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.).

Rev. 8/2018
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 interactive, 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.

9.4Expose 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 Maintain confidentiality of patient health information by compliance with HIPPA 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.
## DH3323 CLINICAL REQUIREMENTS SUMMARY

### DH1 SPRING

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<th>CLINICAL COMPETENCIES</th>
<th>ACCEPTABLE CRITERIA</th>
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<td>Sealant Competency</td>
<td>Student partner, treatment area must be diagnosed by DDS.</td>
<td>DHM: Clin. Op. Sec. I</td>
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<tr>
<td>Polishing Competency</td>
<td>Clinic patient with minimum of 10 natural teeth free of crown and bridge (6 posterior &amp; 4 anterior); minimum of 25% plaque index on day of exam on 10 selected teeth.</td>
<td>DHM: Clin. Op. Sec. I</td>
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<tr>
<td>Scaling I Competency</td>
<td>Clinic patient with minimum of: 10 surfaces of demonstrable calculus (preferably supra-gingival), must demonstrate on both anterior and posterior dentition.</td>
<td>DHM: Clin. Op. Sec. I</td>
</tr>
<tr>
<td>Transitional Dentition Competency</td>
<td>Using assigned intraoral photos/images chart presence or absence of each primary and permanent tooth in a mixed dentition.</td>
<td>DHM: Clin. Op. Sec. II</td>
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### CLINICAL LAB EXERCISES

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<td>Glucometer Lab</td>
<td>Student partner.</td>
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<td>Care of the Removable Lab</td>
<td>Materials provided.</td>
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* 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.
### DH4336 & DH4331 CLINICAL REQUIREMENTS SUMMARY

#### DH2 FALL

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<tr>
<th>CLINICAL COMPETENCIES</th>
<th>ACCEPTABLE CRITERIA</th>
<th>Reference</th>
<th>DATE COMPLETED</th>
<th>GRADE</th>
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<tr>
<td>% of Final Course Grade</td>
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<tr>
<td>20% Total Technical Competency</td>
<td>Student partner. Skills assessed: <em>patient and operator positioning, grasp, fulcrum, and technique for; ODU 11/12, Sickle Scaler, Gracey Curette, Universal Curette.</em></td>
<td>DHM: Cl. Op. Sec. II</td>
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<tr>
<td>10% Transitional Dentition Competency</td>
<td>Using an assigned study model: chart presence or absence of each primary and permanent tooth in a mixed dentition.</td>
<td>DHM: Cl. Op. Sec. II</td>
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<tr>
<td>20% Patient Specific Dental Hygiene Care Plan (PSDHC) Competency</td>
<td>Standardized written patient case; download PSDHC form to complete assignment. Clinic Coordinator will provide detailed instructions for competency submission.</td>
<td>DHM: Cl. Op. Sec. II</td>
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<tr>
<td>5% Records Audit I</td>
<td>Refer to Records Audit Document.</td>
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<tr>
<td>5% Records Audit II</td>
<td>Refer to Records Audit Document.</td>
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#### CLINICAL LAB EXERCISES

1. **Alginate Impressions** 12-07-18  
   Clinic patient or student partner: maxillary and mandibular alginate impressions.  
   DHM: Cl. Op. Sec. II

2. **Diagnostic Casts** 12-07-18  
   Clinic patient or student partner: maxillary and mandibular diagnostic casts.  
   DHM: Cl. Op. Sec. II

3. **Air Polishing** 12-07-18  
   Clinic patient or student partner: entire dentition.  
   DHM: Cl. 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: Cl. Op. Sec. II

5. **Nitrous Oxide Sedation** 12-13-18 AM  
   Student partner. Administer Nitrous Oxide sedation.  
   DHM: Cl. 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.
# DH4446 & DH4341 CLINICAL REQUIREMENTS SUMMARY

## DH2 SPRING

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<tr>
<th>CLINICAL COMPETENCIES</th>
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<th>Reference PAGES</th>
<th>Date Completed</th>
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<tr>
<td>30% Calculus Detection Competency</td>
<td>Clinic patient, one quadrant with minimum of 10 clicks of calculus, at least 1 surface with ledge, ring, or heavy calculus</td>
<td>DHM: Clin. Op. Sec. II</td>
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<tr>
<td>50% WREB Prep. II</td>
<td>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)</td>
<td>DHM: Clin. Op. Sec. II</td>
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<tr>
<td>10% Transitional Dentition Competency</td>
<td>Using assigned intraoral photos/images chart presence or absence of each primary and permanent tooth in a mixed dentition.</td>
<td>DHM: Clin. Op. Sec. II</td>
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<tr>
<td>5% Records Audit I</td>
<td>Refer to Records Audit Document.</td>
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<tr>
<td>5% Records Audit II</td>
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### CLINICAL LAB EXERCISES

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<th>Reference PAGES</th>
<th>Date Completed</th>
<th>GRADE</th>
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<tr>
<td>Alginate Impressions</td>
<td>Clinic patient or student partner: maxillary and mandibular alginate impressions</td>
<td>DHM: Clin. Op. Sec. II</td>
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<tr>
<td>Diagnostic Casts</td>
<td>Clinic patient or student partner: maxillary and mandibular diagnostic casts</td>
<td>DHM: Clin. Op. Sec. II</td>
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*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

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

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

Local Anesthesia
IAN
10
VIA

Prophylaxis Categories
Pediatric (<13 y/o) 4
Adolescent (13 - 17 y/o) 2
Expertise in NSPT 7

Seals
FMX

CDH II (DH 3323) DH1 Spring

Completed Prophylaxis or Perio Maintenance 8

Competencies

Calculus Detection
WREB Prep. II
Transitional Dentition

TOTAL REQUIRED BEFORE GRADUATION (Cumulative from CDH I - CDH IV)

Sealant (on clinical partner)
Transitional Dentition
Scaling I
Polishing

Prophylaxis Categories
Pediatric (<13 y/o) 4

Seals
FMX

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. I
Transitional Dentition
Ultrasonic Instrumentation

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

Local Anesthesia
IAN
10
VIA

Prophylaxis Categories
Pediatric (<13 y/o) 4
Adolescent (13 - 17 y/o) 2
Expertise in NSPT 7

Seals
FMX

CDH II (DH 3323) DH1 Spring

Completed Prophylaxis or Perio Maintenance 8

Competencies

Patient Specific Dental Hygiene Care Plan (PSDHCP)
Polishing
Transitional Dentition
Sealant (on clinical partner)
P&P Section III- ADMINISTRATION

**DH FACULTY AND STAFF**

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<th>Name</th>
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<td>Carter, Alli</td>
<td><a href="mailto:alli-carter@ouhsc.edu">alli-carter@ouhsc.edu</a></td>
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<td>Cunningham, Laurie</td>
<td><a href="mailto:laurie-cunningham@ouhsc.edu">laurie-cunningham@ouhsc.edu</a></td>
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<td>Golden, Tammie</td>
<td><a href="mailto:tammie-golden@ouhsc.edu">tammie-golden@ouhsc.edu</a></td>
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<td>Graziano, Kim</td>
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<td>Gustafson, Abbie</td>
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<td>Harvey, Carrie</td>
<td><a href="mailto:charvey@sotech.edu">charvey@sotech.edu</a></td>
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<td>Hays, Lindsey</td>
<td><a href="mailto:lindsey-hays@ouhsc.edu">lindsey-hays@ouhsc.edu</a></td>
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<td>Hinckle, Carolyn</td>
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<td><a href="mailto:amy-lemons@ouhsc.edu">amy-lemons@ouhsc.edu</a></td>
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<td>McCullers, Christy</td>
<td><a href="mailto:christy-mccullers@ouhsc.edu">christy-mccullers@ouhsc.edu</a></td>
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<td>Medina, Jennifer</td>
<td><a href="mailto:jmedina@tctc.org">jmedina@tctc.org</a></td>
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<td>Nabors, Julie</td>
<td><a href="mailto:julie-nabors@ouhsc.edu">julie-nabors@ouhsc.edu</a></td>
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<td>Rogers, Kathy</td>
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<td>Rucker, Karen</td>
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<td>Snyder, Lydia</td>
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<td>Stutzman, Melissa</td>
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<td>Tilson, Evelyn</td>
<td><a href="mailto:evelyn-tilson@ouhsc.edu">evelyn-tilson@ouhsc.edu</a></td>
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<td>Tuck, Tina</td>
<td><a href="mailto:tina-tuck@ouhsc.edu">tina-tuck@ouhsc.edu</a></td>
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<td>Wekenborg, Staci</td>
<td><a href="mailto:staci-wekenborg@ouhsc.edu">staci-wekenborg@ouhsc.edu</a></td>
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<td>Wood, Donna</td>
<td><a href="mailto:donna-wood@ouhsc.edu">donna-wood@ouhsc.edu</a></td>
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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

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

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

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

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

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

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.
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
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:
  o Site Presidents
  o Site Vice Presidents
  o 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 DHIIs 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.
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 President 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>Clinical Instructor</th>
<th>Remediation Date</th>
<th>Remediation Mentor</th>
<th>Error</th>
<th>Self-assessment of Error</th>
<th>Correction Method</th>
<th>Faculty Comments</th>
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**Clinical Instructor:**

---

**Date:**

---

**Student Name:**

---

**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 polices 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 ________________________
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.
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.
4. Provide patient education and oral hygiene instruction.
5. Provide a prophylaxis, periodontal maintenance, NSPT, chemotherapeutics, desensitization, fluoride treatment, and sealants as needed.
6. 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 PERO 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.
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.
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
PTP

Pt presents as a____ yr old________________ female/male

Pt’s medical hx includes ________________________________

Date and nature of last visit with physician ________________________

If Diabetic, has the pt. taken meds today? Yes No

Has pt eaten today? Yes No (following pt’s normal regimen)

A1C ______________________

Blood Glucose ________________

Pt’s current meds are______________________________

for ________________________________ (condition)

Dental considerations with these meds are ________________

Pt’s vital signs are: BP___________ Resp _____________

Pulse ________________________________

Pt does/does not have a chief complaint

Pt’s last pano was taken

Pt has no changes in address or phone / pt has changes in address or phone.
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.
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.
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.


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 4BWX: D0274.1 -- 2BWX: 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
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.
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.
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.
  o OKC students: Submit to the DH II lock box located in the DH office
  o 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

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.
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.
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.
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.
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.
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
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:
Exposure 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
  o 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
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.
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.
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 XL Dent.
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.
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.
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.
Refer to P&P Section XI- OUCOD OKC SITE CLINICAL ROTATIONS DH II
IMPLANTOLOGY
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.
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.
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.

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 101· Pl 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.
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.
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.
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.
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
### Disinfection and Set-Up of the Dental Unit Area

**Task Components/Procedures**

<table>
<thead>
<tr>
<th>Obtain protective eyewear &amp; bib clip/tape from student supply box. Place on paper towel. Wash hands thoroughly for 40-60 seconds.</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather mask, gloves, &amp; pitcher to flush evacuation system. Put on mask and glasses.</td>
<td>15</td>
</tr>
<tr>
<td>Put on gloves. Position patient, operator and assistant chairs, light (position light pole to opposite side of operator), carts, &amp; rheostat.</td>
<td>10</td>
</tr>
<tr>
<td>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, &amp; Isovac flushed separately).</td>
<td>10</td>
</tr>
<tr>
<td>Flush water lines for 30 seconds.</td>
<td>10</td>
</tr>
<tr>
<td>Clean dental chair, operator's and assistant's stools utilizing Silky soap* and water. <strong>Discard paper towel or towelette.</strong></td>
<td>10</td>
</tr>
<tr>
<td>*If blood is present, use a disinfectant towelette. **</td>
<td>10</td>
</tr>
</tbody>
</table>

**Pre-Clean**

<table>
<thead>
<tr>
<th>Dental light switch, handles, and swivel arm. <strong>Discard disinfecting towelette.</strong></th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operator and Assistant’s Chair Levers/Handles. <strong>Discard disinfecting towelette.</strong></td>
<td>10</td>
</tr>
<tr>
<td>Computer handles, bracket table, swivel arm, power switch, and accessories (A/W syringe, connectors, holders and hoses). <strong>Discard disinfecting towelette.</strong></td>
<td>10</td>
</tr>
<tr>
<td>Assistant's cart, handles, swivel arm, patient chair lever, and accessories (A/W syringe, connectors, holders and hoses). <strong>Discard disinfecting towelette.</strong></td>
<td>10</td>
</tr>
<tr>
<td>Paper towel dispenser, soap dispenser, faucet handle, countertops &amp; sink rim. <strong>Discard disinfecting towelette.</strong></td>
<td>10</td>
</tr>
<tr>
<td>Remove gloves and discard into round opening next to sink.</td>
<td>10</td>
</tr>
</tbody>
</table>

**Disinfect**

<table>
<thead>
<tr>
<th>Dental light switch, handles, and swivel arm. <strong>Discard disinfecting towelette.</strong></th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operator and Assistant’s Chair Levers/Handles. <strong>Discard disinfecting towelette.</strong></td>
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</tr>
<tr>
<td>Computer handles, bracket table, swivel arm, power switch, and accessories (A/W syringe, connectors, holders and hoses). <strong>Discard disinfecting towelette.</strong></td>
<td>10</td>
</tr>
<tr>
<td>Assistant's cart, handles, swivel arm, patient chair lever, and accessories (A/W syringe, connectors, holders and hoses). <strong>Discard disinfecting towelette.</strong></td>
<td>10</td>
</tr>
<tr>
<td>Paper towel dispenser, soap dispenser, faucet handle, countertops &amp; sink rim. <strong>Discard disinfecting towelette.</strong></td>
<td>10</td>
</tr>
<tr>
<td>Remove gloves and discard into round opening next to sink.</td>
<td>10</td>
</tr>
</tbody>
</table>

**Set-Up**

<table>
<thead>
<tr>
<th>Wash hands or use hand sanitizer- gather supplies (including isolation gown).</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover chair back and place barrier film on switches, controls/levers, and arm rests—includes the hydraulic lever.</td>
<td>5</td>
</tr>
<tr>
<td>Cover bracket table and assistant’s cart with dental bibs. Place instrument cassette on bracket table.</td>
<td>5</td>
</tr>
<tr>
<td>Insert saliva ejector and A/W syringe tip. Cover with plastic sleeves.</td>
<td>5</td>
</tr>
<tr>
<td>Hang white bag for trash from unit. Place isolation gown on countertop. Barrier keyboard/mouse.</td>
<td>5</td>
</tr>
</tbody>
</table>

**Breakdown Procedure (Following Patient Tx and Patient Dismissal)**

<table>
<thead>
<tr>
<th>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.</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disinfect.</strong> Disinfect unit using Modified Technique. Flush water and evacuate lines for 30 seconds.</td>
<td>10</td>
</tr>
<tr>
<td>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.</td>
<td>10</td>
</tr>
</tbody>
</table>

**Other**

<table>
<thead>
<tr>
<th>Performed in appropriate time frame. <strong>(30 minutes)</strong></th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Maintains asepsis</em></td>
<td>10</td>
</tr>
</tbody>
</table>

**Instructor:**

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

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**Student:**

**Start Time:**

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**Rev. 8/2018 107**
# MOUTH MIRROR & SHEPHERD’S HOOK EXPLORERS

Process Competency Examination

<table>
<thead>
<tr>
<th>TASK COMPONENTS</th>
<th>PTS</th>
<th>EVAL</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
<tr>
<td>Correct height of operator's stool</td>
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<td>5</td>
</tr>
<tr>
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<tr>
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<tr>
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</tr>
<tr>
<td>Patient's head adjusted for treatment area (ex. toward/away, chin-up / down)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light positioned appropriately for treatment area</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td><strong>MIRROR TECHNIQUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates (using NON-DOMINANT hand) and explains uses of mouth mirror:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Illumination</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>b. Transillumination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Retraction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Indirect Vision</td>
<td></td>
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<tr>
<td><strong>SHEPHERD’S HOOK EXPLORER</strong></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Examines pits and fissures and margins of restorations and sealants</td>
<td></td>
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</tr>
<tr>
<td><strong>GRASP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thumb and index finger pads positioned opposite one another on handle; fingers not touching or overlapped</td>
<td></td>
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</tr>
<tr>
<td>Index finger and thumb near handle/shank junction with thumb flexed outward</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper inside corner of middle finger rests lightly on shank</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FULCRUM</strong></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Uses appropriate fulcrum for area of instrumentation</td>
<td></td>
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</tr>
<tr>
<td><strong>Maintains asepsis</strong></td>
<td></td>
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</table>

**COMMENTS:**

**TOTAL**

50

*Critical error will result in automatic failure with highest attainable score of 74% of this competency*
**ODU 11/12 Explorer**  
Process Competency Examination

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<thead>
<tr>
<th>AREA:</th>
<th>TASK COMPONENTS</th>
<th>PTS</th>
<th>EVAL</th>
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<tr>
<td>OPERATOR POSITIONING</td>
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<td></td>
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<tr>
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<td></td>
<td>Light positioned appropriately for treatment area</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>MOUTH MIRROR</td>
<td>Appropriate for area (retracts when appropriate, indirect vision when appropriate)</td>
<td>5</td>
<td></td>
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<tr>
<td>GRASP</td>
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<td></td>
<td>Handle rests between second and third knuckle of index finger</td>
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<tr>
<td></td>
<td>All fingers contact instrument as unit (NO “SPLITTING”) using a stacked fulcrum</td>
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<tr>
<td></td>
<td>Grasp is relaxed but secure (no blanching of fingers)</td>
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<td>FULCRUM</td>
<td>Uses appropriate fulcrum for area of instrumentation</td>
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<tr>
<td>ADAPTATION, INSERTION</td>
<td>Correct working end chosen</td>
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<tr>
<td></td>
<td>Point of insertion appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adapts 1-2 mm of tip to tooth</td>
<td>20</td>
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</tr>
<tr>
<td>ACTIVATION/STROKE</td>
<td>Maintains neutral wrist position</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activates with appropriate wrist-forearm motion</td>
<td></td>
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<tr>
<td></td>
<td>Pivots stroke from fulcrum</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Rolls instrument in fingers around line angles</td>
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<tr>
<td></td>
<td>Appropriate stroke direction (oblique on facial and lingual; vertical into proximal)</td>
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</tr>
<tr>
<td></td>
<td>Light, overlapping strokes of appropriate length</td>
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<tr>
<td>OTHER</td>
<td>*Maintains asepsis</td>
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<td>COMMENTS:</td>
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<td>TOTAL 65</td>
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*Critical error will result in automatic failure with highest attainable score of 74%
**EXTRA/INTRA ORAL EXAM**  
Process Competency Examination

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

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<thead>
<tr>
<th>TASK COMPONENTS</th>
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<th>EVAL</th>
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<tr>
<td><strong>PREPARATION</strong></td>
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<tr>
<td>Assembles correct armamentarium</td>
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<tr>
<td>Reviews health history</td>
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</tr>
<tr>
<td>Identifies considerations presented in health history</td>
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<td></td>
</tr>
<tr>
<td>Explains and obtains consent</td>
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<tr>
<td><strong>SEQUENCE OF EXTRA ORAL EXAM</strong></td>
<td></td>
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</tr>
<tr>
<td>Patient seated upright in dental chair, Removes glasses of patient, Operator standing</td>
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</tr>
<tr>
<td>Uses appropriate technique, pressure, stroke while examining the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual assessment of patient looking for anomalies of head and neck area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frontal and supraorbital region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infraorbital and zygomatic process region</td>
<td></td>
<td></td>
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<tr>
<td>Maxillary sinus region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandible and parotid gland region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporal region (pre-auricular)</td>
<td></td>
<td></td>
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<tr>
<td>TMJ and masseter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submental, submandibular and sublingual regions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trachea and thyroid</td>
<td></td>
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</tr>
<tr>
<td>Sternocleidomastoid muscle (Anterior cervical lymph chain)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SuprACLavicular region</td>
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<td></td>
</tr>
<tr>
<td>Trapezius muscle and occipital region (Posterior cervical node chain)</td>
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</tr>
<tr>
<td>Back and lateral portions of neck posterior to Sternocleidomastoid muscle</td>
<td></td>
<td></td>
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</tbody>
</table>

| **SEQUENCE OF INTRA ORAL EXAM** | | |
| Remove gloves, wash hands, put on new gloves | | |
| 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  
Utilizes ‘SCSLCSLD’ to describe intra/extra oral findings  

**OTHER**

Discusses findings with patient in appropriate language  
Delivers patient specific education based on findings  

**COMMENTS:**

<table>
<thead>
<tr>
<th>Size</th>
<th>Location</th>
<th>Color</th>
<th>Symptoms</th>
<th>Shape</th>
<th>Duration</th>
<th>Lesion</th>
<th>Consistency</th>
<th>Surface texture</th>
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**TOTAL** 70
### SICKLE SCALERS
Process Competency Examination

<table>
<thead>
<tr>
<th>TASK COMPONENTS</th>
<th>Ant. Nevi</th>
<th>Post. Nevi</th>
<th>204S</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATOR POSITIONING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct height of operator's stool</td>
<td>5</td>
<td>5</td>
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</tr>
<tr>
<td>Back in neutral position</td>
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<td></td>
</tr>
<tr>
<td>Correct seating area for instrumentation (Clock positions)</td>
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<tr>
<td><strong>PATIENT POSITIONING</strong></td>
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<td>Back of patient chair adjusted for appropriate arch</td>
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<td></td>
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</tr>
<tr>
<td><strong>MOUTH MIRROR</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Appropriate for area (retracts when appropriate, indirect when appropriate)</td>
<td>5</td>
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</tr>
<tr>
<td><strong>GRASP</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>ADAPTATION</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Correct working end chosen</td>
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<td><strong>ACTIVATION/STROKE</strong></td>
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</tr>
<tr>
<td>Appropriate stroke direction</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Covers circumference of tooth by channel scaling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short, controlled stroke (2-3mm in length)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate speed</td>
<td></td>
<td></td>
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<tr>
<td><strong>OTHER</strong></td>
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<td></td>
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</tr>
<tr>
<td><em>Maintains asepsis</em></td>
<td>*</td>
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**TOTAL POINTS PER INSTRUMENT:**

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<tr>
<th>Ant. Nevi</th>
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<tbody>
<tr>
<td>65</td>
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</table>

**COMMENTS:**

Average of Instruments:

\[
\text{Average} = \text{Ant. Nevi + Post. Nevi + 204S = TOTAL / 3}
\]

**TOTAL EVAL:**

\[
\text{TOTAL EVAL} = 65
\]

*Critical error will result in automatic failure with highest attainable score of 74%
### BARNHART 5/6
Process Competency Examination

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<tr>
<td>ADAPTATION/INSERTION</td>
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<tr>
<td>Correct working end chosen</td>
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<tr>
<td>Adapts terminal 1-2 mm of working end</td>
</tr>
<tr>
<td>Point of insertion appropriate</td>
</tr>
<tr>
<td>ACTIVATION/STROKE (DEMONSTRATED SUPRAGINGIVALLY)</td>
</tr>
<tr>
<td>Maintains neutral wrist position</td>
</tr>
<tr>
<td>Activates with appropriate wrist-forearm motion</td>
</tr>
<tr>
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<td>OTHER</td>
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<tr>
<td>*Maintains asepsis</td>
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<td>COMMENTS:</td>
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*Critical error will result in automatic failure with highest attainable score of 74%*
**GRACEY 1/2, 11/12, 13/14**  
Process Competency Examination

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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Appropriate for area (retracts when appropriate, indirect when appropriate)</td>
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<td>5</td>
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<tr>
<td><strong>GRASP</strong></td>
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</tr>
<tr>
<td>Upper inside corner of middle finger rests lightly on shank</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handle rests between second and third knuckle of index finger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All fingers contact as a unit (NO “SPLITTING”) using a stacked fulcrum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FULCRUM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses appropriate fulcrum for area of instrumentation</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>ADAPTATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct working end chosen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Point of insertion appropriate</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Adapts terminal 1-2 mm of working end</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ACTIVATION/STROKE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains neutral wrist position</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activates with appropriate wrist/forearm motion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pivots stroke from fulcrum</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Rolls instrument in fingers around line angles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate stroke direction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covers circumference of tooth by channel scaling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short, controlled stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate speed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Maintains asepsis</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL POINTS PER INSTRUMENT:</strong></td>
<td>65</td>
<td>65</td>
<td>65</td>
<td>65</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td><strong>COMMENTS:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Average of Instruments:  
Gracey 1/2 + Gracey 11/12 + Gracey 13/14 = TOTAL / 3  

**TOTAL EVAL**

*Critical error will result in automatic failure with highest attainable score of 74%
PERIODONTAL PROBE
Process Competency Examination

**AREA:**

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

*Critical error will result in automatic failure with highest attainable score of 74%
## CORONAL POLISHING
Process Competency Examination

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

*Critical error will result in automatic failure with highest attainable score of 74%*
# TOPICAL FLUORIDE (TRAYS)

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

*Critical error will result in automatic failure with highest attainable score of 74% 50

# TOPICAL FLUORIDE (VARNISH)

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

*Critical error will result in automatic failure with highest attainable score of 74% 50

**COMMENTS:**
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:
\[
\text{Number of removed deposits} + \frac{\text{SELF-ASSESSMENT POINTS (UP TO 5 BONUS POINTS)}}{10} \\
\frac{8}{10} = 80 + 2 = 82
\]
*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 ≥ 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.
## POLISHING PRODUCT COMPETENCY

<table>
<thead>
<tr>
<th>Plaque index (PI)</th>
<th>Total errors</th>
<th>Allowable errors</th>
<th>Excessive errors</th>
<th>Points from 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 – 40% (10-16) areas</td>
<td>0</td>
<td></td>
<td></td>
<td>X 12=</td>
</tr>
<tr>
<td>41 – 55% (17-22) areas</td>
<td>1</td>
<td></td>
<td></td>
<td>X 12=</td>
</tr>
<tr>
<td>≥ 56% (&gt;22) areas</td>
<td>2</td>
<td></td>
<td></td>
<td>X 12=</td>
</tr>
</tbody>
</table>

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

= %
<table>
<thead>
<tr>
<th>Value</th>
<th>Error Removed (0.5)</th>
<th>Correction Method (0.25)</th>
<th>Self-assessment of Error (0.25)</th>
<th>Error</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Probe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Polishing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scaling Comp. I</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date/ Faculty Signature

Student Name

COMPETENCY SELF-ASSESSMENT WORKSHEET
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?
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.

I. EQUIPMENT SET UP & PREPARATION

<table>
<thead>
<tr>
<th>Total Points</th>
<th>Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

II. PROCEDURE

<table>
<thead>
<tr>
<th>Total Points</th>
<th>Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
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<tr>
<td>2</td>
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</table>

III. REMOVAL OF IMPRESSION

<table>
<thead>
<tr>
<th>Total Points</th>
<th>Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>5</td>
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<tr>
<td>5</td>
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</tr>
</tbody>
</table>

IV. OVERALL TECHNIQUE

<table>
<thead>
<tr>
<th>Total Points</th>
<th>Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>

Comments on Back of Competency
119 points earned
**Diagnosis Laboratory Evaluation DHI**

**Objective:**
Student will demonstrate a maximum of correct casting with 75% accuracy for whitening trays with 75% accuracy for a satisfactory grade in Applied Dental Materials.

**Final Grade:**

<table>
<thead>
<tr>
<th>Procedure #</th>
<th>Max Points</th>
<th>Mand Points</th>
<th>Poss. Pts</th>
<th>Earned Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cleanse work area and戴 all lab gowns</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Decontaminate resin and work area</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Fill impression and add all dies to casts</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Pour 140g of stone (if using pre-packaged) into water in steady increments</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Place the mix in a room temperature in mixing bowl</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Prepare surface of work area to ensure that neither the &quot;ע&quot; nor the &quot;ע&quot; is used to set</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Cover vibrator with protective paper or plastic barrier</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Turn on vibrator and press handle of impression on finger resting on vibrator and let a small amount of mixture pour over all occlusal surfaces of impression</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Change angle of tray to allow mixture to flow slowly into recessions around impression</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Turn impression over on vibrator to allow most of material to flow out</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Add small amounts of stone to impression until impression is level with floor and does not slump</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Set impression in a safe place to dry for manufacturer's recommendation and not more than 24 hours</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Immerse hands in cold water to allow mixture to flow out</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Add small amount of water to impression until impression is level</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Make sure mixture is smooth and free of &quot;bubbles&quot;</td>
<td>8</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Set impression in a safe place to dry for manufacturer's recommendation and no more than 24 hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Cast does not have voids</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Cast surface is not rough or grainy</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Cast surface is smooth and free of &quot;bubbles&quot;</td>
<td>8</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Cast shows all teeth and gingival margins clearly</td>
<td>12</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Cast has adequate vestibule for fabrication of whitening trays</td>
<td>12</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Automatic failure if cast is broken</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Twenty-five points will be automatically deducted from the overall grade if working area is not cleaned and disinfected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Automatic failure if working area is not cleaned and disinfected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL POINTS POSSIBLE:** 144

**TOTAL POINTS EARNED:**
CLINICAL OPERATIONS SECTION II- DH II Competencies and Clinical Evaluation Forms
**TOTAL TECHNICAL COMPETENCY**

Student_________________________          SCORE: _____/400 pts possible
Evaluator__________________________
Date______________________________

**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

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

**TOTAL POINTS EARNED FOR EACH INSTRUMENT:**

✓: 75% accuracy

**EVALUATOR COMMENTS**

____________________________________________________________________________

____________________________________________________________________________

Rev. 8/2018 125
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 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.
- **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.

**KEY:**

- 0 = Smooth Surface
- 1 = Granular
- 2 = Speckle
- 3 = ledge or branching

**DATE:**

**SCORE:**

**CI:**

**STUDENT:**
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 SHREDDED AFTER COMPLETION)
- WREB Medication/Anesthesia Dosage Form (MUST BE SHREDDED 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)

<table>
<thead>
<tr>
<th>ERRORS &amp; PENALTIES</th>
<th>POINT DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Submission Rejection</td>
<td>-4</td>
</tr>
<tr>
<td>Recession Error</td>
<td>-3(magnitude)</td>
</tr>
<tr>
<td>Probe Error</td>
<td>-1 (each, maximum of 5)</td>
</tr>
<tr>
<td>Periodontal Assessment Items</td>
<td>-0.5 (each)</td>
</tr>
<tr>
<td>Calculus Remaining</td>
<td>-6.25 (each)</td>
</tr>
<tr>
<td>Tissue Trauma Error</td>
<td>-6</td>
</tr>
</tbody>
</table>

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

**Criteria:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Faculty Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/40</td>
<td>I. Patient Selection and Preparation = 100 points</td>
</tr>
<tr>
<td></td>
<td>100 Slim Insert</td>
</tr>
<tr>
<td></td>
<td>10 Slim Insert</td>
</tr>
<tr>
<td></td>
<td>1000 Slim Insert</td>
</tr>
<tr>
<td></td>
<td>II. Instrumentation = 80 points (40 pts each Insert)</td>
</tr>
<tr>
<td></td>
<td>1000 Slim Insert</td>
</tr>
<tr>
<td></td>
<td>III. Patient Management = 10 points</td>
</tr>
</tbody>
</table>

**Evaluation:** Earned Points/100

Critical error will result in automatic failure with highest attainable score of 74%
LOCAL ANESTHESIA WORKSHEET

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 ________________________________

Evaluation: (circle one)
C (competent)
A (needs attention)
N (needs development)
**Objective:** Student will administer local anesthesia (PSA, MSA, AVA, IO, GP, NP, IVNB) injections on classmate following the checklist.

**Procedure:**

1. Secures thumb ring, if applicable.
2. Places needle on syringe, making certain it is straight.
3. Rotates plunger & inserts rubber stopper end of cartridge first. Looking down on needle, slides cartridge to perforate diaphragm. (allow it to click)
5. Holding syringe in palm, gently loosen sheath & allows it to fall off.
6. Expels a few drops of solution (DO NOT use the medication).
7. Determines if bevel is toward bone. If not re-sheaths using scoop technique & firmly replaces it. Tuna w/whale or checkerboard.
8. Re-sheaths using scoop technique.
9. Releases harpoon from rubber stopper by pulling back on thumb ring, removes capillary, removes needle, & disposes of.

**Armamentarium & Syringe Preparation**

- Disposable mouth mirror, 2 aspirating syringes, 2 each: long & short 27 Gauge needles, 1 ProTector Sheath Prop, (27 gauge), 8 cotton tipped applicators, 10 gauge 2x2's, 2-3 cotton balls of 3% Polocaine (mepivacaine), 20% Benzocaine topical anesthetic.

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

- Criteria: C (Competent) = 1 point, A (Needs Attention) = 0.5 point, N (Needs Development) = 0 point

**TOTAL POINTS POSSIBLE:** 9

**TOTAL POINTS EARNED:**

---

**Local Anesthesia Lab**

University of Oklahoma College of Dentistry

---
### INJECTION TECHNIQUES

#### I. ANTERIOR SUPERIOR ALVEOLAR

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, loosens sheath from behind and allows sheath to fall off; tests solution flow.
5. Orient sheath toward bone.
6. Retracts patient's cheek with gauze; pulls tissue 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:**

---

### I. MIDDLE SUPERIOR ALVEOLAR

1. Identifies landmarks (MB fold and premolar).
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. Orient sheath toward bone.
6. Retracts patient's cheek with gauze; pulls tissue 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

1. Identifies landmarks (MB fold 2nd 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. Orientes bevel toward bone.
6. Retract patient’s cheek with gauze, pull tissues taut.
7. Using syringe in dominant hand (using syringe etiology), and cotton tipped applicator in non-dominant hand, establishes fulcrum & uses gentle pressure, applying topical anesthetic for minimum 1 minute, increasing pressure incrementally.
8. With syringe in dominant hand (using syringe etiology), and cotton tipped applicator, observes blanching tissue.
9. With ¼ to ½ carpule of solution, aspirates 
10. Rinses patient.

TOTAL POINTS POSSIBLE: 10
TOTAL POINTS EARNED: C A N

---

IV. GREATER PALATINE

1. Identifies landmarks (jct 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. Orientes bevel toward bone.
5. Establishes fulcrum & uses gentle pressure, applying topical anesthetic for minimum 1 minute.
6. Retract patient’s cheek with gauze.
7. Moves cotton tipped applicator aside, establishes fulcrum & inserts needle 1-2 mm under mucosa.
8. Aspirates and deposits positive of negative, aspirates; if positive, repositions, aspirates and continues deposition.

TOTAL POINTS POSSIBLE: 9
TOTAL POINTS EARNED: C A N

---

I. GREATEST PALATINE (use yellow 27 gauge short needle)
### V. NASOPALATINE

**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.** Orient 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.  
**7.** Aspirates and deposits ½ carpule of solution; aspirates at least once more; states ‘positive or negative’ aspirate.  
**8.** Aspirates and deposits ¼ carpule of solution aspirates at least once more; states ‘positive of negative’ aspirate.  
**9.** Rinses patient and maintains firm pressure on foramen for 1 minute.  
**10.** Withdraws and re-threads using scoop technique.

### VI. INFRAORBITAL

**1.** Identifies landmarks (infraorbital foramen, MB fold, 1st 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.** Orient 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-threads using scoop technique.  
**10.** Rinses patient and maintain firm pressure on foramen for 1 minute.
**INFERIOR ALVEOLAR NERVE BLOCK, LINGUAL and LONG BUCCAL NERVE BLOCK**

1. **Identifies landmarks, 6-10 mm above occlusal plane, distal to coronoid notch, ¾ distance from notch to:**

   - Use yellow 25/27 gauge long needle.

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 on contralateral side & inserts needle to ¾ depth.**

8. **Aspirates and deposits ¾ carapule of solution; re-aspirates through entire procedure; states ‘positive or negative’ aspirate; if positive, repositions, aspirates and continues deposition; for lingual, retracts needle halfway, aspirates, states ‘positive or negative’ aspirate; if positive, repositions, aspirates and deposits 1/8 carapule.**

9. **Withdraws and re-sheaths using scoop technique.**

10. **Rinses patient.**

**TOTAL POINTS POSSIBLE: 3**

**TOTAL POINTS EARNED: 3**

- 1. Maintains proper infection control andمنهج and unnecessary reposition of needle.
- 2. Communicates with patient throughout procedure; minimizes anxiety, reassures, avoids unnecessary reposition of needle.
- 3. Accurately records procedure in patient’s chart; includes type of anesthetic, amount, and concentration, any adverse reactions. Ex: Administered 1.8 cc lidocaine 2%, 1:100,000 epi, no complications.

**OVERALL TECHNIQUE CAN:**

- **Maintains proper infection control and manages sharps throughout procedure.**
- **Communicates with patient throughout procedure; minimizes anxiety, reassures, avoids unnecessary reposition of needle.**
- **Accurately records procedure in patient’s chart, including type of anesthetic, amount, and concentration, any adverse reactions.**

**TOTAL POINTS POSSIBLE: 10**

**TOTAL POINTS EARNED: 10**

- 1. **Identifies landmarks; 6-10 mm above occlusal plane, distal to coronoid notch, ¾ distance from notch to inferior alveolar nerve block, lingual and long buccal nerve block.**
- 2. **Carefully 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 on contralateral side & inserts needle to ¾ depth.**
- 8. **Aspirates and deposits ¾ carapule of solution; re-aspirates through entire procedure; states ‘positive or negative’ aspirate; if positive, repositions, aspirates and continues deposition; for lingual, retracts needle halfway, aspirates, states ‘positive or negative’ aspirate; if positive, repositions, aspirates and deposits 1/8 carapule.**
- 9. **Withdraws and re-sheaths using scoop technique.**
- 10. **Rinses patient.**

**TOTAL POINTS POSSIBLE: 3**

**TOTAL POINTS EARNED: 3**

- 1. **Maintains proper infection control and manages sharps throughout procedure.**
- 2. **Communicates with patient throughout procedure; minimizes anxiety, reassures, avoids unnecessary reposition of needle.**
- 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.
Objective:
Using assigned intraoral photos/images, the student will chart the transitional (mixed) dentition on the chart below with 75% accuracy.

Procedure:
- Student is given assigned Case Images. Circle the assigned case number in box at top of form.
- Using a BLACK OR BLUE pen, student clearly marks each box with "P" for Present tooth, or "A" for Absent tooth. If box is left blank, no credit will be awarded. Illegible, unclear, or marked out answers will be given no credit.

Evaluation:
Divide total correct by total possible. Remediation required if 75% accuracy not achieved. Initial grade stands.

*ALL sheets (including any scratch paper used) MUST be stapled together with final submission on top when turning in Exercise form for grading.
Objective: Student will create a maxillary and mandibular impression with 75% accuracy for a passing grade.

Procedure:
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 properly cleans and disinfects all work area.
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.

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

Evaluation: Minimum 75% accuracy.

Overall Technique:
1. Student gathers appropriate supplies and armamentarium for maxillary and mandibular impressions.
2. Student gains permission to proceed from clinic instructor.
3. Student properly cleans and disinfects all work area.
4. Student properly cleans and disinfects all work area.
5. Student properly cleans and disinfects all work area.
6. Student properly cleans and disinfects all work area.
7. Student properly cleans and disinfects all work area.
8. Student properly cleans and disinfects all work area.

Comments:__________________________________________
________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Final Grade: ____________________________
Clinic Instructor: ____________________________
Date: ____________________________
Patient: ____________________________
Student: ____________________________
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. Students must achieve 75% to pass competency.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Final casts are smooth and free of stone &quot;bubbles&quot;</td>
<td></td>
</tr>
<tr>
<td>2. Casts do not have voids</td>
<td></td>
</tr>
<tr>
<td>3. Casts have adequate vestibule for fabrication of whitening trays</td>
<td></td>
</tr>
<tr>
<td>4. Casts are adequate for chairside presentation</td>
<td></td>
</tr>
<tr>
<td>5. Casts have been trimmed of all excess stone</td>
<td></td>
</tr>
<tr>
<td>6. Casts show all gingival margins clearly</td>
<td></td>
</tr>
<tr>
<td>7. Casts or teeth are not broken</td>
<td></td>
</tr>
<tr>
<td>8. Working area is clean and disinfected</td>
<td></td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________________________________________________________
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 SHREDDED AFTER COMPLETION)
- WREB Medication/Anesthesia Dosage Form (MUST BE SHREDDED 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.
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)

<table>
<thead>
<tr>
<th>ERRORS &amp; PENALTIES</th>
<th>POINT DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Submission Rejection</td>
<td>-4</td>
</tr>
<tr>
<td>Late Check-Out</td>
<td>-1 (per minute, maximum of 7)</td>
</tr>
<tr>
<td>Recession Error</td>
<td>-3 (maximum)</td>
</tr>
<tr>
<td>Probe Error</td>
<td>-1 (each, maximum of 5)</td>
</tr>
<tr>
<td>Periodontal Assessment Items</td>
<td>-0.5 (each)</td>
</tr>
<tr>
<td>Calculus Remaining</td>
<td>-6.25 (each)</td>
</tr>
<tr>
<td>Tissue Trauma Error</td>
<td>-6</td>
</tr>
</tbody>
</table>
**UNIVERSITY of OKLAHOMA COLLEGE OF DENTISTRY**  
**DENTAL HYGIENE PROGRAM**

**NITROUS OXIDE/OXYGEN SEDATION ADMINISTRATION**

**STUDENT:**  
**PATIENT:**

**DATE:**

**FINAL GRADE:** C/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)

<table>
<thead>
<tr>
<th>I. EQUIPMENT SET UP &amp; PREPARATION</th>
<th>C</th>
<th>A</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tanks set up, ensure hoses are properly in place, reservoir bag press-fitted on bottom of tee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Place sterilized inner mask inside outer mask and connect to hoses (coaxial tubing)</td>
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<tr>
<td>3. Place scavenger hose with vacuum control block into high volume evacuator and press the on button</td>
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<tr>
<td>4. Press the on button of the flowmeter into the on position</td>
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<tr>
<td>5. Using wrench, slowly loosen one each N₂O and O₂ tank valves</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Review Health History, recognize contraindications, measure vital signs</td>
</tr>
<tr>
<td>7. Explain procedure to patient and obtain consent</td>
</tr>
<tr>
<td>8. Obtain PTP</td>
</tr>
<tr>
<td>9. Initiate flow of O₂ at 6-7 L/min (for adults)</td>
</tr>
<tr>
<td>10. Turn on the HVE and adjust the vacuum control block lever for scavenging so that the ball floats in the green bar</td>
</tr>
<tr>
<td>11. Press the flush button to fill the bag 2/3 full and place nasal hood/mask over patient’s nose and adjust appropriately</td>
</tr>
<tr>
<td>12. Adjust flow to maintain bag 2/3 full upon patient exhalation (use O₂ flush to refill bag if it deflates excessively); establish flow rate and maintain this rate throughout the procedure</td>
</tr>
<tr>
<td>13. Introduce 1 liter of N₂O and increase by .5-1 liter every 60 seconds (while reducing the O₂ accordingly to maintain flow rate) until sedation is apparent; N₂O should then be added every 3 minutes until proper sedation is achieved</td>
</tr>
<tr>
<td>14. Observe patient throughout procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. TERMINATION of PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Decrease the N₂O and increase the O₂ to maintain the flow rate and administer 100% O₂</td>
</tr>
<tr>
<td>16. 100% O₂ administered a minimum of 5 minutes until patient is fully recovered; establish recovery and remove mask</td>
</tr>
<tr>
<td>17. Bleed the remaining gas from the lines (close the valve on the N₂O tank and once the N₂O has bled off, close the valve on the O₂ tank; both gauges should be at zero), rotate the flowmeter levers to the off position</td>
</tr>
<tr>
<td>18. Turn the HVE off, press the button on the vacuum control to the off position, press the flowmeter button to the off position</td>
</tr>
<tr>
<td>19. Properly document administration record (concentration, flow rate, administration time, recovery)</td>
</tr>
<tr>
<td>20. Properly disassemble &amp; disinfect unit, place nasal hoods/masks and connectors in sterilizing bags. Return equipment to the dispensary.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. OVERALL TECHNIQUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Maintain proper infection control and manage patient throughout procedure</td>
</tr>
<tr>
<td>22. Communicate with patient throughout procedure; minimize anxiety, reassure, adjust flow as necessary</td>
</tr>
</tbody>
</table>
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.
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]

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal assessment indicates signs of active disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hx of past periodontal disease and/or treatment</td>
<td></td>
<td></td>
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<tr>
<td>Use of tobacco products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral/Systemic link: diabetes, heart disease, osteoporosis, suppressed immunity</td>
<td></td>
<td></td>
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<tr>
<td>Hormonal factors including pregnancy</td>
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<td></td>
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<tr>
<td>Nutritional deficiencies and/or obesity</td>
<td></td>
<td></td>
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<tr>
<td>Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-gingival restorations or overhanging margins affecting oral health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bruxism and/or clenching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malocclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-gingival calculus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DH/Perio. Diagnosis: _______________________________________________________

Recommended dental hygiene interventions

CLINICAL:

Pt. EDUCATION: ___________________________________________________________

Referrals needed:

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

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of head and neck cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of tobacco products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholic beverage consumption &gt;3 per week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesions/changes in lesions visible during oral cancer assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DH Diagnosis:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommended dental hygiene interventions

CLINICAL:

Pt. EDUCATION: ___________________________________________________________

Referrals needed:

8/2018
**Trauma/Other Risk Assessments** [1 or more "Yes" responses = risk]

- Parafunctonal 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)

<table>
<thead>
<tr>
<th>Appointment 1</th>
<th>Appointment 2</th>
<th>Appointment 3</th>
<th>Appointment 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE</td>
<td>DESCRIPTION</td>
<td>CODE</td>
<td>DESCRIPTION</td>
</tr>
</tbody>
</table>

---

REFERRALS: ________________________________________________________________

RECALL: ________________

Patient Goals:

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________
### CLINICAL EVALUATION FORM

#### Student Information

<table>
<thead>
<tr>
<th>Chart # or PT Name</th>
<th>PTP (1)</th>
<th>PTP (2)</th>
<th>PTP (3)</th>
<th>PTP (4)</th>
<th>PTP (5)</th>
<th>PTP (6)</th>
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</thead>
<tbody>
<tr>
<td><strong>APPT TYPE</strong></td>
<td>Age</td>
<td><strong>STAGING</strong></td>
<td><strong>GRADING</strong></td>
<td><strong>CLINICAL DIAGNOSIS</strong></td>
<td></td>
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</tr>
<tr>
<td>1110</td>
<td></td>
<td></td>
<td></td>
<td>❑ Loc ❑ Gen ❑ Active ❑ Stable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4341/4342</td>
<td>Adolesc. (13-17)</td>
<td>Stage I</td>
<td>❑ B  ❑ Periodontitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4910</td>
<td>Adult (18-64)</td>
<td>Stage II</td>
<td>❑ C  ❑ Reduced stable periodontium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4999</td>
<td>Geriatric (65+)</td>
<td>Stage III</td>
<td>❑ Stage IV</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>4346</td>
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</table>

#### Assessment

<table>
<thead>
<tr>
<th>I. ASSESS</th>
<th>IV. IMPLEMENT</th>
<th>V. EVALUATE</th>
<th>VI. DOCUMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTP</td>
<td>C A N</td>
<td>Infection Control</td>
<td>C A N</td>
</tr>
<tr>
<td>EHE</td>
<td>C A N</td>
<td>OHI</td>
<td>C A N</td>
</tr>
<tr>
<td>Odontogram</td>
<td>C A N</td>
<td>Instrumentation</td>
<td>C A N</td>
</tr>
<tr>
<td>Perio Assessment</td>
<td>C A N</td>
<td>Instrument Care</td>
<td>C A N</td>
</tr>
<tr>
<td>Caries Risk Assess</td>
<td>C A N</td>
<td>Powered Instrument</td>
<td>C A N</td>
</tr>
<tr>
<td>*Radiographs</td>
<td>C A N</td>
<td>Ergonomics</td>
<td>C A N</td>
</tr>
<tr>
<td>II. DIAGNOSE</td>
<td>Desensitization</td>
<td>C A N</td>
<td></td>
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<tr>
<td>DH Dx</td>
<td>C A N</td>
<td>Coronal Polishing</td>
<td>C A N</td>
</tr>
<tr>
<td>III. PLAN</td>
<td>PSDH Care Plan</td>
<td>C A N</td>
<td></td>
</tr>
</tbody>
</table>

#### Professionalism Concerns

- Prof appearance
- Punctual
- Receptive to feedback
- Prepared
- Positive attitude
- Confidentiality
- Ethical judgment
- Teamwork
- Respectful to others
- Protocol adherence
- Critical thinking
- Communication
- Other

#### Competencies

<table>
<thead>
<tr>
<th>Recall Interval:</th>
<th>C A N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Complete:</td>
<td>C A N</td>
</tr>
</tbody>
</table>

#### Self Assessment

**Supragingival Calculus**

- Generalized (>30% Surfaces)
  - 1- Granular
  - 2- Spicule(s)
  - 3- Ledge/Binding
- Localized (<30% Surfaces)
  - 1- Granular
  - 2- Spicule(s)
  - 3- Ledge/Binding

**Subgingival Calculus**

- Generalized (>30% Surfaces)
  - 1- Granular
  - 2- Spicule(s)
  - 3- Ledge/Binding
- Localized (<30% Surfaces)
  - 1- Granular
  - 2- Spicule(s)
  - 3- Ledge/Binding

#### Proficiency

<table>
<thead>
<tr>
<th><strong>COMPETENCIES</strong></th>
<th>✔</th>
<th>✔</th>
<th>✔</th>
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<tbody>
<tr>
<td>Scale I</td>
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<td></td>
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</tr>
<tr>
<td>Polishing</td>
<td></td>
<td></td>
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<tr>
<td>Total Technical</td>
<td></td>
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<tr>
<td>Transitional Dentition</td>
<td></td>
<td></td>
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<tr>
<td>Ultrasonic</td>
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<tr>
<td>Calculus Detection</td>
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<tr>
<td>WREB Prep. I</td>
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<td></td>
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</tr>
<tr>
<td>PSDHCP</td>
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<td></td>
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<tr>
<td>WREB Prep. II</td>
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<td></td>
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</tr>
</tbody>
</table>

#### Recall/Errors

<table>
<thead>
<tr>
<th><strong>UR/Q1</strong></th>
<th>CI</th>
<th>Date</th>
<th>Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LR/Q4</strong></td>
<td>CI</td>
<td>Date</td>
<td>Errors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UL/Q2</strong></td>
<td>CI</td>
<td>Date</td>
<td>Errors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LL/Q3</strong></td>
<td>CI</td>
<td>Date</td>
<td>Errors</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Sealants

- **Tooth #(s):**
  - C A N

#### Recalls

- **Recall Interval:**
  - ____
  - Treatment Complete::_____
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
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.

<table>
<thead>
<tr>
<th>STEP</th>
<th>C (Competent)</th>
<th>A (Needs Attention)</th>
<th>N (Needs Development)</th>
</tr>
</thead>
</table>
| ASSESSMENT                  | >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 | >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 | >Lack of documentation or differentiation between significant and insignificant findings  
> Fails to ascertain patient's oral concern |
| PTP                         | >Fails to identify 1-2 normal and possible abnormal findings  
> Use of incorrect terms  
> Failure to seek consult |                                                                                      | >Fails to identify >2 normal and possible abnormal findings  
> Failure to perform EIE |                                                                                      |
| EIE                         | >Correctly charts existing and DDS recommended treatment  
> Recognizes possible need for treatment  
> Seeks consultation prn | >Failure to identify <3 existing restorations  
> Failure to identify <3 areas possible decay or faulty restorations  
> Incorrect classification of occlusion | >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 |
| Odontogram/ Hard Tissue Charting | >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 | >Inaccurate assessment  
> Inaccurate description of gingival tissue  
> Failure to seek consult | >Omits portions of charting (i.e. furcation, mobility)  
> Fails to calculate bleeding and plaque indices |
| Perio Assessment            |                                                                                    |                                                                                      |                                                                                      |
| Caries Risk Assess | >Determines accurate CRA  
>Involve 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 |

### 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 |

### IMPLEMENT
<table>
<thead>
<tr>
<th>Infection Control</th>
<th>&gt;Follows infection control protocol throughout clinical period</th>
<th>&gt;Does not follow adequate infection control guidelines</th>
<th>&gt;Breaks aseptic chain &gt;Contamination or cross contamination occurs</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHI</td>
<td>&gt;Provides at appropriate time &gt;Provides hand mirror &gt;Involves patient in planning process &gt;Integrates and logically sequences patient self-care &gt;Assesses patient progress at each appointment; modifies prn &gt;Utilizes motivational interviewing &gt;Sets appropriate pt goals</td>
<td>&gt;Provides at inappropriate time during appointment &gt;Involves patient in process but chooses illogical sequence &gt;Clinician dominates dialogue &gt;Failure to monitor progress of attainment of goals &gt;Answers to questions indicate inadequate knowledge</td>
<td>&gt;Does not involve patient in planning process &gt;Omits patient self-care &gt;Provides at end of appointment &gt;Does not utilize motivational interviewing</td>
</tr>
<tr>
<td>Instrumentation</td>
<td>&gt;Demonstrates safe instrument control &gt;Activates with appropriate adaptation and stroke pressure</td>
<td>1-2 of the following &gt;Inappropriate adaptation &gt;Inappropriate angulation &gt;Inappropriate stroke direction or length &gt;Inappropriate grasp &gt;Inappropriate fulcrum &gt;Inappropriate insertion</td>
<td>3 or more of the &quot;A&quot; criteria</td>
</tr>
<tr>
<td>Instrument Care</td>
<td>&gt;Selects correct instruments and maintains sharpness</td>
<td>&gt;Sharpness of 2 instrument inadequate</td>
<td>&gt;Sharpness of 3 or more instruments inadequate &gt;Re-shaping of instrument</td>
</tr>
<tr>
<td>Powered Instrument</td>
<td>&gt;Effectively utilizes powered device &gt;Selects appropriate inserts and evacuation method &gt;Appropriate equipment setup of powered device &gt;Determines considerations for use &gt;Proper pt preparation</td>
<td>&gt;Water or power settings inadequate &gt;Technique incorrect &gt;Insert selection inappropriate &gt;Disregards indications for use</td>
<td>&gt;Ineffective or inappropriate use of US scaler &gt;Trauma is evident &gt;Uses when contraindicated &gt;Inappropriate patient preparation</td>
</tr>
<tr>
<td>Ergonomics</td>
<td>Neutral positions attained, efficient ergonomics for operator &amp; pt</td>
<td>Neutral positions not attained, posture of pt and/or clinician affected negatively</td>
<td>Neutral positions not considered for either patient/clinician creating unsafe conditions potentially causing harm</td>
</tr>
<tr>
<td>Desensitization</td>
<td>&gt;Recognizes need for procedure &gt; Appropriately applies &gt;Explains rationale to pt &gt;Informed consent prior to medicament placement</td>
<td>&gt;Does not recognize need &gt;Fails to explain rationale to patient</td>
<td>&gt;Faculty identifies need</td>
</tr>
<tr>
<td>Coronal Polishing</td>
<td>&gt;Selects appropriate polishing agent</td>
<td>&gt;Fails to properly adapt cup to effectively remove all plaque</td>
<td>&gt;Selects inappropriate polishing agent</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------</td>
<td>---------------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td></td>
<td>&gt;Effectively removes plaque and stain</td>
<td>&gt;Uses various speeds</td>
<td>&gt;Fails to use proper fulcrum</td>
</tr>
<tr>
<td>Air Polishing</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Implant Care</td>
<td>&gt;Recognizes need for procedure</td>
<td>&gt;Does not recognize need</td>
<td>&gt;Omits care</td>
</tr>
<tr>
<td></td>
<td>&gt;Follows prescribed technique</td>
<td>&gt;Ineffective instrumentation</td>
<td>&gt;Requires CI prompting to follow pt dismissal protocol</td>
</tr>
<tr>
<td></td>
<td>&gt;Uses correct instrument</td>
<td>&gt;Fails to document proper home care instructions in PSDHCP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Documents proper home care instructions in PSDHCP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of Prosthesis</td>
<td>&gt;Procedure completed according to guidelines</td>
<td>&gt;Inadequate care</td>
<td>&gt;Omits care of prosthesis</td>
</tr>
<tr>
<td>Time Management</td>
<td>&gt;Prepared prior to clinical session so treatment moves smoothly</td>
<td>&gt;Demonstrates lack of clinical preparation resulting in minor clinical interruptions</td>
<td>&gt;Demonstrates lack of clinic preparation resulting in major clinic interruptions</td>
</tr>
<tr>
<td></td>
<td>&gt;Uses time efficiently and effectively</td>
<td>&gt;Tardy seating patient</td>
<td>&gt;Tardy for clinic session</td>
</tr>
<tr>
<td></td>
<td>&gt;Seats patient at appropriate time</td>
<td>&gt;Requires CI prompting to follow pt dismissal protocol</td>
<td>&gt;Seats pt unnecessarily late</td>
</tr>
<tr>
<td></td>
<td>&gt;Follows pt dismissal protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride</td>
<td>&gt;Appropriate product selection</td>
<td>&gt;Applies fluoride but fails to observe throughout procedure</td>
<td>&gt;Selects inappropriate product</td>
</tr>
<tr>
<td></td>
<td>&gt;Appropriate application</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Appropriate post op instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Informed consent prior to application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Management</td>
<td>&gt;Establishes and maintains rapport</td>
<td>&gt;Patient controls or dominates conversation</td>
<td>&gt;Lack of rapport</td>
</tr>
<tr>
<td></td>
<td>&gt;Demonstrates concern for patient's well-being</td>
<td>&gt;Does not attempt to establish rapport with patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Serves as an advocate for the welfare of patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Demonstrates confidence/assertiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety/Pain Control</td>
<td>Recognizes the need for faculty assistance for anxiety/pain control</td>
<td>Faculty identifies need for anxiety/pain control</td>
<td>Does not recognize need for faculty assistance for anxiety/pain control</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sealants</td>
<td>Recognizes need for treatment</td>
<td>Does not recognize need</td>
<td>Faculty identifies need for anxiety/pain control</td>
</tr>
<tr>
<td></td>
<td>Appropriately applies</td>
<td>Fails to explain rationale to patient</td>
<td>Provides post op instructions</td>
</tr>
<tr>
<td></td>
<td>Explains rationale to patient</td>
<td>Fails to provide post op instructions</td>
<td>Informed consent prior to placement</td>
</tr>
</tbody>
</table>

**EVALUATE**

<table>
<thead>
<tr>
<th>Re-Eval, Retreat, Refer, Maintain</th>
<th>Refers patient for further care</th>
<th>Refers for care but fails to provide resources for care</th>
<th>Fails to refer as needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provides resources for care</td>
<td>Lack of supporting evidence provided to patient regarding treatment outcomes</td>
<td>Failure to discuss goal attainment w/pt</td>
</tr>
<tr>
<td></td>
<td>Discussion of attainment of goals related to self-care (BI, PI)</td>
<td></td>
<td>Failure to address outcomes of recommendations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuing Care Interval</th>
<th>Advises patient of appropriate recall interval</th>
<th>Inappropriate recall interval</th>
<th>Omits recall interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Satisfaction Survey</td>
<td>Survey given to patient for completion</td>
<td></td>
<td>Omits survey</td>
</tr>
</tbody>
</table>

**DOCUMENTATION**

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Documentation is accurate and complete</th>
<th>Documentation inadequate or incomplete (lacks detail)</th>
<th>Frequent typographical errors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uses professional terminology</td>
<td>Uses inappropriate terminology</td>
<td>Documentation is inaccurate or incomplete</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Failure to use appropriate abbreviation</td>
<td>Failure to consider patient’s needs assessment in treatment options</td>
</tr>
</tbody>
</table>

**PROFESSIONAL CONCERNS**

<table>
<thead>
<tr>
<th>Professional appearance</th>
<th>Maintains exemplary personal appearance and hygiene in accordance with professional appearance policy</th>
<th>Inappropriate clinic attire</th>
<th>Unprofessional appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&gt;Communicates with faculty, peers and patients in a respectful manner</td>
<td>Inattentive to faculty or patient’s needs</td>
<td>Inappropriate personal appearance and/or hygiene</td>
</tr>
<tr>
<td>Receptive to feedback</td>
<td>&gt;Displays positive attitude</td>
<td>&gt;Exhibits somewhat negative attitude</td>
<td>Displays negative attitude</td>
</tr>
<tr>
<td>Positive attitude</td>
<td>&gt;Exhibits self-discipline</td>
<td>&gt;Self-discipline somewhat lacking</td>
<td>Lack of self-discipline</td>
</tr>
<tr>
<td>Ethical judgment/Legal considerations</td>
<td>&gt;Acts consistently with the ethics of the dental hygiene profession and state regulations  &gt;Promotes ethical behavior and high standards of care</td>
<td>&gt;Lack of ethical judgment  &gt;Demonstrates unethical behavior  &gt;Performs an illegal act  &gt;Care below standards</td>
<td></td>
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<tr>
<td>--------------------------------------</td>
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</tr>
<tr>
<td>Respectful of others</td>
<td>&gt;Displays respect to faculty, peers, &amp; patients  &gt;Serves all patients without discrimination and avoids action that may be interpreted as discriminatory  &gt;Conducts clinical activities and develops relationships with colleagues that are honest and responsible</td>
<td>&gt;Professional relationships with faculty, peers, and/or patients is lacking  &gt;Disrespectful to faculty, peers, or patients  &gt;Clinical activities lack honesty &amp; responsibility  &gt;Discriminates against faculty, peers, or patients  &gt;Inappropriate conversations in clinic sessions (whether patients are present or not)</td>
<td></td>
</tr>
<tr>
<td>Critical thinking/problem solving</td>
<td>Makes evidence-based decisions appropriate for optimal pt. care  &gt;Attempts to make decisions without evidence to support  &gt;Proceeds inappropriately</td>
<td>&gt;Makes decisions that are potentially harmful to patient  &gt;Inappropriate problem solving</td>
<td></td>
</tr>
<tr>
<td>Punctual</td>
<td>&gt;Shows respect and consideration for others by being punctual</td>
<td>&gt;Tardy for clinic session</td>
<td></td>
</tr>
<tr>
<td>Prepared</td>
<td>&gt; Appropriately prepared for clinic sessions  &gt;Exhibits organizational ability  &gt;Missing 1-3 components of armamentarium  &gt;Lack of organization resulting in minor clinic interruption</td>
<td>&gt;Missing &gt;3 components of armamentarium  &gt;Lack of organization resulting in major clinic interruption</td>
<td></td>
</tr>
<tr>
<td>Confidentiality</td>
<td>&gt;Holds professional patient relationships confidential  &gt;Avoids loud, disruptive and inappropriate conversation</td>
<td>&gt;Breaches some aspect of patient confidentiality  &gt;Violates patient's confidentiality  &gt;Loud and disruptive; inappropriate conversation</td>
<td></td>
</tr>
<tr>
<td>Teamwork</td>
<td>&gt;Collaborates with others to create a clinic environment that minimizes risk to the patient and allows for effective &amp; efficient care  &gt;Manages conflicts constructively  &gt;Interacts in a collegial professional manner with peers, faculty and patients</td>
<td>&gt;Somewhat lacking in areas of teamwork  &gt;Breaches some aspect of patient confidentiality  &gt;Inconsistent collaboration w/peers  &gt;Lacks initiative in helping others  Failure to participate in teamwork approach</td>
<td></td>
</tr>
<tr>
<td>Protocol Adherence</td>
<td>&gt;Adheres to clinical protocol</td>
<td>&gt;Violates protocol</td>
<td></td>
</tr>
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<td>-------------------</td>
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<td></td>
</tr>
<tr>
<td>Communication</td>
<td>&gt;Communicates with peers, faculty, and patients in an effective, respectful, and professional manner</td>
<td>&gt;Communication is ineffective and needs improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Communicates with peers, faculty, or patients in a disrespectful or unprofessional manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrumentation/Polishing Product</td>
<td>0-2 areas supra calculus deposits remain 0-2 areas of sub calculus remain after prophy 0-4 areas of sub calculus remain after PM 0-2 areas of plaque or stain remain 0- trauma</td>
<td>3 areas supra calculus deposits remain 3-4 areas of sub calculus remain after prophy 5-6 areas of sub calculus remain after PM 3-4 areas of plaque or stain remain 1-2 areas of trauma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 or more supra calculus deposits left 5 or more areas sub calculus deposits left after prophy 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Assessment</td>
<td>Reflection:  &gt;indicative of critical thinking that promotes clinical development  &gt;identifies opportunities for self-improvement  &gt;initiates a goal, initiative, or strategy to achieve clinical objectives for more efficient patient care</td>
<td>Reflection:  &gt;does not indicate use of critical thinking  &gt;fails to recognize need/opportunity for improvement  &gt;fails to recognize goal/strategy for improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reflection:  &gt;is omitted  &gt;lacks depth or use of critical thinking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>STEP</th>
<th>C (Competent)</th>
<th>A (Needs Attention)</th>
<th>N (Needs Development)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSESSMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTP</td>
<td>&gt;Comprehensively collects, synthesizes, and presents all appropriate data (i.e. HHx/Meds/Vitals)</td>
<td>&gt;Collects all appropriate data but does not synthesize information</td>
<td>&gt;Lack of documentation or differentiation between significant and insignificant findings</td>
</tr>
<tr>
<td></td>
<td>&gt;Identifies patient's subjective statement of reason for appt/CC</td>
<td>&gt;Uncertain of patient's reason for DH visit</td>
<td>&gt;Fails to ascertain patient's oral concern</td>
</tr>
<tr>
<td></td>
<td>&gt;Identifies appropriate intervention for CC</td>
<td></td>
<td>&gt;Fails to identify appropriate intervention for CC</td>
</tr>
<tr>
<td></td>
<td>&gt;Identifies areas of concern</td>
<td></td>
<td>&gt;Fails to recognize necessary adaptations in care</td>
</tr>
<tr>
<td></td>
<td>&gt;Uses descriptive terminology</td>
<td></td>
<td>&gt;Unorganized or doesn’t adhere to protocol</td>
</tr>
<tr>
<td>EIE</td>
<td>&gt;Recognizes need for consult and adaptations in care</td>
<td>&gt;Uses descriptive terms inadequately</td>
<td>&gt;Failure to seek consult</td>
</tr>
<tr>
<td></td>
<td>&gt;Able to identify normal and possible abnormal findings</td>
<td>&gt;Does not distinguish significant from insignificant findings</td>
<td>&gt;Failure to perform EIE</td>
</tr>
<tr>
<td>Odontogram/</td>
<td>&gt;Correctly charts existing and DDS recommended treatment</td>
<td>&gt;Failure to identify &lt;3 existing restorations</td>
<td>&gt;Failure to identify significant findings</td>
</tr>
<tr>
<td>Hard Tissue Charting</td>
<td>&gt;Recognizes possible need for treatment</td>
<td>&gt;Failure to identify &lt;3 areas of possible decay or faulty restorations</td>
<td>&gt;Use of incorrect terms</td>
</tr>
<tr>
<td></td>
<td>&gt;Seeks consultation prn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perio Assessment</td>
<td>&gt;Performs periodontal charting and assessment without errors</td>
<td>&gt;Inaccurate charting of probing depth and assessment</td>
<td>&gt;Incorrect assessment</td>
</tr>
<tr>
<td></td>
<td>&gt;Identifies need for consult prn</td>
<td>&gt;Inaccurate description of tissue appearance</td>
<td>&gt;Incomplete charting (furcations, mobility, MGJ, CAL, BOP etc.)</td>
</tr>
<tr>
<td></td>
<td>&gt;Comprehensively collects and synthesize all appropriate data</td>
<td></td>
<td>&gt;Failure to obtain consult</td>
</tr>
<tr>
<td></td>
<td>&gt;Calculates accurate bleeding and plaque indices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caries Risk Assess</td>
<td>&gt;Determines accurate CRA</td>
<td>&gt;Inaccurate assessment</td>
<td>&gt;Omits CRA</td>
</tr>
<tr>
<td></td>
<td>&gt;Involves pt in appropriate caries prevention therapy</td>
<td></td>
<td>&gt;Failure to inform pt of oral conditions</td>
</tr>
<tr>
<td>Radiographs</td>
<td>Utilizes radiographs for assessment data</td>
<td>Radiographs are diagnostic but have exposure errors</td>
<td>Does not include all the appropriate therapy</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------</td>
<td>---------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Ascertain DDS prescription to expose radiographs</td>
<td></td>
<td>Failure to display radiographs or utilize for assessment and treatment</td>
</tr>
<tr>
<td></td>
<td>Consults faculty regarding appropriate radiographs to expose</td>
<td></td>
<td>Radiographs are non-diagnostic</td>
</tr>
<tr>
<td></td>
<td>Identifies anatomical landmarks</td>
<td></td>
<td>Failure to follow radiation safety protocol</td>
</tr>
<tr>
<td></td>
<td>Identifies existing restorations and possible disease</td>
<td></td>
<td>Failure to obtain PTP for retakes</td>
</tr>
<tr>
<td></td>
<td>Obtains PTP for retakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIAGNOSE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DH Dx</td>
<td>DH Dx is accurate</td>
<td>N/A</td>
<td>DH Dx case type or clinical dx is inaccurate</td>
</tr>
<tr>
<td><strong>PLAN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHPS Care Plan</td>
<td>Enters all pertinent pt information and identifies associated risks</td>
<td>Omits 1 pertinent information and/or associated risks</td>
<td>Omits 2 or more pertinent information and/or associated risks</td>
</tr>
<tr>
<td></td>
<td>Correctly identifies DH Dx with factors and related risks</td>
<td>Omits or incorrectly identifies 1 factors and related risks</td>
<td>Omits or incorrectly identifies 2 or more factors and related risks</td>
</tr>
<tr>
<td></td>
<td>Plans appropriate and comprehensive DH interventions</td>
<td>Omits 1 appropriate DH intervention in plan</td>
<td>Omits 2 or more appropriate DH interventions in plan</td>
</tr>
<tr>
<td></td>
<td>Determines expected outcomes</td>
<td>Slightly incorrect statement of expected outcomes</td>
<td>Incorrect or omitted statement of expected outcomes</td>
</tr>
<tr>
<td></td>
<td>Proposes appropriate and correct plan for appointments</td>
<td>Slightly incorrect appointment sequences proposed</td>
<td>Incorrect appointment sequence proposed or omitted</td>
</tr>
<tr>
<td></td>
<td>Determines appropriate Re-evaluation</td>
<td>Slightly incorrect re-evaluation determined</td>
<td>Incorrect re-evaluation determined</td>
</tr>
<tr>
<td></td>
<td>Reviews Care Plan with the patient and obtains informed consent as needed</td>
<td>Omits sections of care plan when reviewing with pt</td>
<td>Omits sections of care plan when reviewing with pt</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Failure to obtain informed consent</td>
</tr>
<tr>
<td><strong>IMPLEMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Control</td>
<td>Follows infection control protocol throughout clinical period</td>
<td>Does not follow adequate infection control guidelines</td>
<td>Breaks aseptic chain</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contamination or cross contamination occurs</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OHI</td>
<td>&gt;Provides at beginning of appointment&lt;br&gt;$&gt;$Provides hand mirror&lt;br&gt;$&gt;$Involves patient in planning process&lt;br&gt;$&gt;$Integrates and logically sequences patient self-care&lt;br&gt;$&gt;$Assesses patient progress at each appointment; modifies prn&lt;br&gt;$&gt;$Utilizes motivational interviewing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Provides at inappropriate time during appointment&lt;br&gt;$&gt;$Involves patient in process but chooses illogical sequence&lt;br&gt;$&gt;$Clinician dominates dialogue</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Does not involve patient in planning process&lt;br&gt;$&gt;$Answers to questions indicate inadequate knowledge&lt;br&gt;$&gt;$Omits patient self-care&lt;br&gt;$&gt;$Provides at end of appointment&lt;br&gt;$&gt;$Does not utilize motivational interviewing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrumentation</td>
<td>&gt;Demonstrates safe instrument control&lt;br&gt;$&gt;$Activates with appropriate adaptation and stroke pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 of the following&lt;br&gt;$&gt;$Inappropriate adaptation&lt;br&gt;$&gt;$inappropriate angulation&lt;br&gt;$&gt;$inappropriate stroke direction or length&lt;br&gt;$&gt;$Inappropriate grasp&lt;br&gt;$&gt;$Inappropriate insertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 or more of the &quot;A&quot; criteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrument Care</td>
<td>&gt;Selects correct instruments and maintains sharpness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Sharpness of 1 instrument is inadequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Sharpness of 2 or more instruments inadequate&lt;br&gt;$&gt;$Faculty assists in instrument selection; sharpness not maintained&lt;br&gt;$&gt;$Re-shaping of instrument</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powered Instrument</td>
<td>&gt;Effectively utilizes powered device and selects appropriate inserts&lt;br&gt;$&gt;$Selects appropriate inserts and evacuation method&lt;br&gt;$&gt;$Appropriate equipment setup of powered device&lt;br&gt;$&gt;$States considerations and indications for use&lt;br&gt;$&gt;$Proper patient preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Inadequate water or power settings&lt;br&gt;$&gt;$Incorrect technique&lt;br&gt;$&gt;$Insert selection inappropriate&lt;br&gt;$&gt;$Disregards indications for use</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Ineffective or inappropriate use of US scaler&lt;br&gt;$&gt;$Trauma is evident&lt;br&gt;$&gt;$Uses when contraindicated&lt;br&gt;$&gt;$Inappropriate pt preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ergonomics</td>
<td>&gt;Neutral positions attained, pt and operator efficient ergonomics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Neutral positions not attained, posture of pt and clinician affected negatively</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;Neutral positions not considered for either patient/clinician creating unsafe conditions potentially causing harm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desensitization</td>
<td>Recognizes need for procedure and prepares accordingly</td>
<td>Does not recognize need</td>
<td>Faculty identifies need</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td>Appropriately applies</td>
<td>Fails to explain rationale to patient</td>
<td>Fails to obtain informed consent prior to medicament placement</td>
</tr>
<tr>
<td></td>
<td>Explains rationale to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Informed consent prior to medicament placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronal Polishing</td>
<td>Selects appropriate polishing agent</td>
<td>Fails to properly adapt cup to effectively remove all plaque</td>
<td>Selects inappropriate polishing agent</td>
</tr>
<tr>
<td></td>
<td>Effectively removes plaque and stain</td>
<td>Uses various speeds</td>
<td>Inappropriate technique</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fails to use proper fulcrum</td>
<td>Fails to remove dental biofilm</td>
</tr>
<tr>
<td>Air Polishing</td>
<td>States considerations and indications for use</td>
<td>Unable to explain rationale for appropriate agent</td>
<td>Selects inappropriate agent</td>
</tr>
<tr>
<td></td>
<td>Informed consent prior to use</td>
<td></td>
<td>Failure to obtain informed consent</td>
</tr>
<tr>
<td></td>
<td>Selects appropriate agent &amp; explain rationale</td>
<td></td>
<td>Does not explain rationale for use of air polishing</td>
</tr>
<tr>
<td></td>
<td>Appropriate technique and evacuation</td>
<td></td>
<td>Trauma occurs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Did not observe contraindications</td>
</tr>
<tr>
<td>Implant Care</td>
<td>Recognizes need for procedure</td>
<td>Does not recognize need</td>
<td>Omits care</td>
</tr>
<tr>
<td></td>
<td>Follows prescribed technique</td>
<td>Ineffective instrumentation</td>
<td>Utilizes incorrect instruments</td>
</tr>
<tr>
<td></td>
<td>Uses correct instrument</td>
<td>Fails to document proper home care instructions in PSDHCP</td>
<td>Fails to provide specific home care instructions</td>
</tr>
<tr>
<td></td>
<td>Documents proper home care instructions in PSDHCP</td>
<td></td>
<td>Omits implant maintenance on PSDHCP</td>
</tr>
<tr>
<td>Care of Prosthesis</td>
<td>Procedure completed according to guidelines</td>
<td>Inadequate care</td>
<td>Omits care of prosthesis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Failure to return the prosthesis to pt</td>
</tr>
<tr>
<td>Time Management</td>
<td>Prepared prior to clinical session so treatment moves smoothly</td>
<td>Demonstrates lack of clinical preparation resulting in minor clinic interruptions</td>
<td>Demonstrates lack of clinic preparation resulting in major clinic interruptions</td>
</tr>
<tr>
<td></td>
<td>Uses time efficiently and effectively</td>
<td>Tardy seating patient</td>
<td>Does not complete procedures in a timely fashion</td>
</tr>
<tr>
<td></td>
<td>Seats patient at appropriate time</td>
<td>Requires CI prompting to follow pt dismissal protocol</td>
<td>Tardy for clinic session</td>
</tr>
<tr>
<td></td>
<td>Follows pt dismissal protocol</td>
<td></td>
<td>Pt dismissal protocol not followed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Late for clinic session</td>
</tr>
<tr>
<td>Fluoride</td>
<td>Appropriate product selection</td>
<td></td>
<td>Seats pt unnecessarily late</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Selects inappropriate product</td>
</tr>
</tbody>
</table>
| Patient Management | >Establishes and maintains rapport  
>Demonstrates concern for patient's well-being  
>Serves as an advocate for the welfare of patient  
>Demonstrates confidence/assertiveness | >Patient controls or dominates conversation  
>Does not attempt to gain rapport with the patient | >Lack of rapport  
>Lack of concern for patients  
>Failure to demonstrate confidence/assertiveness (patient dominates appointment) |
|-------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| Anxiety/Pain Control | >Recognizes the need for faculty assistance for anxiety/pain control  
>Determines appropriate LA for pt  
>Follows correct LA and/or nitrous oxide administration technique | >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 | >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 | >Recognizes need  
>Quality of final product acceptable  
>Procedure completed according to guidelines  
>Informed consent prior to placement | >Minor technique error  
>Final product needs attention | >Finished product is not clinically acceptable  
>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)  
>Appropriate course of treatment provided to pt | >Refers for care but fails to provide resources for care  
>Incomplete assessment of patient needs/outcomes | >Fails to refer as needed  
>Failure to communicate patient specific needs/appropriate course of action  
>Failure to recognize outcome of patient therapy |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Care Interval</td>
<td>Advises patient of appropriate recall interval</td>
<td>Inappropriate recall interval</td>
<td>Omits recall interval</td>
</tr>
</tbody>
</table>
## Patient Satisfaction Survey

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Survey completed</th>
<th>N/A</th>
<th>Omits survey</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOCUMENTATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Documentation | >Documentation accurate, complete  
                   >Uses professional terminology | >Documentation inadequate or lacks detail  
                   >Uses inappropriate terminology | >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 | >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 | >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 | >Demonstrates unethical behavior  
                   >Performs an illegal act  
                   >Care below standards |
| Respectful of others | >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 | >Professional relationships with faculty, peers, and/or patients is lacking | >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 | >Attempts to make decisions without evidence to support  
                   >Proceeds inappropriately | >Makes decisions that are potentially harmful to patient  
                   >Inappropriate problem solving |
<table>
<thead>
<tr>
<th>Punctual</th>
<th>&gt; Shows respect and consideration for others by being punctual</th>
<th>&gt; Tardy for clinic session</th>
</tr>
</thead>
</table>
| 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 | 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  
<p>|                 | &gt;lacks depth or use of critical thinking |</p>
<table>
<thead>
<tr>
<th></th>
<th><strong>DH1</strong></th>
<th></th>
<th><strong>DH2</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>C</strong></td>
<td>PROPHY</td>
<td>0-2 supra</td>
<td><strong>C</strong></td>
<td>PROPHY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0-2 sub</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td></td>
<td>0-4 sub</td>
<td><strong>PM</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>NSPT</strong></td>
<td></td>
</tr>
<tr>
<td>Plaque/Stain</td>
<td></td>
<td>0-2</td>
<td>Plaque/Stain</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
<td>0</td>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>PROPHY</td>
<td>3 supra</td>
<td><strong>A</strong></td>
<td>PROPHY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3-4 sub</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td></td>
<td>5-6 sub</td>
<td><strong>PM</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>NSPT</strong></td>
<td></td>
</tr>
<tr>
<td>Plaque/Stain</td>
<td></td>
<td>3-4</td>
<td>Plaque/Stain</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
<td>1-2</td>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>PROPHY</td>
<td>4+ supra</td>
<td><strong>N</strong></td>
<td>PROPHY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5+ sub</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td></td>
<td>7+ sub</td>
<td><strong>PM</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>NSPT</strong></td>
<td></td>
</tr>
<tr>
<td>Plaque/Stain</td>
<td></td>
<td>5+</td>
<td>Plaque/Stain</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
<td>3+</td>
<td>Trauma</td>
<td></td>
</tr>
</tbody>
</table>

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
### ABBREVIATIONS

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

<table>
<thead>
<tr>
<th>ASA PS Classification</th>
<th>Definition</th>
<th>Examples, including, but not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA I</td>
<td>A normal healthy patient</td>
<td>Healthy, non-smoking, no or minimal alcohol use</td>
</tr>
<tr>
<td>ASA II</td>
<td>A patient with mild systemic disease</td>
<td>Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 &lt; BM &lt; 40), well controlled DM/HTN, mild lung disease</td>
</tr>
<tr>
<td>ASA III</td>
<td>A patient with severe systemic disease</td>
<td>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, pregnancy (≥3 months) of MI, CVA, TIA, or CAD/stents.</td>
</tr>
<tr>
<td>ASA IV</td>
<td>A patient with severe systemic disease that is a constant threat to life</td>
<td>Examples include (but not limited to): recent (&lt; 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</td>
</tr>
<tr>
<td>ASA V</td>
<td>A moribund patient who is not expected to survive without the operation</td>
<td>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</td>
</tr>
<tr>
<td>ASA VI</td>
<td>A declared brain-dead patient whose organs are being removed for donor purposes</td>
<td></td>
</tr>
</tbody>
</table>

*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
  - D2970
- Temporary Crown
  - Porcelain to Metal Crown
  - D2752
- Sedative Filling
  - PRR
  - D1352
- Class V Composite*
  - All Ceramic Crown
  - D2740
- Full gold Crown with Endo
  - D6010
  - D3330 RCT
  - D2792 FGC
- Composite Filling
  - D6242 Pontic
  - D6792 Retainer
- Porcelain to Metal FPD
  - D6212 Pontic
  - D6792 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

<table>
<thead>
<tr>
<th>CLASSIFICATION: LOCATION</th>
<th>APPEARANCE</th>
<th>METHOD OF EXAMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class I.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cavities in pits or fissures</td>
<td><img src="https://example.com" alt="Image" /></td>
<td>Direct or indirect visual Radiographs not useful</td>
</tr>
<tr>
<td>a. Occlusal surfaces of premolars and molars</td>
<td><img src="https://example.com" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>b. Facial and lingual surfaces of molars</td>
<td><img src="https://example.com" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>c. Lingual surfaces of maxillary incisors</td>
<td><img src="https://example.com" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td><strong>Class II.</strong></td>
<td><img src="https://example.com" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>Cavities in proximal surfaces of premolars and molars</td>
<td><img src="https://example.com" alt="Image" /></td>
<td>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</td>
</tr>
<tr>
<td><strong>Class III.</strong></td>
<td><img src="https://example.com" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>Cavities in proximal surfaces of incisors and canines that do not involve the incisal angle</td>
<td><img src="https://example.com" alt="Image" /></td>
<td>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</td>
</tr>
<tr>
<td><strong>Class IV.</strong></td>
<td><img src="https://example.com" alt="Image" /></td>
<td>Visual Transillumination</td>
</tr>
<tr>
<td>Cavities in proximal surfaces of incisors or canines that involve the incisal angle</td>
<td><img src="https://example.com" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td><strong>Class V.</strong></td>
<td><img src="https://example.com" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>Cavities in the cervical 1/3 of facial or lingual surfaces (not pit or fissure)</td>
<td><img src="https://example.com" alt="Image" /></td>
<td>Direct visual: dry surface for vision Dull probe to distinguish demineralization: whether rough or hard and unbroken Areas may be sensitive to touch</td>
</tr>
<tr>
<td><strong>Class VI.</strong></td>
<td><img src="https://example.com" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>Cavities on incisal edges of anterior teeth and cusp tips of posterior teeth</td>
<td><img src="https://example.com" alt="Image" /></td>
<td>Direct visual May be discolored</td>
</tr>
</tbody>
</table>
EXTRA ORAL-INTRA ORAL EXAM TERMINOLOGY

<table>
<thead>
<tr>
<th>S = SIZE</th>
<th>C = CONSISTENCY</th>
<th>L = LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>measure in mm or cm</td>
<td>macule</td>
<td>papillary</td>
</tr>
<tr>
<td>length</td>
<td>patch</td>
<td>verrucous</td>
</tr>
<tr>
<td>width</td>
<td>erosion</td>
<td>corrugated</td>
</tr>
<tr>
<td>height</td>
<td>ulcer</td>
<td>crusted</td>
</tr>
<tr>
<td>single</td>
<td>wheal</td>
<td>fissured</td>
</tr>
<tr>
<td>multiple</td>
<td>scar</td>
<td>folded</td>
</tr>
<tr>
<td>coalescing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| C = COLOR |
|----------------|----------------------------|
| erythemic | papule |
| erythematic | plaque |
| pallor | nodule |
| gray | tumor |
| brown | vesicle |
| black | pustule |
| pink | bulla |
| coral | cyst |
| salmon | |
| red |
| magenta |

Color combinations: |
| bluish-gray |
| blue white etc |

<table>
<thead>
<tr>
<th>S = SHAPE</th>
<th>L = LESION</th>
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</thead>
<tbody>
<tr>
<td>round</td>
<td>Lesion</td>
</tr>
<tr>
<td>oval</td>
<td>macule</td>
</tr>
<tr>
<td>elevated</td>
<td>patch</td>
</tr>
<tr>
<td>depressed</td>
<td>erosion</td>
</tr>
<tr>
<td>flat</td>
<td>ulcer</td>
</tr>
<tr>
<td>linear</td>
<td>wheal</td>
</tr>
<tr>
<td>circular</td>
<td>scar</td>
</tr>
<tr>
<td>regular</td>
<td>fissure</td>
</tr>
<tr>
<td>irregular</td>
<td>sinus</td>
</tr>
<tr>
<td>rectangular</td>
<td></td>
</tr>
</tbody>
</table>

Consistency |

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

Attached how? |

| pedunculated |
| sessile |

<table>
<thead>
<tr>
<th>S = SURFACE TEXTURE</th>
<th>D = DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>papillary</td>
<td>hours</td>
</tr>
<tr>
<td>verrucous</td>
<td>days</td>
</tr>
<tr>
<td>corrugated</td>
<td>weeks</td>
</tr>
<tr>
<td>crusted</td>
<td>months</td>
</tr>
<tr>
<td>fissured</td>
<td>years</td>
</tr>
<tr>
<td>folded</td>
<td></td>
</tr>
</tbody>
</table>

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 |

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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

OPPORTUNISTIC 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

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>Dosage</th>
<th>Prescribed For</th>
<th>Pharmacologic Class</th>
<th>Drug Interactions</th>
<th>Adverse Reactions</th>
<th>Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril</td>
<td>10mg once per day</td>
<td>hypertension</td>
<td>ACE inhibitor</td>
<td>Allopurinol, NSAIDs</td>
<td>orthostatic effects, headaches, fatigue, rash, hyperkalemia</td>
<td>hypersensitivity to Lisinopril, hypotension</td>
</tr>
<tr>
<td>Ortho Tri-Cyclen</td>
<td>1 tablet per day</td>
<td>Prevention of pregnancy</td>
<td>Oral contraceptive</td>
<td>Antibiotics reduce effectiveness; patient must be warned to use additional form of birth control</td>
<td>increased varicose veins, migraines, edema, venous thrombosis, MI</td>
<td>hypersensitivity to Ortho Tri-Cyclen; should not be used by women who have past hx of MI or stroke</td>
</tr>
<tr>
<td>Amlodipine</td>
<td>5mg once per day</td>
<td>hypertension</td>
<td>Calcium channel blocker</td>
<td>MAOIs may enhance effects</td>
<td>gingival enlargement, peripheral edema</td>
<td>hypersensitivity to amlodipine</td>
</tr>
</tbody>
</table>

Rev. 8/2018
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”
5. ***Here you can see different EXPANDABLE categories that will appear once you select one of the options listed above
6. After locating the condition or disease/abnormality that needs to be charted, select the appropriate choice
7. 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”
8. 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**

**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.

---

<table>
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<tr>
<th>Date</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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**Date**

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<tr>
<td>6-10-18</td>
<td>5</td>
<td>4</td>
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<tr>
<td>5-10-18</td>
<td>5</td>
<td>4</td>
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</tr>
</tbody>
</table>

---

**CAL**

**PD**

**CEJ-GM**

**PD**

**CEJ-GM**

**CAL**

---
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**

<table>
<thead>
<tr>
<th>Severity</th>
<th>Complexity</th>
<th>Extent and distribution</th>
<th>Periostitis \ stage IV</th>
<th>Periostitis \ stage III</th>
<th>Periostitis \ stage II</th>
<th>Periostitis \ stage I</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 4 teeth</td>
<td>Max. probing depth \ ≥ 6 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
</tr>
<tr>
<td>≥ 5 teeth</td>
<td>Max. probing depth \ ≥ 7 mm</td>
<td>Stage II complexity: 1st molar and premolar \ third of root and beyond</td>
<td>Stage II complexity: 1st molar and premolar \ third of root and beyond</td>
<td>Stage II complexity: 1st molar and premolar \ third of root and beyond</td>
<td>Stage II complexity: 1st molar and premolar \ third of root and beyond</td>
<td>Stage II complexity: 1st molar and premolar \ third of root and beyond</td>
</tr>
<tr>
<td>2 – 4 teeth</td>
<td>Max. probing depth \ ≥ 5 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
</tr>
<tr>
<td>1 – 2 teeth</td>
<td>Max. probing depth \ ≥ 4 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
<td>Moderate: bone level class II, vertical bone loss \ ≥ 3 mm</td>
</tr>
</tbody>
</table>

**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 in a tooth.

**Staging and Grading Periodontitis**

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions recommended a multidimensional staging and grading system. This chart harvests the classification of periodontal destruction by a multivariate analysis of bone loss (RL). It is not applicable to repositioning bone loss (RBL). Staging intends to classify the severity and extent of a patient’s disease based on the measurable amount of destroyed and/or damaged tissue in a tooth.

**PERIODONTAL CLASSIFICATION**

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions recommends a new classification of periodontitis characterized by a multidimensional staging and grading system. The chart harvests the classification of periodontal destruction by a multivariate analysis of bone loss (RL). It is not applicable to repositioning bone loss (RBL). Staging intends to classify the severity and extent of a patient’s disease based on the measurable amount of destroyed and/or damaged tissue in a tooth.

**PERIODONTITIS: STAGING**

Initial stage should be determined using clinical attachment loss (CAL). In addition, bone biology (periosteal changes) or lesion progression by radiographic bone loss (RBL). Initial stage should be determined using clinical attachment loss (CAL). In addition, bone biology (periosteal changes) or lesion progression by radiographic bone loss (RBL).
### Periodontitis: Staging

<table>
<thead>
<tr>
<th>Stage I</th>
<th>Stage II</th>
<th>Stage III</th>
<th>Stage IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>No teeth lost</td>
<td>≤ 4 teeth</td>
<td>≤ 5 teeth</td>
<td>≥ 5 teeth</td>
</tr>
<tr>
<td>Extending to middle third of root and beyond</td>
<td>Extending to middle third of root and beyond; furcation involvement</td>
<td>Extending to middle third of root and beyond; furcation involvement; probing depth ≥ 6 mm</td>
<td>Extending to middle third of root and beyond; furcation involvement; probing depth ≥ 6 mm; severe clinical bone loss</td>
</tr>
<tr>
<td>In addition to:</td>
<td>In addition to:</td>
<td>In addition to:</td>
<td>In addition to:</td>
</tr>
<tr>
<td>• Most severe interdental defects</td>
<td>• Most severe interdental defects</td>
<td>• Most severe interdental defects</td>
<td>• Most severe interdental defects</td>
</tr>
<tr>
<td>• Coronal third bone loss</td>
<td>• Coronal third bone loss</td>
<td>• Coronal third bone loss</td>
<td>• Coronal third bone loss</td>
</tr>
<tr>
<td>• Max. probing depth ≤ 4 mm</td>
<td>• Max. probing depth ≤ 5 mm</td>
<td>• Max. probing depth &gt; 5 mm</td>
<td>• Max. probing depth &gt; 5 mm</td>
</tr>
</tbody>
</table>

#### Complexity

- **Local**
  - need for complex treatment
  - stage I complexity: in addition to:
    - • Max. probing depth ≤ 4 mm
  - stage II complexity:
    - • Mostly horizontal probing depths
    - • Need for complex treatment due to:
      - • Vertical bone loss
      - • Furcation involvement (tooth mobility degree ≥ 2)
  - stage III complexity:
    - • Mostly horizontal probing depths
    - • Need for complex treatment due to:
      - • Vertical bone loss – masticatory dysfunction
      - • Secondary occlusal trauma
      - • Furcation involvement (tooth mobility degree ≥ 2)

#### Extent and distribution

- For each stage, describe extent as:
  - • Localized (<30% of teeth involved);
  - • Generalized; or
  - • Molar/incisor pattern

#### 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions

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](http://perio.org/2017wwdc) for the complete suite of reviews, case definition papers, and consensus reports.

---

**PERIODONTITIS: STAGING**

Staging and Grading Periimplantitis
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.

<table>
<thead>
<tr>
<th>Pressure Range</th>
<th>OUCOD Dental Therapy Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;120</td>
<td>Routine dental management, recheck every recall.</td>
</tr>
<tr>
<td>&lt; 80</td>
<td>Routine dental management. Recheck on subsequent visits. Refer to physician if in this range for 3 consecutive appointments.</td>
</tr>
<tr>
<td>120 – 139</td>
<td>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.</td>
</tr>
<tr>
<td>80 - 89</td>
<td>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.</td>
</tr>
<tr>
<td>90 - 99</td>
<td></td>
</tr>
<tr>
<td>160 – 180</td>
<td></td>
</tr>
<tr>
<td>100 - 110</td>
<td></td>
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<tr>
<td>&gt;180</td>
<td></td>
</tr>
<tr>
<td>&gt;110</td>
<td></td>
</tr>
<tr>
<td>Medical clearance</td>
<td></td>
</tr>
</tbody>
</table>

Source: OUCOD Clinic Operations Manual, 8/2018
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

<table>
<thead>
<tr>
<th>Situation</th>
<th>Agent</th>
<th>Regimen: Single Dose 30 - 60 minutes Before Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Adults</td>
</tr>
<tr>
<td>Oral</td>
<td>Amoxicillin</td>
<td>2 grams</td>
</tr>
<tr>
<td>Unable to Take Oral Medication</td>
<td>Ampicillin OR Cefazolin OR ceptriaxone§</td>
<td>2 g IM* or IV+ 1g IM or IV</td>
</tr>
<tr>
<td>Allergic to Penicillins or Ampicillin Oral</td>
<td>Cephalexin+ OR Clindamycin OR Azithromycin or Clarithromycin</td>
<td>2g 600mg 500mg</td>
</tr>
<tr>
<td>Allergic to Penicillins or Ampicillin and Unable to Take Oral Medication</td>
<td>Cefazolin or ceptriaxone§ OR Clindamycin</td>
<td>1 g IM or IV 600 mg IM or IV</td>
</tr>
</tbody>
</table>

* 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.

Source: OUCOD Clinic Operations Manual, 8/2018
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 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.

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Source: OUCOD Clinic Operations Manual, 8/2018
IMMUNE SUPPRESSED PATIENT GUIDELINES

• Critical Lab test values:
  o Not greater than 6 months old
  o White Blood cell ≤ 2,000 consider premedication with AHA regimen for invasive procedures or delay elective procedures
  o Absolute neutrophil (ANC) ≥750 - <1,000/cc-consider premed for invasive procedures to prevent any infection with AHA regimen.
  o Platelets: ≥ 50,000 no contraindications, > 20,000 -< 50,000 minor treatment including endodontic and restorative treatment, ≤ 20,000 NO TX!
  o Hemoglobin ≥ 8 g/dL
  o Blood Glucose ≤ 200 mg/dL

• CD4 count – Considerations:
  o A normal CD4 count ranges from 500–1,500 cells/mm³.
  o Conventional wisdom says there is no level which dental care cannot be done.

• Viral Load- Considerations:
  o Does not have an impact on dental treatment planning, modifications would be based on the critical lab values.
  o 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.
  o Viral load and CD4 count have a strong association, as one goes up the other goes down.

• INR- International Normalized Ratio (prothrombin time):
  o 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.
  o 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:

  o 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.

  o 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:

  o Use standard precautions when working with any patient- everyone is treated exactly the same.

  o 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
<table>
<thead>
<tr>
<th>Patient Category</th>
<th>First Permanent Molars (prior to eruption of first permanent tooth)</th>
<th>Second Permanent Molars (prior to eruption of second permanent tooth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>Preventive Examination</td>
<td>Preventive Examination</td>
</tr>
<tr>
<td>Adolescents</td>
<td>Preventive Examination</td>
<td>Preventive Examination</td>
</tr>
<tr>
<td>Adult</td>
<td>Preventive Examination</td>
<td>Preventive Examination</td>
</tr>
</tbody>
</table>

**Patient Assessment**

- Developmental and Growth
- Developmental Screening
- Radiographs

**History of Periodontal Disease**

- Preoperative History
- Radiographs

**No Clinical Factors**

- Radiographs
- No Clinical Factors

**Clinical Factors**

- Radiographs
- Clinical Factors

**New Patient**

- Radiographs
- New Patient
# A1C Level Conversion Chart

## A1C Level Conversion Chart

<table>
<thead>
<tr>
<th>A1C level</th>
<th>Estimated average blood sugar level</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 percent</td>
<td>97 mg/dL (5.4 mmol/L)</td>
</tr>
<tr>
<td>6 percent</td>
<td>126 mg/dL (7 mmol/L)</td>
</tr>
<tr>
<td>7 percent</td>
<td>154 mg/dL (8.5 mmol/L)</td>
</tr>
<tr>
<td>8 percent</td>
<td>183 mg/dL (10.2 mmol/L)</td>
</tr>
<tr>
<td>9 percent</td>
<td>212 mg/dL (11.8 mmol/L)</td>
</tr>
<tr>
<td>10 percent</td>
<td>240 mg/dL (13.3 mmol/L)</td>
</tr>
<tr>
<td>11 percent</td>
<td>269 mg/dL (14.9 mmol/L)</td>
</tr>
<tr>
<td>12 percent</td>
<td>298 mg/dL (16.5 mmol/L)</td>
</tr>
<tr>
<td>13 percent</td>
<td>326 mg/dL (18.1 mmol/L)</td>
</tr>
<tr>
<td>14 percent</td>
<td>355 mg/dL (19.7 mmol/L)</td>
</tr>
</tbody>
</table>

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.

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 that $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.

MOUTH RINSES: 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.
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 __________________________________________
# Identified Clinical Deficiencies Form

<table>
<thead>
<tr>
<th>Student</th>
<th>Deficiency</th>
<th>Date Identified/CI</th>
<th>Actions Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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## DENTAL EXAM SIGN-UP

**EXAMINER:** ____________________________ DDS/DS4  
**DATE:** ________

Examiner’s Contact #: ____________________________

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# RADIOGRAPHY SIGN-UP FORM

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*Students taking BWX and PAs will be given first priority during each clinic session*
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**Complete before clinic session begins.**