Use of incorrect terms >Failure to seek consult 	<ul style="list-style-type: none"> >Fails to identify >2 normal and possible abnormal findings >Failure to perform EIE
Odontogram/ Hard Tissue Charting	<ul style="list-style-type: none"> >Correctly charts existing and DDS recommended treatment >Recognizes possible need for treatment >Seeks consultation prn 	<ul style="list-style-type: none"> >Failure to identify <3 existing restorations >Failure to identify <3 areas possible decay or faulty restorations >Incorrect classification of occlusion 	<ul style="list-style-type: none"> >Failure to chart DDS treatment recommendations >Failure to identify >3 existing restorations >Failure to recognize >3 areas possible decay or faulty restorations >Failure to obtain dental exam >Failure to classify occlusion
Perio Assessment	<ul style="list-style-type: none"> >Performs periodontal charting and assessment with minimal errors >Identifies need for consult prn >Comprehensively collects and synthesizes all appropriate data >Calculates accurate bleeding and plaque indices 	<ul style="list-style-type: none"> >Inaccurate assessment >Inaccurate description of gingival tissue >Failure to seek consult 	<ul style="list-style-type: none"> >Omits portions of charting (i.e. furcation, mobility) >Fails to calculate bleeding and plaque indices

Caries Risk Assess	>Determines accurate CRA >Involves patient in appropriate caries prevention therapy	>Inaccurate assessment >Requires faculty input in determining appropriate therapy	>Omits CRA >Failure to inform patient of oral conditions >Failure to involve pt in determining appropriate therapy
Radiographs	>Utilizes radiographs for assessment data >Ascertain DDS prescription to expose radiographs >Consults faculty regarding appropriate radiographs to expose >Identifies anatomical landmarks >Identifies existing restorations and possible disease >Obtains PTP for retakes	>Failure to display radiographs or utilize for assessment and treatment >Radiographs diagnostic but have exposure errors	>Radiographs are non-diagnostic >Failure to follow radiation safety protocol >Failure to obtain PTP for retakes

DIAGNOSE

DH Dx	DH Dx is accurate	>DH Dx case type or clinical dx is inaccurate >Requires faculty input to determine DH Dx	>DH Dx both case type and clinical dx inaccurate
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PLAN

DHPS Care Plan	>Enters all pertinent pt information and identifies associated risks >Correctly identifies DH Dx with factors and related risks >Plans appropriate and comprehensive DH interventions >Determines expected outcomes >Proposes appropriate and correct plan for appointments >Determines appropriate Re-evaluation >Reviews Care Plan with the patient and obtains informed consent as needed	>Omits 2-3 pertinent information and/or associated risks >Omits or incorrectly identifies 2-3 factors and related risks >Omits 2-3 appropriate DH interventions in plan >Slightly incorrect statement of expected outcomes >Slightly incorrect appointment sequences proposed >Slightly incorrect re-evaluation determined >Omits sections of care plan when reviewing with pt	>Omits >3 pertinent information and/or associated risks >Omits or incorrectly identifies >3 factors and related risks >Omits >3 appropriate DH interventions in plan >Incorrect or omitted statement of expected outcomes > Incorrect appointment sequences proposed or omitted >Slightly incorrect re-evaluation determined >Omits sections of care plan when reviewing with pt >Failure to obtain informed consent
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IMPLEMENT

Infection Control	>Follows infection control protocol throughout clinical period	>Does not follow adequate infection control guidelines	>Breaks aseptic chain >Contamination or cross contamination occurs
OHI	>Provides at appropriate time >Provides hand mirror >Involves patient in planning process >Integrates and logically sequences patient self-care >Assesses patient progress at each appointment; modifies prn >Utilizes motivational interviewing >Sets appropriate pt goals	>Provides at inappropriate time during appointment >Involves patient in process but chooses illogical sequence >Clinician dominates dialogue >Failure to monitor progress of attainment of goals >Answers to questions indicate inadequate knowledge	>Does not involve patient in planning process >Omits patient self-care >Provides at end of appointment >Does not utilize motivational interviewing
Instrumentation	>Demonstrates safe instrument control >Activates with appropriate adaptation and stroke pressure	1-2 of the following >Inappropriate adaptation >inappropriate angulation >inappropriate stroke direction or length >Inappropriate grasp >Inappropriate fulcrum >Inappropriate insertion	3 or more of the "A" criteria
Instrument Care	>Selects correct instruments and maintains sharpness	>Sharpness of 2 instrument inadequate	>Sharpness of 3 or more instruments inadequate >Re-shaping of instrument
Powered Instrument	>Effectively utilizes powered device >Selects appropriate inserts and evacuation method >Appropriate equipment setup of powered device >Determines considerations for use >Proper pt preparation	>Water or power settings inadequate >Technique incorrect >Insert selection inappropriate >Disregards indications for use	>Ineffective or inappropriate use of US scaler >Trauma is evident >Uses when contraindicated >Inappropriate patient preparation
Ergonomics	Neutral positions attained, efficient ergonomics for operator & pt	Neutral positions not attained, posture of pt and/or clinician affected negatively	Neutral positions not considered for either patient/clinician creating unsafe conditions potentially causing harm
Desensitization	>Recognizes need for procedure >Appropriately applies >Explains rationale to pt >Informed consent prior to medicament placement	>Does not recognize need >Fails to explain rationale to patient	>Faculty identifies need

Coronal Polishing	<ul style="list-style-type: none"> >Selects appropriate polishing agent >Effectively removes plaque and stain 	<ul style="list-style-type: none"> >Fails to properly adapt cup to effectively remove all plaque >Uses various speeds >Fails to use proper fulcrum 	<ul style="list-style-type: none"> >Selects inappropriate polishing agent >Inappropriate technique >Fails to remove dental biofilm
Air Polishing	N/A	N/A	N/A
Implant Care	<ul style="list-style-type: none"> >Recognizes need for procedure >Follows prescribed technique >Uses correct instrument >Documents proper home care instructions in PSDHCP 	<ul style="list-style-type: none"> >Does not recognize need >Ineffective instrumentation >Fails to document proper home care instructions in PSDHCP 	<ul style="list-style-type: none"> >Omits care >Utilizes incorrect instruments >Fails to provide specific home care instructions >Omits implant maintenance on PSDHCP
Care of Prosthesis	<ul style="list-style-type: none"> >Procedure completed according to guidelines 	<ul style="list-style-type: none"> >Inadequate care 	<ul style="list-style-type: none"> >Omits care of prosthesis >Failure to return the prosthesis to pt
Time Management	<ul style="list-style-type: none"> >Prepared prior to clinical session so treatment moves smoothly >Uses time efficiently and effectively >Seats patient at appropriate time >Follows pt dismissal protocol 	<ul style="list-style-type: none"> >Demonstrates lack of clinical preparation resulting in minor clinic interruptions >Tardy seating patient >Requires CI prompting to follow pt dismissal protocol 	<ul style="list-style-type: none"> >Demonstrates lack of clinic preparation resulting in major clinic interruptions >Does not complete procedures in a timely fashion >Tardy for clinic session >Pt dismissal protocol not followed >Late for clinic session resulting in major clinic interruptions >Seats pt unnecessarily late
Fluoride	<ul style="list-style-type: none"> >Appropriate product selection >Appropriate application >Appropriate post op instructions >Informed consent prior to application 	<ul style="list-style-type: none"> >Applies fluoride but fails to observe throughout procedure 	<ul style="list-style-type: none"> >Selects inappropriate product >Application inappropriate >Fails to provide post op instructions
Patient Management	<ul style="list-style-type: none"> >Establishes and maintains rapport >Demonstrates concern for patient's well-being >Serves as an advocate for the welfare of patient >Demonstrates confidence/assertiveness 	<ul style="list-style-type: none"> >Patient controls or dominates conversation >Does not attempt to establish rapport with patient 	<ul style="list-style-type: none"> >Lack of rapport >Lack of concern for patient's well-being >Failure to demonstrate confidence/assertiveness (patient dominates appointment)

Anxiety/Pain Control	>Recognizes the need for faculty assistance for anxiety/pain control	>Faculty identifies need for anxiety/pain control	>Does not recognize need for faculty assistance for anxiety/pain Control
Sealants	>Recognizes need for treatment >Appropriately applies >Explains rationale to patient >Provides post op instructions >Informed consent prior to placement	>Does not recognize need >Fails to explain rationale to patient >Fails to provide post op instructions	>Faculty identifies need >Failure to gain informed consent prior to placement >Seals incorrect tooth

EVALUATE

Re-Eval, Retreat, Refer, Maintain	>Refers patient for further care >Provides resources for care >Discussion of attainment of goals related to self-care (BI, PI)	>Refers for care but fails to provide resources for care >Lack of supporting evidence provided to patient regarding treatment outcomes	>Fails to refer as needed >Failure to discuss goal attainment w/pt >Failure to address outcomes of recommendations
Continuing Care Interval	>Advises patient of appropriate recall interval	Inappropriate recall interval	Omits recall interval
Patient Satisfaction Survey	>Survey given to patient for completion		>Omits survey

DOCUMENTATION

Documentation	>Documentation is accurate and complete >Uses professional terminology	>Documentation inadequate or incomplete (lacks detail) >Uses inappropriate terminology >Failure to use appropriate abbreviation	>Frequent typographical errors >Documentation is inaccurate or incomplete >Failure to consider patient's needs assessment in treatment options
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PROFESSIONAL CONCERNS

Professional appearance	Maintains exemplary personal appearance and hygiene in accordance with professional appearance policy	>Inappropriate clinic attire >Personal appearance & hygiene are somewhat inadequate	>Unprofessional appearance >Inappropriate personal appearance and/or hygiene
Receptive to feedback	>Communicates with faculty, peers and patients in a respectful manner	>Fails to communicate effectively	>Inattentive to faculty or patient's needs >Does not follow suggestions/instructions
Positive attitude	>Displays positive attitude >Exhibits self-discipline	>Exhibits somewhat negative attitude >Self-discipline somewhat lacking	>Displays negative attitude >Lack of self-discipline

Ethical judgment/Legal considerations	<ul style="list-style-type: none"> >Acts consistently with the ethics of the dental hygiene profession and state regulations >Promotes ethical behavior and high standards of care 	>Lack of ethical judgment	<ul style="list-style-type: none"> >Demonstrates unethical behavior >Performs an illegal act >Care below standards
Respectful of others	<ul style="list-style-type: none"> >Displays respect to faculty, peers, & patients >Serves all patients without discrimination and avoids action that may be interpreted as discriminatory >Conducts clinical activities and develops relationships with colleagues that are honest and responsible 	<ul style="list-style-type: none"> >Professional relationships with faculty, peers, and/or patients is lacking 	<ul style="list-style-type: none"> >Disrespectful to faculty, peers, or patients >Clinical activities lack honesty & responsibility >Discriminates against faculty, peers, or patients >Inappropriate conversations in clinic sessions (whether patients are present or not)
Critical thinking/problem solving	Makes evidence-based decisions appropriate for optimal pt. care	<ul style="list-style-type: none"> >Attempts to make decisions without evidence to support >Proceeds inappropriately 	<ul style="list-style-type: none"> >Makes decisions that are potentially harmful to patient >Inappropriate problem solving
Punctual	>Shows respect and consideration for others by being punctual		>Tardy for clinic session
Prepared	<ul style="list-style-type: none"> >Appropriately prepared for clinic sessions >Exhibits organizational ability 	<ul style="list-style-type: none"> >Missing 1-3 components of armamentarium >Lack of organization resulting in minor clinic interruption 	<ul style="list-style-type: none"> >Missing >3 components of armamentarium >Lack of organization resulting in major clinic interruption
Confidentiality	<ul style="list-style-type: none"> >Holds professional patient relationships confidential >Avoids loud, disruptive and inappropriate conversation 	>Breaches some aspect of patient confidentiality	<ul style="list-style-type: none"> >Violates patient's confidentiality >Loud and disruptive; inappropriate conversation
Teamwork	<ul style="list-style-type: none"> >Collaborates with others to create a clinic environment that minimizes risk to the patient and allows for effective & efficient care >Manages conflicts constructively >Interacts in a collegial professional manner with peers, faculty and patients 	<ul style="list-style-type: none"> >Somewhat lacking in areas of teamwork >Breaches some aspect of patient confidentiality >Inconsistent collaboration w/peers >Lacks initiative in helping others 	Failure to participate in teamwork approach

Protocol Adherence	>Adheres to clinical protocol		>Violates protocol
Communication	>Communicates with peers, faculty, and patients in an effective, respectful, and professional manner	>Communication is ineffective and needs improvement	>Communicates with peers, faculty, or patients in disrespectful or unprofessional manner
Instrumentation/ Polishing Product	0-2 areas supra calculus deposits remain 0-2 areas of sub calculus remain after prophylaxis 0-4 areas of sub calculus remain after PM 0-2 areas of plaque or stain remain 0- trauma	3 areas supra calculus deposits remain 3-4 areas of sub calculus remain after prophylaxis 5-6 areas of sub calculus remain after PM 3-4 areas of plaque or stain remain 1-2 areas of trauma	4 or more supra calculus deposits left 5 or more areas sub calculus deposits left after prophylaxis 7 or more areas of sub calculus deposits left after PM 5 or more areas of plaque/stain remain 3 or more areas of trauma
Self-Assessment	Reflection: >indicative of critical thinking that promotes clinical development >identifies opportunities for self-improvement >initiates a goal, initiative, or strategy to achieve clinical objectives for more efficient patient care	Reflection: >does not indicate use of critical thinking >fails to recognize need/opportunity for improvement >fails to recognize goal/strategy for improvement	Reflection: >is omitted >lacks depth or use of critical thinking

DH II CLINICAL EVALUATION CRITERIA

This document is intended to provide guidance to students and faculty on criteria utilized to measure clinical performance when providing patient care. The established degree of skill is based on C-Competent, A-Needs Attention, or N-Needs Development.			
STEP	C (Competent)	A (Needs Attention)	N (Needs Development)
ASSESSMENT			
PTP	<ul style="list-style-type: none"> >Comprehensively collects, synthesizes, and presents all appropriate data (i.e. HHx/Meds/Vitals) > Identifies patient's subjective statement of reason for appt/CC >Identifies appropriate intervention for CC >Identifies areas of concern >Uses descriptive terminology 	<ul style="list-style-type: none"> >Collects all appropriate data but does not synthesize information >Uncertain of patient's reason for DH visit 	<ul style="list-style-type: none"> >Lack of documentation or differentiation between significant and insignificant findings >Fails to ascertain patient's oral concern >Fails to identify appropriate intervention for CC >Fails to recognize necessary adaptations in care >Unorganized or doesn't adhere to protocol
EIE	<ul style="list-style-type: none"> >Recognizes need for consult and adaptations in care >Able to identify normal and possible abnormal findings 	<ul style="list-style-type: none"> >Uses descriptive terms inadequately >Does not distinguish significant from insignificant findings 	<ul style="list-style-type: none"> >Failure to seek consult >Failure to perform EIE >Failure to identify significant findings >Use of incorrect terms
Odontogram/ Hard Tissue Charting	<ul style="list-style-type: none"> >Correctly charts existing and DDS recommended treatment >Recognizes possible need for treatment >Seeks consultation prn 	<ul style="list-style-type: none"> >Failure to identify <3 existing restorations >Failure to identify <3 areas of possible decay or faulty restorations 	<ul style="list-style-type: none"> >Failure to chart DDS treatment recommendations >Failure to identify >2 existing restorations >Failure to recognize >2 areas possible decay or faulty restorations >Failure to seek dental exam >Incorrect classification of occlusion
Perio Assessment	<ul style="list-style-type: none"> >Performs periodontal charting and assessment without errors >Identifies need for consult prn >Comprehensively collects and synthesize all appropriate data >Calculates accurate bleeding and plaque indices 	<ul style="list-style-type: none"> >Inaccurate charting of probing depth and assessment >Inaccurate description of tissue appearance 	<ul style="list-style-type: none"> >Incorrect assessment >Incomplete charting (furcations, mobility, MGJ, CAL, BOP etc.) >Failure to obtain consult
Caries Risk Assess	<ul style="list-style-type: none"> >Determines accurate CRA >Involves pt in appropriate caries prevention therapy 	<ul style="list-style-type: none"> >Inaccurate assessment 	<ul style="list-style-type: none"> >Omits CRA >Failure to inform pt of oral conditions

			>Does not include all the appropriate therapy
Radiographs	<ul style="list-style-type: none"> >Utilizes radiographs for assessment data >Ascertain DDS prescription to expose radiographs >Consults faculty regarding appropriate radiographs to expose >Identifies anatomical landmarks >Identifies existing restorations and possible disease >Obtains PTP for retakes 	>Radiographs are diagnostic but have exposure errors	<ul style="list-style-type: none"> >Failure to display radiographs or utilize for assessment and treatment >Radiographs are non-diagnostic >Failure to follow radiation safety protocol >Failure to obtain PTP for retakes
DIAGNOSE			
DH Dx	>DH Dx is accurate	N/A	>DH Dx case type or clinical dx is inaccurate
PLAN			
DHPS Care Plan	<ul style="list-style-type: none"> >Enters all pertinent pt information and identifies associated risks >Correctly identifies DH Dx with factors and related risks >Plans appropriate and comprehensive DH interventions >Determines expected outcomes >Proposes appropriate and correct plan for appointments >Determines appropriate Re-evaluation >Reviews Care Plan with the patient and obtains informed consent as needed 	<ul style="list-style-type: none"> >Omits 1 pertinent information and/or associated risks >Omits or incorrectly identifies 1 factors and related risks >Omits 1 appropriate DH intervention in plan >Slightly incorrect statement of expected outcomes >Slightly incorrect appointment sequences proposed >Slightly incorrect re-evaluation determined >Omits sections of care plan when reviewing with pt 	<ul style="list-style-type: none"> >Omits 2 or more pertinent information and/or associated risks >Omits or incorrectly identifies 2 or more factors and related risks >Omits 2 or more appropriate DH interventions in plan >Incorrect or omitted statement of expected outcomes > Incorrect appointment sequence proposed or omitted > Incorrect re-evaluation determined >Omits sections of care plan when reviewing with pt >Failure to obtain informed consent
IMPLEMENT			
Infection Control	>Follows infection control protocol throughout clinical period	>Does not follow adequate infection control guidelines	<ul style="list-style-type: none"> >Breaks aseptic chain >Contamination or cross contamination occurs

OHI	<ul style="list-style-type: none"> >Provides at beginning of appointment >Provides hand mirror >Involves patient in planning process >Integrates and logically sequences patient self-care >Assesses patient progress at each appointment; modifies prn >Utilizes motivational interviewing 	<ul style="list-style-type: none"> >Provides at inappropriate time during appointment >Involves patient in process but chooses illogical sequence >Clinician dominates dialogue 	<ul style="list-style-type: none"> >Does not involve patient in planning process >Answers to questions indicate inadequate knowledge >Omits patient self-care >Provides at end of appointment >Does not utilize motivational interviewing
Instrumentation	<ul style="list-style-type: none"> >Demonstrates safe instrument control >Activates with appropriate adaptation and stroke pressure 	<ul style="list-style-type: none"> 1 of the following >Inappropriate adaptation >inappropriate angulation >inappropriate stroke direction or length >Inappropriate grasp >Inappropriate insertion 	<ul style="list-style-type: none"> 2 or more of the "A" criteria
Instrument Care	<ul style="list-style-type: none"> >Selects correct instruments and maintains sharpness 	<ul style="list-style-type: none"> >Sharpness of 1 instrument is inadequate 	<ul style="list-style-type: none"> >Sharpness of 2 or more instruments inadequate >Faculty assists in instrument selection; sharpness not maintained >Re-shaping of instrument
Powered Instrument	<ul style="list-style-type: none"> >Effectively utilizes powered device and selects appropriate inserts >Selects appropriate inserts and evacuation method >Appropriate equipment setup of powered device >States considerations and indications for use >Proper patient preparation 	<ul style="list-style-type: none"> >Inadequate water or power settings >Incorrect technique >Insert selection inappropriate >Disregards indications for use 	<ul style="list-style-type: none"> >Ineffective or inappropriate use of US scaler >Trauma is evident >Uses when contraindicated >Inappropriate pt preparation
Ergonomics	<ul style="list-style-type: none"> >Neutral positions attained, pt and operator efficient ergonomics 	<ul style="list-style-type: none"> >Neutral positions not attained, posture of pt and clinician affected negatively 	<ul style="list-style-type: none"> >Neutral positions not considered for either patient/clinician creating unsafe conditions potentially causing harm

Desensitization	<ul style="list-style-type: none"> >Recognizes need for procedure and prepares accordingly >Appropriately applies >Explains rationale to patient >Informed consent prior to medicament placement 	<ul style="list-style-type: none"> >Does not recognize need >Fails to explain rationale to patient 	<ul style="list-style-type: none"> >Faculty identifies need >Fails to obtain informed consent prior to medicament placement
Coronal Polishing	<ul style="list-style-type: none"> >Selects appropriate polishing agent >Effectively removes plaque and stain 	<ul style="list-style-type: none"> >Fails to properly adapt cup to effectively remove all plaque >Uses various speeds >Fails to use proper fulcrum 	<ul style="list-style-type: none"> >Selects inappropriate polishing agent >Inappropriate technique >Fails to remove dental biofilm
Air Polishing	<ul style="list-style-type: none"> >States considerations and indications for use >Informed consent prior to use >Selects appropriate agent & explain rationale > Appropriate technique and evacuation 	<ul style="list-style-type: none"> >Unable to explain rationale for appropriate agent 	<ul style="list-style-type: none"> >Selects inappropriate agent >Failure to obtain informed consent >Does not explain rationale for use of air polishing >Trauma occurs >Did not observe contraindications >Failure to provide appropriate technique or evacuation
Implant Care	<ul style="list-style-type: none"> >Recognizes need for procedure >Follows prescribed technique >Uses correct instrument >Documents proper home care instructions in PSDHCP 	<ul style="list-style-type: none"> >Does not recognize need >Ineffective instrumentation >Fails to document proper home care instructions in PSDHCP 	<ul style="list-style-type: none"> >Omits care >Utilizes incorrect instruments >Fails to provide specific home care instructions >Omits implant maintenance on PSDHCP
Care of Prosthesis	<ul style="list-style-type: none"> >Procedure completed according to guidelines 	<ul style="list-style-type: none"> >Inadequate care 	<ul style="list-style-type: none"> >Omits care of prosthesis >Failure to return the prosthesis to pt
Time Management	<ul style="list-style-type: none"> >Prepared prior to clinical session so treatment moves smoothly >Uses time efficiently and effectively >Seats patient at appropriate time >Follows pt dismissal protocol 	<ul style="list-style-type: none"> >Demonstrates lack of clinical preparation resulting in minor clinic interruptions >Tardy seating patient >Requires CI prompting to follow pt dismissal protocol 	<ul style="list-style-type: none"> >Demonstrates lack of clinic preparation resulting in major clinic interruptions >Does not complete procedures in a timely fashion >Tardy for clinic session >Pt dismissal protocol not followed >Late for clinic session resulting in major clinic interruptions >Seats pt unnecessarily late
Fluoride	<ul style="list-style-type: none"> >Appropriate product selection 		<ul style="list-style-type: none"> >Selects inappropriate product

	<ul style="list-style-type: none"> >Justifies recommendations for pt >Appropriate application >Appropriate post op instructions >Informed consent prior to application 		<ul style="list-style-type: none"> >Application inappropriate >Fails to provide post op instructions >Does not explain rationale for application and does not encourage treatment >Applies fluoride but fails to observe throughout procedure >Failure to obtain informed consent
Patient Management	<ul style="list-style-type: none"> >Establishes and maintains rapport >Demonstrates concern for patient's well-being >Serves as an advocate for the welfare of patient >Demonstrates confidence/assertiveness 	<ul style="list-style-type: none"> >Patient controls or dominates conversation >Does not attempt to gain rapport with the patient 	<ul style="list-style-type: none"> >Lack of rapport >Lack of concern for patients >Failure to demonstrate confidence/assertiveness (patient dominates appointment)
Anxiety/Pain Control	<ul style="list-style-type: none"> >Recognizes the need for faculty assistance for anxiety/pain control >Determines appropriate LA for pt >Follows correct LA and/or nitrous oxide administration technique 	<ul style="list-style-type: none"> >Does not recognize need for faculty assistance for anxiety/pain control >Requires faculty consult for appropriate LA for pt >Requires faculty prompting during the administration of LA and/or nitrous oxide 	<ul style="list-style-type: none"> >Faculty identifies need for Anxiety/Pain Control >Incorrect technique in administration of LA and/or nitrous oxide >Administration of LA results in potential harm to patient
Sealants	<ul style="list-style-type: none"> >Recognizes need >Quality of final product acceptable >Procedure completed according to guidelines >Informed consent prior to placement 	<ul style="list-style-type: none"> >Minor technique error >Final product needs attention 	<ul style="list-style-type: none"> >Finished product is not clinically acceptable >Failure to gain informed consent prior to placement >Seals incorrect tooth
EVALUATE			
Re-Eval, Retreat, Refer, Maintain	<ul style="list-style-type: none"> >Refers patient for further care >Provides resources for care >Discussion of attainment of goals related to self-care (BI, PI) >Appropriate course of treatment provided to pt 	<ul style="list-style-type: none"> >Refers for care but fails to provide resources for care >Incomplete assessment of patient needs/outcomes 	<ul style="list-style-type: none"> >Fails to refer as needed >Failure to communicate patient specific needs/appropriate course of action >Failure to recognize outcome of patient therapy
Continuing Care Interval	Advises patient of appropriate recall interval	Inappropriate recall interval	Omits recall interval

Patient Satisfaction Survey	Survey completed	N/A	Omits survey
DOCUMENTATION			
Documentation	<ul style="list-style-type: none"> >Documentation accurate, complete >Uses professional terminology 	<ul style="list-style-type: none"> >Documentation inadequate or lacks detail >Uses inappropriate terminology 	<ul style="list-style-type: none"> >Frequent typographical errors >Documentation is inaccurate or incomplete >Failure to consider patient's needs assessment in treatment options >Failure to use appropriate abbreviation
PROFESSIONAL CONCERNS			
Professional appearance	<ul style="list-style-type: none"> >Maintains exemplary personal appearance and hygiene in accordance with professional appearance policy 	<ul style="list-style-type: none"> > Inappropriate clinic attire >Personal appearance & hygiene are somewhat inadequate 	<ul style="list-style-type: none"> >Unprofessional appearance >Inappropriate personal appearance and/or hygiene
Receptive to feedback	<ul style="list-style-type: none"> >Communicates with faculty, peers and patients in a respectful manner 	<ul style="list-style-type: none"> >Fails to communicate effectively 	<ul style="list-style-type: none"> >Inattentive to faculty or patient's needs >Does not follow suggestions/instructions
Positive attitude	<ul style="list-style-type: none"> >Displays positive attitude >Exhibits self-discipline 	<ul style="list-style-type: none"> >Exhibits somewhat negative attitude >Self-discipline somewhat lacking 	<ul style="list-style-type: none"> >Displays negative attitude >Lack of self-discipline
Ethical judgment/Legal considerations	<ul style="list-style-type: none"> >Acts consistently with the ethics of the dental hygiene profession and state regulations >Promotes ethical behavior and high standards of care 	<ul style="list-style-type: none"> >Lack of ethical judgment 	<ul style="list-style-type: none"> >Demonstrates unethical behavior >Performs an illegal act >Care below standards
Respectful of others	<ul style="list-style-type: none"> >Displays respect to faculty, peers, & patients >Serves all patients without discrimination and avoids action that may be interpreted as discriminatory >Conducts clinical activities and develops relationships with colleagues that are honest and responsible 	<ul style="list-style-type: none"> >Professional relationships with faculty, peers, and/or patients is lacking 	<ul style="list-style-type: none"> >Disrespectful to faculty, peers, or patients >Clinical activities lack honesty & responsibility >Discriminates against faculty, peers, or patients >Inappropriate conversations in clinic sessions (whether patients are present or not)
Critical thinking/problem solving	<ul style="list-style-type: none"> >Makes evidence-based decisions appropriate for optimal pt care 	<ul style="list-style-type: none"> >Attempts to make decisions without evidence to support >Proceeds inappropriately 	<ul style="list-style-type: none"> >Makes decisions that are potentially harmful to patient >Inappropriate problem solving

Punctual	>Shows respect and consideration for others by being punctual		>Tardy for clinic session
Prepared	>Appropriately prepared for clinic sessions >Exhibits organizational ability	>Missing 1-2 components of armamentarium >Lack of organization resulting in minor clinic interruption	>Missing >2 components of armamentarium >Lack of organization resulting in major clinic interruption
Confidentiality	>Holds professional patient relationships confidential >Avoids loud, disruptive and inappropriate conversation	>Breaches some aspect of patient confidentiality	>Violates patient's confidentiality >Loud and disruptive; inappropriate conversation
Teamwork	>Collaborates with others to create a clinic environment that minimizes risk to the patient and allows for effective & efficient care >Manages conflicts constructively >Interacts in a collegial professional manner with peers, faculty and patients	>Inconsistent collaboration w/peers	>Lacks initiative in helping others
Protocol Adherence	>Adheres to clinical protocol		>Violates protocol
Communication	>Communicates with peers, faculty, and patients in an effective, respectful, and professional manner	>Communication is ineffective and needs improvement	>Communicates with peers, faculty, or patients in disrespectful or unprofessional manner
Instrumentation/ Polishing Product	0-1 areas supra calculus deposits remain 0-1 sub calculus remain after prophy 0-2 area of sub calculus remain after PM 0-1 areas calculus remain per quad on NSPT 0-2 areas of plaque or stain remain 0 areas of trauma	2 areas supra calculus deposit remain 2 areas of sub calculus remain after prophy 3 areas of sub calculus remain after PM 2 areas sub calculus remain per quad on NSPT 3-4 areas of plaque or stain remain 1-2 areas of trauma	3 or more supra calculus deposits remain 3 or more areas sub calculus deposits remain after prophy 4 or more areas of sub calculus deposits left (PM) 3 areas/quad sub calculus deposits remain on NSPT 5 or more areas of plaque/stain remain 3 or more areas of trauma

Self-Assessment	<p>Reflection:</p> <ul style="list-style-type: none"> >indicative of critical thinking that promotes clinical development >identifies opportunities for self-improvement >initiates a goal, initiative, or strategy to achieve clinical objectives for more efficient patient care 	<p>Reflection:</p> <ul style="list-style-type: none"> >does not indicate use of critical thinking >fails to recognize need/opportunity for improvement >fails to recognize goal/strategy for improvement 	<p>Reflection:</p> <ul style="list-style-type: none"> >is omitted >lacks depth or use of critical thinking
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DH I & DH II CLINICAL PRODUCT EVALUATION TABLE

DH1			DH2		
C	PROPHY	0-2 supra	C	PROPHY	0-1 supra
		0-2 sub			0-1 sub
	PM	0-4 sub		PM	0-2 sub
				NSPT	0-1 sub/quad
	Plaque/Stain	0-2		Plaque/Stain	0-2
	Trauma	0		Trauma	0
A	PROPHY	3 supra	A	PROPHY	2 supra
		3-4 sub			2 sub
	PM	5-6 sub		PM	3 sub
				NSPT	2 sub/quad
	Plaque/Stain	3-4		Plaque/Stain	3-4
	Trauma	1-2		Trauma	1-2
N	PROPHY	4+ supra	N	PROPHY	3+ supra
		5+ sub			3+ sub
	PM	7+ sub		PM	4+ sub
				NSPT	3+ sub/quad
	Plaque/Stain	5+		Plaque/Stain	5+
	Trauma	3+		Trauma	3+

**DH1s – 1 N in any category = Mentor remediation/1 point overall grade deduction
 1 A in any category = .5 point deduction from the final course grade**

DH2s

**FALL: 1 N in any category = Mentor remediation/1 point overall grade deduction
 1 A in any category = .5 point deduction from the final course grade**

**SPRING: 1 N in any category = Mentor remediation/2 point overall grade deduction
 1 A in any category = 1 point deduction from the final course grade**

CLINICAL OPERATIONS SECTION IV- Clinic Reference Documents

ABBREVIATIONS

Anes	-	Anesthetic	meds.	-	medications
approx.	-	approximate	MI	-	myocardial infarction
appt	-	appointment	MVP	-	Mitral Valve Prolapse
ASA	-	aspirin	OP	-	Operative
ASAP -		as soon as possible	OS	-	Oral Surgery
b.i.d.	-	twice a day	prn	-	as needed
bilat.	-	bilateral	PCN	-	Penicillin
BP	-	blood pressure	POI		Post-operative instructions
BWX	-	bitewing radiographs	Pt.	-	patient
BX	-	biopsy	PTPW		patient tolerated procedure well
CC	-	chief complaint	q.	-	every
C/C	-	complete dentures	q.i.d.	-	four times a day
C/P	-	complete maxillary	RCT	-	root canal treatment
denture/mandibular partial			Rec.	-	recommend
Ca	-	cancer	RHD	-	Rheumatic Heart Disease
Cau.	-	Caucasian	R/O	-	Rule Out
CBC	-	Complete blood count	RPD	-	Removable Partial Denture or
CHD	-	Congestive heart disease	Removable Prosthodontics		Department
CHF	-	Congestive heart failure	RXN	-	reaction
CNS	-	Central nervous system	SBE	-	Subacute Bacterial Endocarditis
cont.	-	continued	t.i.d.	-	three times a day
COPD -		Chronic obstructive pulmonary	TMJ	-	temporal mandibular joint
disease			w/	-	with
CP	-	Cerebral palsy	w/o or s	-	without
CVA	-	Cerebral vascular attack	WNL	-	within normal limits
CVD		Cardiovascular disease			
DC	-	discontinue			
DH	-	dental hygiene			
DOB	-	date of birth			
DX	-	diagnosis			
EBV	-	Epstein Barr Virus			
EKG or ECG	-	Electrocardiogram			
EEG	-	Electroencephalogram			
Endo	-	Endodontics			
ENT	-	Ear, nose and throat			
Eval	-	evaluation			
Ext.	-	extract			
FMX	-	Full Mouth survey			
FPD	-	Fixed Prosthodontics			
HBV	-	Hepatitis B Virus			
HHx	-	health history			
IDDM -		Insulin Dependent Diabetes			
Mellitus					
IM	-	Intramuscular			
mand. -		mandibular			
max.	-	maxillary			

ASA PHYSICAL STATUS CLASSIFICATION

American Society of Anesthesiologists - ASA Physical Status C...

<http://www.asahq.org/resources/clinical-information/asa-physica...>



Home > Resources > Clinical Information > ASA Physical Status Classification System

ASA Physical Status Classification System

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

Last approved by the ASA House of Delegates on October 15, 2014

Current definitions (NO CHANGE) and Examples (NEW)

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BM < 40), wellcontrolled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

*The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

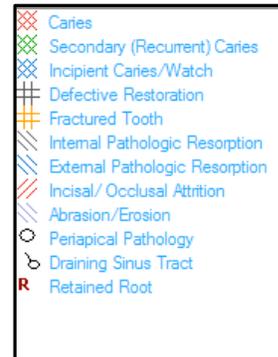
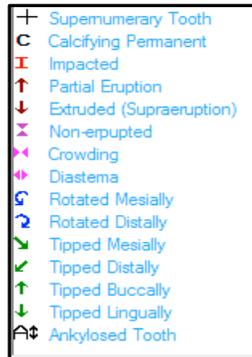
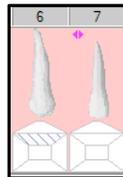
These definitions appear in each annual edition of the [ASA Relative Value Guide®](#). There is no additional information that will help you further define these categories.

axiUm CHARTING LEGEND

axiUm Charting Legend

CARIES/ LOSS TOOTH STRUCTURE/ CONDITIONS:

Diastema
between
6 and 7



RESTORATIONS:

Sealant

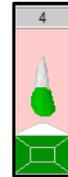


D1351

Amalgam



Temporary
Crown



D2970

Porcelain to
Metal Crown



D2752

PRR



D1352

Sedative
Filling



Class V
Composite*

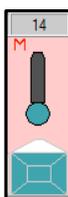


All Ceramic
Crown



D2740

Implant-
retained
Porcelain
to Metal
Crown
D6010
D2752



Full gold
Crown with
Endo

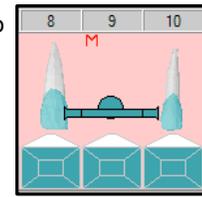


D3330 RCT
D2792 FGC

Composite
Filling

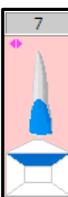


Porcelain to
Metal FPD



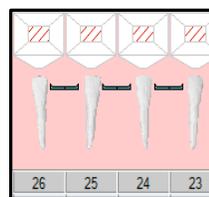
D6242
Pontic
D6752
Retainer

Porcelain
Labial
Veneer



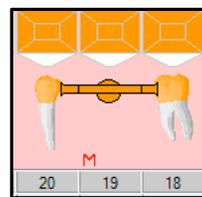
D2962

Lingual
Bar



D8220

Full Cast
Gold FPD



D6212
Pontic
D6792
Retainer

* Add the composite to the buccal surface then select the tooth, right click and choose "Tooth Details" un-check the paint radio button and remove as much of the composite as is necessary and click "OK".

DENTAL CARIES CHARTING

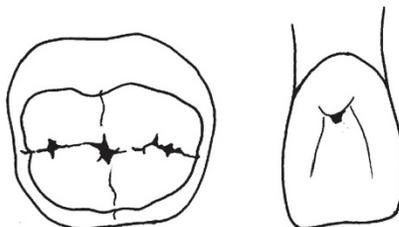
CLASSIFICATION: LOCATION

Class I.

Cavities in pits or fissures

- a. Occlusal surfaces of premolars and molars
- b. Facial and lingual surfaces of molars
- c. Lingual surfaces of maxillary incisors

APPEARANCE

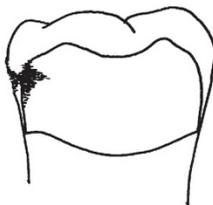


METHOD OF EXAMINATION

Direct or indirect visual
Radiographs not useful

Class II.

Cavities in proximal surfaces of premolars and molars



Early caries: by radiographs only
Moderate caries not broken through from proximal to occlusal:
Visual by color changes in tooth and loss of translucency
Extensive caries involving occlusal: direct visual

Class III.

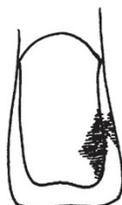
Cavities in proximal surfaces of incisors and canines that do not involve the incisal angle



Early caries: by radiographs or transillumination
Moderate caries not broken through to lingual or facial:
1. Visual by tooth color change
2. Radiograph
Extensive caries; direct visual

Class IV.

Cavities in proximal surfaces of incisors or canines that involve the incisal angle



Visual
Transillumination

Class V.

Cavities in the cervical 1/3 of facial or lingual surfaces (not pit or fissure)



Direct visual: dry surface for vision
Dull probe to distinguish demineralization: whether rough or hard and unbroken
Areas may be sensitive to touch

Class VI.

Cavities on incisal edges of anterior teeth and cusp tips of posterior teeth



Direct visual
May be discolored

EXTRA ORAL-INTRA ORAL EXAM TERMINOLOGY

SCSL CS LSD

S=SIZE

C=COLOR

S=SHAPE

L=LESION

C=CONSISTENCY

S=SURFACE TEXTURE

L=LOCATION

S=SYMPTOMS

D=DURATION

SIZE

measure in mm or cm
length
width
height
single
multiple
coalescing

COLOR

erythemic
erythematic
pallor
gray
brown
black
pink
coral
salmon
red
magenta

Color combinations:

bluish-gray
blue white etc

SHAPE

round
oval
elevated
depressed
flat
linear
circular
regular
irregular
rectangular

LESION

macule
patch
erosion
ulcer
wheal
scar
fissure
sinus
papule
plaque
nodule
tumor
vesicle
pustule
bulla
cyst

CONSISTENCY

described as *'when pressed on, not when rubbed on'*
soft
spongy
resilient
indurated
fluctuant (fluid filled)
usually can't be seen

Attached how?

pedunculated
sessile

SURFACE TEXTURE

described as *'when rubbed on, not when pressed on'*
smooth
rough

papillary
verrucous
corrugated
crusted
fissured
folded

LOCATION

localized
generalized
lateral border of tongue
floor of mouth
buccal mucosa
tonsillar pillar
vermilion border

SYMPTOMS

asymptomatic
painful
burning
throbbing
dull ache
sharp pain
seeping
numbness
tingling

DURATION

hours
days
weeks
months
years

INFECTION CONTROL TERMINOLOGY

ANTISEPTIC

Chemical agent that is used to inhibit or kill microorganisms on tissue surfaces. (Ex: handwash agent)

ASEPSIS

Removal or destruction of disease or infected material. Includes sterile condition obtained by removing or killing organisms.

ASEPTIC TECHNIQUE (ASEPSIS)

The use of procedures that break the cycle of infection and ideally eliminate cross contamination

AUTOGENOUS INFECTION

Self-Produced infection Ex: Candidiasis (Yeast)

BACTEREMIA

Presence of bacteria in the blood. Demonstrated by blood culture. Antibiotic treatment is specific to the organism found and appropriate to the location of infection

BACTERIOCIDAL

A chemical agent which is capable of directly killing target microorganisms

BACTERIOSTATIC

A chemical that is capable of inhibiting the growth and metabolism of a target microorganism but does NOT directly kill the microbe

CLEANING

Physical removal of debris and reduction of microorganisms present. First step in decontamination

CROSS-CONTAMINATION

Passage of microorganisms from one person or inanimate object to another

CROSS INFECTION

Passage of microorganisms from one person to another

DISINFECTION

The use of chemical agents to accomplish the destruction of disease-causing microorganisms, but not necessarily all pathogens or resistant spores on inanimate objects or surfaces

IATROGENIC INFECTION

Infection caused by treatment or diagnostic procedures

NOSOCOMIAL INFECTION

Infection acquired during hospitalization

OPPORTUNISITIC INFECTION

Infection caused by normally non-pathogenic microorganism in a host whose resistance has been decreased or compromised

PATHOGEN

Any microorganism capable of producing disease

SEPTICEMIA

Systemic infection in which pathogens are present in the circulating bloodstream having spread from an infection in any part of the body. Diagnosed by blood culture and vigorously treated with antibiotics. Also called "blood poisoning".

STERILIZATION

Destruction or removal of all forms of life, with particular reference to microbial organisms. The limiting requirement is destruction of heat resistant bacterial spores

SEPSIS

Infection, contamination

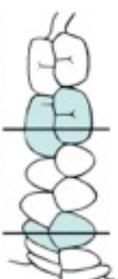
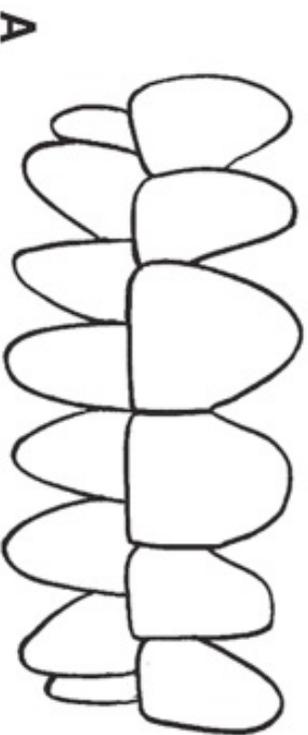
MEDICATION DOCUMENTATION EXAMPLE

DRUG NAME: Lisinopril
DOSAGE: 10mg once per day
PRESCRIBED FOR: hypertension
PHARMACOLOGIC CLASS: ACE inhibitor
DRUG INTERACTIONS: Allopurinol, NSAIDs
ADVERSE REACTIONS: orthostatic effects, headaches, fatigue, rash, hyperkalemia
CONTRAINDICATIONS: hypersensitivity to Lisinopril, hypotension

DRUG NAME: Ortho Tri-Cyclen
DOSAGE: 1 tablet per day
PRESCRIBED FOR: Prevention of pregnancy
PHARMACOLOGIC CLASS: Oral contraceptive
DRUG INTERACTIONS: antibiotics reduce effectiveness; patient must be warned to use additional form of birth control
ADVERSE REACTIONS: increased varicose veins, migraines, edema, venous thrombosis, MI
CONTRAINDICATIONS: hypersensitivity to Ortho Tri-Cyclen; should not be used by women who have past hx of MI or stroke

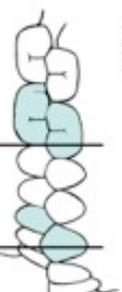
DRUG NAME: Amlodipine
DOSAGE: 5mg once per day
PRESCRIBED FOR: hypertension
PHARMACOLOGIC CLASS: Calcium channel blocker
DRUG INTERACTIONS: MAOIs may enhance effects
ADVERSE REACTIONS: gingival enlargement, peripheral edema
CONTRAINDICATIONS: hypersensitivity to amlodipine

OCCLUSION

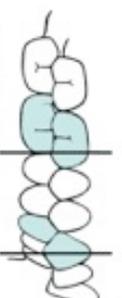


Normal (Ideal) Occlusion
Molar relationship: mesiodistal cusp of maxillary first permanent molar occludes with the buccal groove of the mandibular first permanent molar.

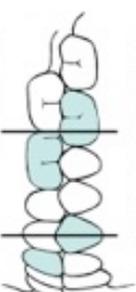
Malocclusion
Class I: Neutroclusion.
Molar relationship: same as Normal, with malposition of individual teeth or groups of teeth.



Class II: Divisorion.
Molar relationship: buccal groove of the mandibular first permanent molar is distal to the mesiodistal cusp of the maxillary first permanent molar. By at least the width of a period.
Divisor 1: mandible is retruded and all molarly vectors are protruded.



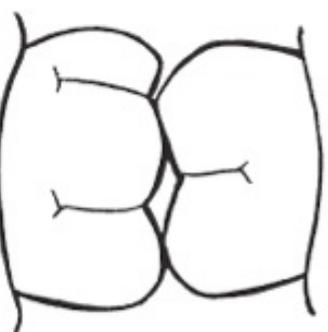
Class II: Divisorion.
Divisor 2: mandible is retruded and one or more molarly vectors are retruded.



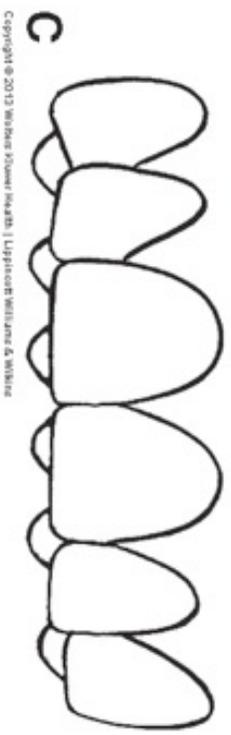
Class III: Mesioclusion.
Molar relationship: buccal groove of the mandibular first permanent molar is mesial to the mesiodistal cusp of the maxillary first permanent molar by at least the width of a period.



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ODONTOGRAM 101

To Access Pt Odontogram:

1. Select pt in Rolodex
2. Select Electronic Health Record on left side of screen
3. Odontogram is the picture representation of dentition on top ½ of screen

To Add “FINDING” to odontogram:

1. Select “Tx History” tab, found on bottom half of page
2. Select icon of *file folder with green +*
3. A new tab “Chart Add” will appear
4. Under “Quick List” 3 options are available: “Findings” “Dental Tx” and “Medical Tx”

***Here you can see different EXPANDABLE categories that will appear once you select one of the options listed above

5. After locating the condition or disease/abnormality that needs to be charted, select the appropriate choice
6. Click on Tooth # or Surface the finding or treatment refers to on the odontogram

***If the OUCOD did not perform this treatment, it is a “Finding”

7. After selecting tooth or tooth surface, click icon of *Tooth with various colored arrows on all corners*, This will chart the finding or condition as a “Finding” in this patient’s mouth

To Add “PLANNED TREATMENT” to odontogram:

1. Repeat Steps 1-6 above
2. Once tooth or surface is selected, click on icon of *Tooth with a YELLOW “P”*
3. This will chart the planned treatment for selected tooth or surface

To DELETE findings or planned treatment from odontogram:

1. Select “Tx History” tab, found on bottom half of page of Electronic Health Record
2. Locate and choose correct category on right side (“Condition” is any previous treatment not completed at COD, or any condition charted; Planned; Completed; etc.)
3. Click *File Folder with RED X*
4. Confirm you want to delete this finding or planned treatment
5. Entry has been deleted

NOTES

If finding or treatment needed is not listed under “Quick List” tab, locate “Full List” or “Search” tab for more options

Example: Adding attrition as a finding:

Chart Add-> Findings (Under Quick List) -> Disease/Abnormalities -> Incisal/Occlusal Attrition -> Select tooth/teeth surfaces on odontogram -> Tooth icon with multiple colored arrows (Finding icon)

ODONTOGRAM 101 part II

To chart MISSING tooth:

1. Select appropriate tooth on odontogram (Click on Tooth #)
2. Right click, scroll and select "Missing"
3. A *RED "M"* will appear in place of the tooth figure

To UNDO charting of MISSING tooth

1. Select appropriate tooth on odontogram (Click on Tooth #)
2. Right click, scroll and select "Undo Missing"
3. The tooth figure will return in place of the *RED "M"*

To Change PRIMARY/PERMANENT

1. Select appropriate tooth on odontogram (Click on Tooth #)
 2. Right click, scroll and select "Age Change"
 3. Tooth will change to Letter for primary, # for permanent and figure will correspond
- * EXACT SAME PROCEDURE TO CHANGE AGAIN/UNDO CHANGE*

To Quickly access all important "TOOTH HISTORY"

1. Select appropriate tooth on odontogram (Click on Tooth #)
2. Right click, scroll and select "Show tx history"
3. Look at bottom part of listed tx history
4. Under current clinician's name, the appropriate tooth # selected will display the most current tx history or tooth finding

To see the most current "PERIO CHART" with odontogram:

1. On same row as "Tx History" tab, select "PERIO" tab
 2. Current perio chart will appear along with odontogram figures
- * Facial surfaces appear on TOP ROW with lingual surfaces on BOTTOM ROW for MAXILLARY arch; this is OPPOSITE for mandibular arch.

PAPER PERIODONTAL CHARTING EXAMPLE

Current date here

Subsequent recall/maint appts:
changes in probe depths, 4+, BOP.

If change in recession, write date & #
in area above tooth number

Student initial next to box;
CI initial/stamp

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
11-20-10		3 4	5					3 2						4				CAL
10-10-10		8 6 9	4 5			1	2	4 3 4	1 1					4 2 2				CEJ-GM
10-10-10		4 4 4 4	2 2 2	3 3 3	3 3 3	3 3 3	3 0 3	3 0 2	2 2 2	3 0 2	3 2 2	3 2 3	3 2 3	3 2 3	0 0	1	2 2 2	PD
10-10-10		4 2 3	4 2 3	3 2 3	3 2 3	3 1 3	2 2 2	2 1 2	2 1 3	3 2 2	3 2 3	3 2 3	3 2 3	4 2 3	2 2 2			

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
10-10-10		4 1 4 4	2 4	3 2 3	3 2 3	3 1 3	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 3 3	4 2 4	2 2 2	2 2 2			PD
10-10-10		7 5 8	1	1									2	2	2	2		CEJ-GM
10-10-10		7 5 8	1	1									2	2	2	2		CAL
11-20-10		4 4 4	4	4										4				

PTP MONOLOGUE
INITIAL VISIT PTP MONOLOGUE

Student States:

Patient presents as a _____ (age, sex) in
apparent poor, fair, good health with no chief complaint/ chief complaint
of " _____".

Pt's medical hx includes _____

Patient is currently taking:
_____ (meds) for
_____ (reason for
meds).

Dental considerations related to
medication _____

Patient states _____ (drug
allergies/sensitivity/NKDA) to the following meds:

with a reaction of
_____.

The patient's last radiographs were: FMX _____
BWx _____ PANO _____

Patient's vitals are: BP _____, Pulse _____ BPM,
Respirations _____ RPM.

SUBSEQUENT VISIT PTP MONOLOGUE

Student states:

This is appointment no. _____ with patient (state name)

There have been *no changes/changes* in health history from the last appointment.

If so, what changes? _____

Pt's medical hx includes _____

Patient is currently taking: _____ (meds)
for _____ (reason for
meds).

Dental considerations related to
medication _____

Patient states _____ (drug
allergies/sensitivity/NKDA) to the following meds:

with a reaction of _____.

The patient's last radiographs were: FMX _____
BWX _____ PANO _____

Patient's vitals are: BP _____, Pulse _____ BPM,
Respirations _____ RPM.

Last appointment we completed: _____

Today I plan to accomplish:

PERIODONTAL CLASSIFICATION

Staging and Grading Periodontitis



The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multidimensional staging and grading system. The charts below provide an overview. Please visit perio.org/2017wwdc for the complete suite of reviews, case definition papers, and consensus reports.

PERIODONTITIS: STAGING

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management.

Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis may modify stage definition. One or more complexity factors may shift the stage to a higher level. See perio.org/2017wwdc for additional information.

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
	Interdental CAL <i>(at site of greatest loss)</i>	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
Severity	RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth loss <i>(due to periodontitis)</i>	No tooth loss		≤4 teeth	≥5 teeth
Complexity	Local	<ul style="list-style-type: none"> • Max. probing depth ≤4 mm • Mostly horizontal bone loss 	<ul style="list-style-type: none"> • Max. probing depth ≤5 mm • Mostly horizontal bone loss 	In addition to Stage II complexity: <ul style="list-style-type: none"> • Probing depths ≥6 mm • Vertical bone loss ≥3 mm • Furcation involvement Class II or III • Moderate ridge defects 	In addition to Stage III complexity: <ul style="list-style-type: none"> • Need for complex rehabilitation due to: <ul style="list-style-type: none"> – Masticatory dysfunction – Secondary occlusal trauma (tooth mobility degree ≥2) – Severe ridge defects – Bite collapse, drifting, flaring – < 20 remaining teeth (10 opposing pairs)
	Extent and distribution	Add to stage as descriptor	For each stage, describe extent as: <ul style="list-style-type: none"> • Localized (<30% of teeth involved); • Generalized; or • Molar/incisor pattern 		

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Complexity					
Extent and distribution	Add to stage as descriptor	For each stage, describe extent as: <ul style="list-style-type: none"> • Localized (<30% of teeth involved); • Generalized; or • Molar/incisor pattern 			

VITAL SIGN PROTOCOL
University of Oklahoma College of Dentistry
Guidelines for Treatment of Patients with Hypertension

The American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines for blood pressure targets and treatment recommendations November, 2017.

Blood Pressure Scheme for Adults:

- | | |
|------------------------|---|
| • Normal | Systolic BP < 120 and Diastolic BP < 80 |
| • Elevated | Systolic BP 120 - 129 or Diastolic BP < 80 |
| • Stage 1 Hypertension | Systolic BP 130 - 139 or Diastolic BP 80 - 89 |
| • Stage 2 Hypertension | Systolic BP ≥140 or Diastolic ≥ 90 |

Medical treatment goals:

18-60 years: <130/80

>60 years: <150/90

For patients of all ages with diabetes or chronic kidney disease: <140/90

- Students are required to measure vital signs at the initial appointment and use critical thinking skills to determine the need to measure vital signs at subsequent appoints.
- Blood pressure should be measured using a sphygmomanometer and stethoscope. Electronic BP measuring devices may only be used in extenuating circumstances determined by faculty.
- Vital signs are always measured prior to requesting PTP for the administration of local anesthetic.

Pressure Range

OUCOD Dental Therapy Considerations

<120
< 80

Routine dental management, recheck every recall.

120 – 139
80 - 89

Routine dental management. Recheck on subsequent visits. Refer to physician if in this range for 3 consecutive appointments.

140 – 159
90 - 99

Recheck in 5 minutes. If still elevated, other factors (age, apparent health, apprehension, history of hypertension, etc.) will determine if dental treatment is possible at this time or medical referral is necessary.

160 – 180
100 - 110

Recheck in 5 minutes. If still elevated medical consult prior to dental treatment is indicated. After medical clearance, routine dental care with indicated stress reduction.

>180
>110

Considered Hypertensive emergency. Dismiss patient and recommend immediate medical treatment.

Medical clearance

Source: OUCOD Clinic Operations Manual, 8/2018

ENDOCARDITIS ANTIBIOTIC PROPHYLAXIS FOR CARDIAC CONDITIONS

The following is a summary of the 2007 American Heart Association revisions for recommendations for endocarditis antibiotic prophylaxis.

Endocarditis Antibiotic Prophylaxis IS Indicated for the Following Cardiac Conditions

- Prosthetic cardiac valves
- Previous infective endocarditis
 - Congenital heart disease (CHD)* Unrepaired cyanotic CHD, including palliative shunts and conduits.
 - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure.‡
 - Repaired CHD with residual effects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibits endothelialization).
- Cardiac transplantation recipients who develop cardiac valvulopathy.

*Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.

‡Prophylaxis is recommended because endothelialization of prosthetic material occurs within six months after the procedure.

⊕ For patients who have a left ventricular assist device (LVAD): a medical consultation is required.

Dental Procedures for Which Endocarditis Prophylaxis IS Indicated

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa*.
(See Below)

Dental Procedures That Do Not Require Endocarditis Prophylaxis

*The following procedures and events do not need prophylaxis: routine anesthetic injections through non-infected tissue, taking dental radiographs, placement of removable prosthodontics or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of primary teeth, and bleeding from trauma to the lips or oral mucosa.

Source: OUCOD Clinic Operations Manual, 8/2018

Antibiotic Regimens for Endocarditis Prophylaxis			
Situation	Agent	Regimen: Single Dose 30 - 60 minutes Before Procedure	
		Adults	Children
Oral	Amoxicillin	2 grams	50 milligrams/ kilogram
Unable to Take Oral Medication	Ampicillin OR	2 g IM* or IV+	50 mg/kg IM or IV
	Cefazolin OR ceftriaxone [§]	1g IM or IV	50 mg/ kg IM or IV
Allergic to Penicillins or Ampicillin Oral	Cephalexin [‡] OR Clindamycin OR Azithromycin or Clarithromycin	2g	50 mg/ kg
		600mg	20 mg/ kg
		500mg	15 mg/ kg
Allergic to Penicillins or Ampicillin and Unable to Take Oral Medication	Cefazolin or ceftriaxone [§] OR Clindamycin	1 g IM or IV	50 mg/ kg IM or IV
		600 mg IM or IV	20 mg/ kg IM or IV
<p>* IM: Intramuscular + IV: Intravenous [‡] Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosage [§] Cephalosporins should not be used in a person with a history of anaphylaxis, angioedema, or urticaria or ampicillin.</p>			

Source: OUCOD Clinic Operations Manual, 8/2018

ANTIBIOTIC PROPHYLAXIS FOR PATIENTS WITH PROSTHETIC JOINTS

The College of Dentistry's policy regarding antibiotic prophylaxis for patients with prosthetic joints acknowledges the evidence-based clinical practice guideline (CPG) published in the *Journal of the American Dental Association* in January, 2015.¹ This CPG is intended to clarify the joint guideline published in December, 2012 by the American Academy of Orthopaedic Surgeons (AAOS) and the American Dental Association (ADA).² The policy will be reviewed annually or on an as-needed basis to reflect changes in evidence levels for the practice of antibiotic prophylaxis for patients with prosthetic joints.

Recommendation 1: There is no need for dental practitioners to routinely administer prophylactic antibiotics prior to dental procedures to prevent infection in patients with orthopedic implants. This recommendation is based upon the most current evidence-based science.

Recommendation 2: Dental practitioners should consider premedication under the following circumstances where the patients may be at increased risk for joint infection:

- Previous prosthetic joint infections
- Immunocompromised/immunosuppressed patients:
 - Inflammatory arthropathies such as rheumatoid arthritis, systemic lupus erythematosus, etc.
 - Chemotherapy or radiation-induced immunosuppression secondary to malignancies
 - AIDS
- Type I or poorly controlled Type II diabetes
- Hemophilia

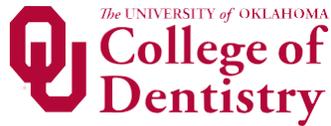
For patients referred to in Recommendation 2, the patient's physician (preferably orthopedic surgeon) should provide input regarding patient management. If the physician desires the patient to receive prophylactic antibiotics the physician should provide the patient with a prescription for the antibiotic of the physician's choice. The dental practitioner should not write the prescription.

¹ Sollecito T, Abt E, Lockhart P, et al. The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints. *JADA*. 2015;146(1):11H16.

² American Academy of Orthopaedic Surgeons; American Dental Association. Prevention of orthopaedic implant infection in patients undergoing dental procedures: evidence-based guideline and evidence report. Rosemont, IL: American Academy of Orthopaedic Surgeons; 2012. Available at: www.aaos.org/research/guidelines/PUDP/PUDP_guideline.pdf

This policy approved by the Ad Hoc Committee on Prosthetic Joint Premedication, July 27, 2015. It is pending approval by the Clinic Policies Committee!

Source: OUCOD Clinic Operations Manual, 8/2018



IMMUNE SUPPRESSED PATIENT GUIDELINES

- **Critical Lab test values:**
 - Not greater than 6 months old
 - White Blood cell $\leq 2,000$ consider premedication with AHA regimen for invasive procedures or delay elective procedures
 - Absolute neutrophil (ANC) ≥ 750 - $< 1,000$ /cc-consider premed for invasive procedures to prevent any infection with AHA regimen.
 - Platelets: $\geq 50,000$ no contraindications, $> 20,000$ - $< 50,000$ minor treatment including endodontic and restorative treatment, $\leq 20,000$ NO TX!
 - Hemoglobin ≥ 8 g/dL
 - Blood Glucose ≤ 200 mg/dL

- **CD4 count – Considerations:**
 - A normal CD4 count ranges from 500–1,500 cells/mm³.
 - Conventional wisdom says there is no level which dental care cannot be done.

- **Viral Load- Considerations:**
 - Does not have an impact on dental treatment planning, modifications would be based on the critical lab values.
 - The viral load trends and is usually checked at 3-6 month intervals unless the patient is introduced to a new medication then 2-8 weeks post initial therapy.
 - Viral load and CD4 count have a strong association, as one goes up the other goes down.

- **INR- International Normalized Ratio (prothrombin time):**
 - As with any patient taking blood thinners. INR of 2.5-3.5 is ideal for most dental treatment. Full mouth extractions, perio surgery etc.. ~ 3.0 or physician consult.
 - If planning an invasive procedure INR should be checked within 24 hours prior to procedure.

Source: OUCOD Clinic Operations Manual, 8/2018

- **Dental Device Considerations:**

- HIV/AIDS- ultrasonic scalers that generate aerosols are okay to use excluding no other respiratory complications i.e. COPD, TB, uncontrolled asthma. Evidence shows a reduced risk of potential exposure to the health care worker with an ultrasonic scaler VS traditional hand instruments that have blades. HIV/AIDS must have blood component for transmission.
- Lasers and electro surge- Contraindicated with patients who present with herpes simplex virus in vesicular stage (HSV) and human papillomavirus (HPV). No evidence exists with aerosolization or inhalation with HIV or HBV. Follow all recommended precautions with lasers.

- **Follow Standard Precautions:**

- Use standard precautions when working with any patient- everyone is treated exactly the same.
- PPE - All required PPE used with blood and OPIM's for treatment, gown, mask, eyewear and gloves

Good clinical judgment-

Use the above recommendations as general guidelines. This will insure their safest and most efficient dental care.

References:

Maria Flores, DDS and Peter L. Jacobsen, Ph.D., DDS; *Pacific Protocols for the Dental Management of Patients with HIV Disease, 2007*

Little, James W, Falace, Donald A.; *Dental Management of the Medically Compromised Patient 8th edition*

www.hivdent.org

www.cdc.org

Source: OUCOD Clinic Operations Manual, 8/2018

GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS

Patient Category	Child _____	Adolescent _____	Adult _____	Edentulous
New Patient* All new patients to assess dental diseases and growth and development	Posterior bitewing examination if proximal surfaces of primary teeth cannot be visualized or probed	Individualized radiographic examination consisting of periapical/occlusal views and posterior bitewings or panoramic examination and posterior bitewings	Individualized radiographic examination consisting of posterior bitewings and selected periapicals. A full mouth intraoral radiographic examination is appropriate when the patient presents with clinical evidence of generalized dental disease or a history of extensive dental treatment	Full mouth intraoral radiographic examination <i>or</i> panoramic examination
Recall Patient* Clinical caries or high-risk factors for caries**	Posterior bitewing examinations at 6-month intervals <i>or</i> until no carious lesions are evident	Posterior bitewing examination at 6- to 12-month intervals <i>or</i> until no carious lesions are evident	Posterior bitewing examination at 12- to 18-month intervals	Not applicable
No clinical caries and no high-risk factors for caries**	Posterior bitewing examination at 12- to 24-month intervals if proximal surfaces of primary teeth cannot be visualized or probed	Posterior bitewing examination at 18- to 36-month intervals	Posterior bitewing examination at 24- to 36-month intervals	Not applicable
Periodontal disease or a history of periodontal treatment	Individualized radiographic examination consisting of selected periapical and/or bitewing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically	Individualized radiographic examination consisting of selected periapical and/or bitewing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically	Individualized radiographic examination consisting of selected periapical and/or bitewing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically	Not applicable
Growth and development assessment	Usually not indicated	Individualized radiographic examination consisting of a periapical/occlusal <i>or</i> panoramic examination	Periapical <i>or</i> panoramic examination to assess developing third molars	Usually not indicated

A1C LEVEL CONVERSION CHART

A1C Level Conversion Chart

A1C level	Estimated average blood sugar level
5 percent	97 mg/dL (5.4 mmol/L)
6 percent	126 mg/dL (7 mmol/L)
7 percent	154 mg/dL (8.5 mmol/L)
8 percent	183 mg/dL (10.2 mmol/L)
9 percent	212 mg/dL (11.8 mmol/L)
10 percent	240 mg/dL (13.3 mmol/L)
11 percent	269 mg/dL (14.9 mmol/L)
12 percent	298 mg/dL (16.5 mmol/L)
13 percent	326 mg/dL (18.1 mmol/L)
14 percent	355 mg/dL (19.7 mmol/L)

www.mayoclinic.org

CLINICAL OPERATIONS SECTION V- Patient Documents

DENTAL HYGIENE PATIENT SURVEY

The University of Oklahoma
College of Dentistry, Dental Hygiene Program

Clinical Site : _____

Date: _____

HOW ARE WE DOING?

The University of Oklahoma College of Dentistry (OUCOD) Dental Hygiene Program is dedicated to providing the highest quality oral health care to our patients. What you think of our services is very important to us in meeting our goal of quality care. Individual answers are confidential. Please take a few minutes to complete this survey and drop it in the box as you exit the clinic.

Please check the box that best describes your opinion using the following key:

4 = Strongly Agree 3 = Agree 2 = No Opinion 1 = Disagree 0 = Strongly Disagree

1. I received professional and competent care by the dental hygiene student. Student name _____
2. Policies were made clear to me.
3. The student seemed organized and efficient.
4. The student thoroughly informed me of the status of my oral health.
5. The student explained what was going to happen before each procedure.
6. The student made me feel protected from catching a disease or infection.
7. The student kept discomfort to a minimum.
8. I was informed of when I need to return for my next appointment.
9. The instructor treated me with courtesy and respect.
Instructor name _____
10. I will refer my friends and/or family to this clinic.
11. Receptionist and staff treated me with courtesy and respect.

	4	3	2	1	0
1.	<input type="checkbox"/>				
2.	<input type="checkbox"/>				
3.	<input type="checkbox"/>				
4.	<input type="checkbox"/>				
5.	<input type="checkbox"/>				
6.	<input type="checkbox"/>				
7.	<input type="checkbox"/>				
8.	<input type="checkbox"/>				
9.	<input type="checkbox"/>				
10.	<input type="checkbox"/>				
11.	<input type="checkbox"/>				

The following questions are optional and individual answers will be kept confidential.

Age: _____ Gender: Male Female

Race/Ethnic Background:

- | | |
|--------------------|-------------|
| a. White/Caucasian | d. Hispanic |
| b. Black | e. Asian |
| c. Native American | f. Other |

Please circle the letter that includes your family income level:

- a. less than \$16,000 per year
- b. between \$16,001 and \$49,999 per year
- c. \$50,000 or more per year

Please circle the letter that indicates the highest level of education you have completed:

- | | |
|--|-------------------------|
| a. less than high school | d. Associate degree |
| b. high school | e. Baccalaureate degree |
| c. some college or trade school coursework | f. Graduate degree |

We welcome additional comments on the back. Thank you very much for your time and assistance.

11/18/15

INSTRUCTIONS FOLLOWING ROOT PLANING

- PROCEDURE:** Root planing is a procedure whereby the roots of the teeth are cleaned and smoothed, even below the gumline, to remove deposits of plaque, calculus (tartar) and other irritants which contribute to your periodontal disease. Root planing combined with your daily effective plaque control should improve your periodontal condition.
- MOUTHRINSES:** Following the appointment, you may rinse with warm water, or warm salt water (1 tsp. to 8 oz of warm water). You may rinse as often as you feel is necessary. Rinsing will help keep your mouth clean and promote healing. Use any prescribed mouthrinse as directed.
- ORAL HYGIENE:** Brush very thoroughly, but gently, as you have been directed. Follow any additional plaque control measures that you have been shown. A clean mouth heals faster.
- BLEEDING:** You may notice some blood clots or minor oozing of blood immediately following the appointment. Do not attempt to wipe the clots away. Continue to clean your mouth as instructed. The gums may even bleed slightly for a few days but this is normal and should gradually decrease over time. If heavy bleeding occurs, please call.
- DISCOMFORT:** There may be some discomfort following root planing for a day or two. If necessary, you may take a mild pain medication that you normally take for a headache (such as Tylenol). If pain is persistent, please call. Occasionally, an abscess will occur. You may also notice sensitivity to cold, heat and certain foods (such as sweets) but this should gradually diminish. Good plaque control will help, but please advise us if the sensitivity persists.
- ANESTHETIC:** If a local anesthetic was used during your appointment, be careful that you do not bite your lips or tongue if they are numb. The numbness will last approximately 1-4 hours.
- ADDITIONAL INSTRUCTIONS:
PHONE NUMBER:**

DIRECTIONS FOR CARE AFTER TREATMENT WITH FLUORIDE VARNISH

After the application you will feel a coating and may notice a difference in color while the varnish remains on your teeth. To obtain the maximum benefit during the 4-6 hour treatment period, we ask that you take the following care after you leave our clinic:

- Do not remove the varnish by brushing or flossing for at least 4-6 hours.
- If possible, wait until tomorrow morning to resume normal oral hygiene.
- Eat a soft food diet during the treatment period.
- Avoid hot drinks and products containing alcohol (i.e.: beverages, oral rinses, etc.) during the treatment period.

A thorough brushing and flossing will easily remove any remaining varnish. Your teeth will return to the same shine and brightness as before the treatment.

CLINICAL OPERATIONS SECTION VI- Daily Operations

NON-WORKING ULTRASONIC EVALUATION FORM

University of Oklahoma College of Dentistry
Dental Hygiene Program

Clinic _____ Date _____

Type of Ultrasonic _____

What is not functioning? _____

Has the unit been checked by an instructor? Y N

If yes, proceed to the following questions.

Does unit power 'on' when plugged in? Y N

Does unit make strange sound when in use?

In mouth? Y N

Not in mouth? Y N

Are cords unraveling or wires exposed? Y N

Are cords not functioning as intended? Y N

Does water flow as expected from tip? Y N

Does water flow as expected from handle (without tip inserted)? Y N

Does insert tip move when foot pedal is depressed? Y N

Does speed adjustment work? Y N

Has unit been disinfected before reporting as damaged? Y N

Please add any remarks you feel would be beneficial in repairing this unit.

Student signature _____

Clinic Instructor signature _____

CLINICAL OPERATIONS SECTION VII- Student Sign-Up Forms

DENTAL EXAM SIGN-UP

EXAMINER: _____ DDS/DS4 DATE: _____

Examiner's Contact #: _____

UNIT	STUDENT NAME	PATIENT INITIALS & CHART #	DATE of LAST EXAM	NEW X-RAYS (circle)	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

EXAMINER: _____ DDS/DS4 DATE: _____

Examiner's Contact #: _____

UNIT	STUDENT NAME	PATIENT INITIALS & CHART #	DATE of LAST EXAM	NEW X-RAYS (circle)	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

*** Complete before clinic session begins

GREEN CLINIC SIGN-IN

DATE: _____

POD	UNIT	Student Name	Pt. Case Type	Appt. #	Projected tx. during this clinic session	Comps	Rads	DDS Exam	DS IV Exam	Clinic Instructor
1	28	Cassie J.	PM	2	Assessment ✓ ----> Complete PM	Calc. Charting	4BWX @ last visit	✓		[TO BE COMPLETED BY FACULTY] POD 1
	Scrn/ 13									
	14									
2	15									POD 2
	16									
	17									
3	21									POD 3
	18									
	19									
4	20									POD 4
	22									
	23									
	24									

