

## **SYLLABUS**

COURSE: DHCT 3301 / DHBS 4301 Clinical Practice III  
SEMESTER: Fall  
CREDIT HOURS: 4.0

REVISED: 2009  
REPRINTED: 2009

COURSE DIRECTOR: Nina Bay Infante, R.D.H., M.S.

## GOAL

This course will provide the student with the opportunity to develop advanced instrumentation techniques, including root planing and ultrasonic scaling and the practice of basic and advanced techniques at chairside. Rotations to other departments in the Dental Branch, Texas Medical Center, and the community will be introduced. Patient management and professionalism are stressed in this stage of clinical development.

This course will also provide a learning environment as close to dental hygiene practice as possible with adequate supervision and guidance by clinic faculty. Practice of advanced dental hygiene procedures for Class III and Class IV prophylaxis cases will be stressed. Through rotations in the Medical Center and the community, the student will get acquainted with dental hygiene practice in varied environments.

## INSTRUCTIONAL OBJECTIVES AND CRITERIA FOR CLINICAL EVALUATION

Given clinic instruction, audio-visuals, seminar discussions, *the School of Dental Hygiene Student Handbook (Student Handbook; latest edition)* and the "Clinic Procedure Checklist" in the *Student Handbook*, the student should demonstrate competence in the following areas:

(Note: For specific criteria for clinical evaluation refer to the levels of competence described under EVALUATION METHODS, "Competency Demonstrations" and the "Clinic Procedure Checklist" in the Student Handbook.)

- A. Infection Control  
Demonstrate infection control protocol as outlined in the Safety and Infection Control Section of the *UTDB Clinic Manual* and the Aseptic Technique Checklist in the Student Handbook prior to patient arrival, during the appointment and after patient dismissal.
- B. Medical/Dental History  
Conduct a thorough medical/dental history on all patients. Proper clinical procedure will be dictated by the type of data collected. The history must be reviewed with the patient and the instructor at the beginning of each subsequent appointment.
- C. Head/Neck Examination  
Complete a head and neck examination on all patients. The examination will be reviewed at the beginning of each subsequent appointment.
- D. Case Classification and Gingival Description  
Classify the patient's prophylaxis and periodontal status based on gingival history and present condition, amount of soft and hard deposits present, presence of bleeding, bone loss, and other factors within the oral cavity as defined in the Student Handbook.
- E. Treatment Planning  
Determine the complete oral health needs of patients and reflect those needs in the treatment plan. Dental services, treatments, and referrals will be confirmed with the instructor.
- F. Instrumentation  
Utilize the proper instrument in an appropriate manner to remove all deposits with no unnecessary tissue trauma. The sharpness, original shape and design of the instrument will be maintained.
- G. Patient Education  
Determine the educational needs of the patient following proper data collection. Provide education and instruction to the patient to fit his/her individual needs.
- H. Time Management  
Manage all aspects of the patient's case. Provide individualized services to the patient in an efficient and effective manner.
- I. Record Keeping  
Accurately complete all forms in the patient's record, clinic evaluation forms and other required forms.
- J. Ethics and Professionalism  
Demonstrate ethical and professional behavior.

- K. Dental/Periodontal Charting  
Review and accurately record dental and periodontal conditions on all patients as outlined in the Student Handbook. Complete periodontal charting prior to scaling unless the case is to be perio charted by quadrant throughout treatment as designated by instructor. A full mouth periodontal charting noting six measurements per tooth is to be completed annually. If the patient presents with a full mouth periodontal charting within the past year, you will update the record by noting readings in areas previously recorded as 4 mm. or above and/or bleeding points.
- You are to consult the instructor in identifying which patients will require a periodontal re-evaluation appointment (ADA code 4132). If you treatment plan a patient to receive scaling and root planing followed by a periodontal re-evaluation appointment, at the re-evaluation appointment you will need to record all six probe readings per tooth in the SRP quadrant/s and record only readings of non-SRP quadrants that were previously 4 mm. or above and record readings of areas that were previously bleeding points. Note: The clinical attachment level is to be calculated and recorded on all patients.
- L. Calculus Removal  
Remove all calculus deposits on all patients without causing undue tissue trauma.
- M. Polish/Fluoride Treatment  
Remove all remaining extrinsic stain and plaque using selective polishing after scaling and administer a fluoride treatment as outlined in the *Student Handbook*.
- N. Pit and Fissure Sealants  
Place sealants on appropriate teeth as outlined in the *Student Handbook*.
- O. Radiographs  
Expose and process diagnostic radiographs.

## RESOURCES

### I. Required textbooks

*Clinical Practice of the Dental Hygienist*, Wilkins, E.M., Lippincott, Williams & Wilkins  
Baltimore, MD, 10th ed, 2009.

*Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation*, Nield-Gehrig, Jill S.,  
Lippincott Williams & Wilkins, Baltimore, Maryland, 6<sup>th</sup> Edition, 2008.

*The University of Texas Health Science Center at Houston Dental Branch Clinic Operations and  
Procedures Manual*

*The School of Dental Hygiene Student Handbook* referred to as the *Student Handbook*; latest edition;  
"Clinic Procedure Checklist" which is found in the Student Handbook.

*Dental Hygiene, Concepts, Cases and Competencies*, Daniel, S.J. & Harfst, S.A., Mosby, St.  
Louis, Missouri, 2008.

*Dental Drug Reference*, Lexicomp. latest edition.

*The Chairside Instructor*, American Dental Association

### II. Human Resources

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## STUDY PLAN AND REQUIREMENTS

### **DHCT 3301 / DHBS 4301 CLINICAL PRACTICE III Fall 2009 Clinic Schedule**

Monday, 9:00 am - 11:45 am: 1:00 pm - 4:45 pm for rotation assignments

Wednesday, 9:00 am - 11:45 am

Thursday, 9:00 am - 11:45 am: 1:00 pm - 4:45 pm

Bays F, G and H unless otherwise indicated and/or at a rotation site

Clinic schedule will be distributed prior to the beginning of Clinical Practice III.

#### **Prerequisites**

Successful completion of the following are prerequisites for this course:

1. DHCT 2301 Clinical Practice II
2. Clinical Education and Patient Care, Infection Control, HIPAA Update, Medical Emergencies and Risk Management Seminars as outlined by the Associate Dean for Patient Care.
3. Minimum score of 80% on the Infection Control, HIPAA Update, Medical Emergencies and Risk Management Quizzes.

## EVALUATION METHODS

Students will be evaluated according to the following:

Competency Demonstrations	30%
Radiology	20%
Time Constraint	20%
Observations	10%
Patient Treatment/Attendance	10%
Daily Clinic Evaluation (Daily Grade)	10%

Rotations: all must be completed satisfactorily during the assigned semester

Grading Scale:

A	93-100
B	84-92
C	75-83
F	Below 75

If you do not complete all Competency Demonstrations, Observations and Other Required Components during the regularly scheduled clinic semester, **the highest grade you can earn in this course is a "B"**.

Extra Credit toward the final course grade can be acquired through completion of extra UT Dental Hygiene Clinic patients (# beyond nine patients completed in the Fall Semester), placement of sealants on patients in the DH clinic (after sealant information has been presented in the Dental Materials course), and/or placement of Arestin in treating a patient. This extra credit will be counted toward the course grade if all Competency Demonstrations, Observations and Other Required Components are completed within the regularly scheduled clinic semester. One percentage point per additional completed patient (beyond nine), one percentage point per each four teeth sealed in the DH clinic, and one percentage point per Arestin placement will be added to the final Clinical Practice III course grade at the end of the fall semester. (Note: There will be sealant requirements in Clinical Practice IV. Sealants completed in the Dental Hygiene Clinic and on rotation in Clinical Practice III count toward those sealant requirements for Clinical Practice IV.)

### **Patient Treatment/Attendance**

Clinic attendance is required. In the event you are unable to attend clinic as scheduled, it is your responsibility to:

1. Notify the Clinic Coordinator, Ms. Infante, at **713-500-4085** and the Dental Hygiene Department Secretary at **713-500-4084** by 8:30 a.m. Please leave a message.
2. Notify patients for appointment changes that may be needed.

You must attend a minimum of 90% of clinical time to receive credit for Clinic Practice III. The margin of

10% absence is provided to accommodate only unavoidable absences due to illness or other approved causes. This concession shall apply only to the exceptional cases.

Engagement in patient treatment is critical in this course. It is your responsibility to have a patient in the chair at each appointment.

- **For each clinic session that you do not treat a patient, five points will be deducted from your Patient Treatment/Attendance portion of the course grade. An absence from the clinic session or a clinic session without patient treatment is counted in this total.**

#### Assisting

Assisting peers in the clinic and FMS Interpretations do not count as patient contact. You may elect to assist (“perio assist”) in a surgical procedure in the perio clinic Bays J and K during one of your non-patient contact clinic sessions to avoid loss of points. You should contact Ms. Ann Yue (Perio Grad Clinic receptionist – ext 4048) to schedule your perio assist. You may also avoid loss of points for a non-patient contact session by providing patient treatment in the Treatment Planning Bay. In addition to perio treatment planning, you may participate in appointments which include SRPs, re-evaluations, and maintenance procedures. You are to participate in the procedures of the appointment until they have been completed for that session. If procedures are taking longer than the clinic session, you will be dismissed at noon or 5 p.m. Ask the supervising dental faculty member to sign a rotation card and note where you have provided assistance. Turn the completed rotation card in to the DH faculty or office to avoid loss of points for non-patient contact.

#### Cubicle Set Up

You must set up your cubicle by 9:00 am for the morning session and by 1:00 pm for the afternoon session or you will be counted absent. Set up even if no patient is scheduled as there may be a patient referred to the student by the Clinic Coordinator or other faculty member. Attendance is taken by the instructor at the beginning and end of the clinic session.

#### Non-patient Status

If patient treatment is not provided during the scheduled clinic time, report your non-patient status to the instructor as soon as possible. Provided you have fulfilled these requirements during a non-patient clinic time, you may be dismissed by the instructor at 11:00 am in a morning session. Students assigned to afternoon clinic sessions must attend that afternoon’s Clinical Conference to be counted present for the clinic session. In the case there will be no Clinical Conference, you may be dismissed at 3:00 pm.

#### **Appearance Guidelines**

You are to wear a clinic gown over misty green colored hospital scrubs when providing clinical services to patients or working in the clinic area. The gown is to be changed after each patient. If appearance guidelines are not followed, you will be dismissed from clinic. (Refer to *Student Handbook* for dress code.)

#### **Patient Scheduling**

Your first responsibility in clinic is to have a patient. Keep a list of patients who are available on short notice so that you can appoint one if a cancellation or no-show occurs. Make open clinic times the exception, not the rule, as they deny you valuable experience and can result in a deduction of points off your final course grade. Check your system family of patients regularly. Patients may be assigned to you at the time they are accepted for treatment in the Assessment Clinic however the Assessment Clinic does not provide you with every type of patient and/or specific patients you must have for competency exams and boards. You must supplement your patient family with those from “friends and family” sources. You are expected to complete all patients assigned to you in the system. Should you have an open appointment, inform your instructor and make the proper notation on the clinic board if you leave the clinic area to look for your patient, make a phone call or go to a rotation site, etc.

#### **Personal Property**

To protect your personal property, keep all books, purses, jackets, etc., in your locker rather than in unlocked areas of the clinic and the classroom.

### **Equipment Maintenance**

Any remaining iodophor must be run through the suction daily to maintain clean vacuum lines. Please report any equipment problems to your instructor as soon as they occur.

### **Clinic Schedule**

Dental hygiene clinic patient treatment hours are 9:00 am – 11:45 am and 1:00 pm -3:45 pm. Patients may not be treated during any other hours. (Patients arriving late or from the assessment clinic should not be seated in the clinic after 11 for morning sessions or after 3 for afternoon sessions.) You must adhere to the following check-out times to avoid loss of credit for Time Management in Daily Clinic Evaluation.

Morning Clinic Sessions: check-outs begin at 11:15 am and all patients must be out of the clinic area by 11:45 am.

Afternoon Clinic Sessions: check-outs begin at 3:15 pm and all patients must be out of the clinic area by 3:45 pm.

Clinical Conferences will begin by 4:00 pm. Students treating patients in the DH clinic in afternoon clinic sessions must attend that afternoon's Clinical Conference to be counted present for the clinic session. The Clinical Conference will be held by the student's bay instructor.

### **Indices**

A plaque index must be completed and properly noted in the patient record at each appointment following check-in and prior to instrumentation. After determining the plaque score, you should follow-up with patient education.

### **Calculus Removal**

Class I and II cases will be hand-scaled; no cavitron allowed, unless instructed to do so by faculty. At the discretion of the clinical instructor, Class I and Class II cases will be evaluated for calculus removal after a quadrant or half or the entire mouth has been completed and Class III and Class IV cases are evaluated one quadrant at a time. After all scaling has been checked, you may proceed to polishing, if appropriate and instructed.

### **Rotation Assignments**

Rotation assignments are scheduled for specific days and times. Refer to the "Rotation Schedule" for assigned days and the "Outside Assignment For Dental Hygiene Students" handout for specific times of operation at each site. If you are unable to attend a rotation when it is assigned, contact the Clinic Coordinator, dental hygiene secretary, and rotation supervisor prior to the absence from your assignment. If you miss all or part of an assignment or receive an unsatisfactory evaluation, you will be required to make it up using your own clinic time as soon as the reassignment can be made by the Clinic Coordinator. In the event that the rotation cannot be rescheduled, an equivalent experience, as decided by the Clinic Coordinator, will be required in place of that assignment using your clinic time.

### **Appointment Planning**

Appointment scheduling should follow the patient's approved treatment plan.

### **Emergency Treatment**

A limited number of patients is accepted for emergency treatment on a first-come, first-serve basis. Patients should arrive at the Dental Branch by 7:30 a.m. carrying at least \$60-\$75 on days the Urgent Care Clinic is open.

### **Pediatric Dental Patients**

It is not recommended that patients under three (3) years be treated in the dental hygiene clinic.

### **Daily Progress**

At check-in time, you and the instructor will determine what treatment is to be provided and, if indicated, which area is to be scaled during the appointment. At the end of the appointment the instructor will briefly check the area completed. The instructor will record comments concerning your progress and discuss suggestions with you. This brief review will serve only as a feedback mechanism to let you know your progress toward completing the patient.

### **Final Appointment Sequence**

The final appointment will serve as a good measure of your organizational and clinical skills, and your time management skills. It is suggested that scaling and root planing is completed prior to the last appointment. Prior to deplaquing, a final scale check will be performed on all areas of the mouth regardless of scale checks at previous appointments. You must reassess previously scaled areas for any remaining deposits and tissue response at each subsequent appointment.

For patients not requiring a periodontal re-evaluation appointment, a comprehensive assessment of the patient's oral health will be done at the final appointment. Definitive scaling is to be performed at this time, if needed. Following the comprehensive assessment and final scale check by your instructor, you may proceed with the polish/floss if determined appropriate for the patient which will be evaluated prior to the fluoride treatment.

For patients requiring a periodontal re-evaluation appointment (4132), the comprehensive assessment of the patient's oral health will be done at the re-evaluation appointment as well as scaling of any residual calculus. You are to consult your instructor in identifying the need for a re-evaluation appointment.

### **Competency Demonstrations**

Competency Demonstrations will take place throughout the semester. They will consist of in-depth observation and feedback to provide information on your clinical strengths and weaknesses. After assessment, faculty will discuss with you methods to correct any identified deficiencies and praise success. This is a time for you to ask questions about anything to help develop your skills. It is essential that the exchange be objective and maintained at a professional level.

Competency Demonstrations may not be done on dental hygiene students or patients under the age of 16 (exceptions: Dental Charting and Polish/Floss may be performed on any patient 6 years or older and Periodontal Charting must be performed on an adult 18 years or older or on any case deemed appropriate by the faculty). Competency Demonstrations are to be performed without the assistance of peers. In evaluation of these procedures, competency demonstrations, the "Clinic Procedure Checklist" in the *School of Dental Hygiene Student Handbook* is used as a guide to critical and non-critical errors.

Competency Demonstrations compose thirty percent (30%) of the final Clinical Practice III course grade.

Faculty will record evaluations of your performance of Competency Demonstrations attempted for the Competency Demonstration portion of the course grade by indicating your performance level on your Competency Demonstration Sheet along with the patient's DH list number, faculty member's signature/initial and date. Evaluation performance levels are 5, 4, and 1. Once you have achieved a level of competence (level 4 or 5) the designated number\* of times for Clinical Practice III, you must continue to perform that procedure in a competent manner in order to maintain your skills.

Note: For specific criteria for clinical evaluation refer to the levels of competence described under "Evaluation Methods" and "Competency Demonstrations" in this syllabus and on the Competency Demonstration Sheet, and the "Clinic Procedure Checklist" in the *School of Dental Hygiene Student Handbook*. Clinical Practice III competencies evaluate end product of procedures, not process of procedures.

Following is a description of and number of times that a competency must be successfully completed at a "4" or "5" level.

#### Medical History (2)

To be done on patient's initial appointment. The patient must have a minimum of two medical diseases/disorders or two prescription medications or one disease/disorder and one prescription medication.

#### Extra/Intra Oral Head & Neck (1)

To be done on patient's initial appointment. This competency is completed as a product evaluation only. Make notations of abnormal findings only and note if a consultation/referral is necessary or not. All findings must be identified and/or described thoroughly.

#### Calculus Detection--quadrant not previously scaled (2)

Using a white reproduced copy of the anatomical dental chart, chart all supra **and** subgingival calculus on one quad of Class II or Class III. Note rough areas in red and clicks in blue. It is **not** necessary to identify how many mm. subgingival the deposit is. Clicks of calculus (moderate to heavy) are described as a significant deposit readily discernible or detectable. A "jump" is felt with explorer, there may be a definite vibration that sometimes binds the explorer. An interproximal deposit may be felt from lingual and/or buccal and/or as a marginal ring, ledge or partial ledge encircling tooth.

After student notes the calculus on the quadrant prior to scaling, the instructor will give feedback. The student will then remove calculus in a time frame appropriate to the exercise. Student notes residual calculus using red or blue. The instructor then gives feedback and score.

#### Periodontal Charting (2)

Must have probe depths greater than 3 mm. Record all measurements. Refer to Student Handbook for items to be charted including tooth mobility, furcation involvement, FGM, & gingival margin.

#### Scaling and/or Root Planing (4)

Scale a quadrant\*\* of Class III or IV. Class III quads to be completed in one hour or less within one appointment; Class IV quads are to be completed in one and a half hour or less within one appointment. Each area of tissue trauma constitutes one error. Cavitron allowed.

#### Scaling (3)

Scale a quadrant\*\* of Class I or II in 30 minutes or less. Each area of tissue trauma constitutes one error. No cavitron allowed.

#### Polish/Floss (2)

Selective polish must be completed using appropriate technique followed by flossing on patient's final appointment; any case classification with a minimum of 16 teeth allowed. Student must use rationale for the plaque/stain removal technique in consideration of the following contraindications:

1. No unsightly stain
2. Patients at risk for dental caries
3. Patients with respiratory problems
4. Tooth sensitivity
5. Restorations
6. Newly erupted teeth
7. Soft spongy tissue that bleeds on brushing or gentle instrumentation
8. Immediately following deep subgingival scaling/root planing
9. Communicable disease potentially disseminated by aerosol

\*\*A quadrant is defined as having a minimum of 6 natural teeth (can be restored, but must have root/s that can be scaled), three of which are posterior teeth.

**Students must successfully demonstrate competency in treatment procedures designated as "competency demonstrations" for clinical practice III and must continue to perform the procedures at a level of competence in order to be eligible for graduation.**

### **Observations**

These procedures are observed and assessed, with feedback provided by faculty. They are to be completed in a satisfactory manner. Faculty will record the student's completion of an Observation on the student's Competency Sheet entering the patient's DH list number, faculty member's signature/initial and date. Observations may not be performed for credit on dental hygiene students or patients under the age of 16 (exception: sealants; Also note that sealants may be placed on any age patient and any request for sealants at UTDB must be signed by a D.D.S. in progress notes of the patient's UTDB chart). Failure to complete any Observation in the regularly scheduled fall clinic semester results in a ten point (10) deduction assessed per incomplete Observation in calculating the clinic course Observation grade. This grade is ten percent (10%) of the final Clinical Practice III course grade. All Observations must be completed prior to graduation.

#### Observations in Clinical Practice III

Phase Contrast Microscopy--1; Nutritional Counseling—1; Instrument Sharpening—1 Gracey, 1 Sickle, 1 Curet; Ultrasonic Scalings—2; Residual calculus detection, perio re-eval—2; Dental Charting—2; Files—2.

#### Flexible Observations in Clinical Practice III or IV (These do not figure into this semester's grade.)

These procedures are to be demonstrated at clinical competence during the second year of the program. Flexible Observations are termed such as they may be performed in Clinical Practice III or IV, when an appropriate case presents. Flexible Observation expectations are: Air Polishing--1; Chemical Irrigation Therapy by Syringe--1; Tobacco Cessation Counseling—2; Personal Recall Patients—3; and File Recall Patients—10; Ergonomic Chair—1; Ergonomic Light—1. File recall patients are patients previously treated in any of the dental branch clinics.

### **Other Required Components**

#### Time Constraints

Two Time Constraints are required in Clinical Practice III. These procedures are timed test, 60 minutes, which faculty evaluate and assign a numerical grade according to the following criteria. The average of your two Time Constraint grades comprises twenty percent (20%) of your Clinical Practice III course grade. Any Time Constraint that is not completed by the end of the regularly scheduled clinic semester will be assigned a grade of "0" in calculating the clinical course "Time Constraint" portion of the Clinical Practice III grade.

#### a. Patient Qualifications

You must submit a patient meeting the following criteria:

- 1) One quadrant of a minimum of six natural teeth which includes at least one molar. A maximum of four teeth may be added to meet the requirement. .
- 2) A minimum of ten qualifying surfaces of moderate to heavy subgingival calculus must be present. See the Calculus Detection Competency Demonstration above for a description of qualifying calculus; cases will be class III or IV. At least two of the ten qualifying surfaces must be located on the molar/s. A maximum of five of the ten qualifying surfaces may be located on the mandibular anterior teeth (central incisor to cuspid or cuspid to cuspid).
- 3) It is suggested that probe depths not exceed 6 mm.

#### b. Testing Information

Cavitron is allowed. You will have 60 minutes to scale the assigned area. You will be

evaluated on calculus removal and tissue trauma. Six (6) points per error are deducted from 100 points. If no errors are noted and the patient's tissue does not hinder calculus detection, you may receive a final scale check on the quadrant at the discretion of your instructor. Otherwise, consult with your supervising faculty to determine the time of final evaluation.

**Students must complete all time constraints, observations and other required components for clinical practice III in order to be eligible for graduation.**

**Competency Demonstrations**

**30%**

Evaluation of Competency Demonstrations will be recorded by the instructor during the clinic session. Competency Demonstrations may be completed during any clinic session with the approval of the instructor.

Evaluation Performance Levels are defined as:

- 5 during this observation, your performance of the procedure surpasses that of entry level competency in judgment and skill. \* No critical or non-critical errors occur at this level of performance.
- 4 during this observation, your performance of the procedure is at entry level competency in judgment and skill. \* No critical errors occur at this level of skill performance.
- 1 during this observation, your performance of the procedure is below entry level competency in judgment and/or skill. Critical and/or non-critical errors occur at this level of performance. This evaluation indicates that you need more practice in order to become competent in performing this procedure. (Note: In determining the Competency Demonstration portion of your Clinical Practice III course grade, each evaluation of 1 results in the subtraction of one point from the total of your evaluation points.)

The Competency Demonstration portion of your course grade will be calculated at the end of the regularly scheduled clinic semester. To assess a numerical grade to be used in calculating the Competency Demonstration portion of your course grade, add competency evaluation scores of 4 and 5. Non-attempted/incomplete Competency Demonstrations and all 1 level evaluations are added as "-1". Use the following scale to determine the competency grade that corresponds to your total.

\*Refer to *Handbook*, Competency Sheet and Syllabus to identify Competency Demonstrations that may have allowable non-critical errors for a level 5 evaluation and for allowable non-critical errors.)

Evaluation points = Comp grade

80 = 100	65 = 77.5	50 = 55
79 = 98.5	64 = 76	49 = 53.5
78 = 97	63 = 74.5	48 = 52
77 = 95.5	62 = 73	47 = 50.5
76 = 94	61 = 71.5	46 = 49
75 = 92.5	60 = 70	45 = 47.5
74 = 91	59 = 68.5	44 = 46
73 = 89.5	58 = 67	43 = 44.5
72 = 88	57 = 65.5	42 = 43
71 = 86.5	56 = 64	41 = 41.5
70 = 85	55 = 62.5	40 = 40
69 = 83.5	54 = 61	39 = 38.5
68 = 82	53 = 59.5	38 = 37
67 = 80.5	52 = 58	37 = 35.5
66 = 79	51 = 56.5	

## Radiology

20%

Students will pick up phosphor plates at the dispensary if there is an imaging requisition in the patient's EPR file. Credit will be given for an adult or adolescent FMS consisting of a minimum of twelve films. Credit cannot be issued for any spring semester FMS technique and interpretation procedures until **all** of the fall semester requirements, i.e., technique and interpretation, are completed.

**Technique (D0210.1):** Students must complete a minimum number of six FMS and two competency FMS procedures. The student must inform the technician at the check-in time if the FMS is a competency. There is no instruction or technique assistance during the competency procedure, and the passing grade for a competency is 85%. The other six FMS **procedures** are to be performed at a 75% or better level on each set. Students receiving a failing grade of <75% on any FMS must complete a remediation exercise on a DXTTR **before starting any other radiology patient procedures. The remediation must be completed at a satisfactory level of  $\geq 85\%$  before beginning and receiving credit for subsequent clinical radiology procedures.** If the student completes a remediation exercise due to a failing grade and the remediation is passed, the student's failing grade will be replaced with a 75% grade. This 75% is then averaged into the semester radiology grade. A student attempting an FMS competency and receiving a grade 75% - 84% may count the competency attempt as a regular clinical exercise since it meets the criteria of a 75% grade. For each set the student lacks toward the required six FMSs and two competency FMSs for the semester, a "0" will be averaged in as the grade of that set to determine the semester radiology grade. The incomplete FMS(s) will then need to be completed in the Spring semester. Once they are completed, subsequent FMS technique and interpretation procedures will count towards the Spring semester clinical activity. Technique FMS **procedures** are worth 60% of the radiology semester grade, competency FMS **procedures** are worth 20% of the radiology semester grade and the two interpretations are worth 20% of the radiology semester grade. The averaged technique FMS grade for the six FMS **procedures** will contribute to 90% of the technique FMS grade. The technique grade can be increased by completing additional procedures beyond the minimum number of six procedures. Each additional procedure will contribute 2.0 points to the averaged technique grade. Students can accumulate as many additional procedures as desired to the maximum radiology grade of 100%. The additional technique procedures will carryover for credit in the Spring semester. Only two competencies are to be completed in the Fall semester. There is no carryover credit for additional FMS competency techniques done in the Fall semester.

The following initial exposures will be made:

6 No. 1 anterior periapical exposures

Maxilla = central incisor, left lateral incisor and right lateral incisor views

Mandible = incisor, left cuspid and right cuspid views

6 No. 2 posterior exposures

Maxilla = left premolar periapical view, right premolar periapical view

Mandible = left premolar periapical view, right premolar periapical view

Bitewing = left premolar, right premolar

Technical criteria for full mouth radiographic survey:

1. Placement - includes missing apices or cut-off crowns
2. Elongation
3. Foreshortening
4. Overlapping
5. Cone cut
6. Bending
7. Exposure error; dark, light
8. Reversed (Back to Front)
9. Dot in apical area
10. Mounting error
11. Scanning / Processing error

12. Other

\*\* Note that radiographs taken on any given day MUST be turned in for evaluation no later than 4:30 pm that same day. The MiPacs image file of the most recent radiographs on any patient seen in the dental hygiene clinic must be viewable during patient treatment.

**Interpretation (D0210.2)**

Students need to complete two assigned interpretation exercises during the Fall semester. They must be completed on the "Radiographic Interpretation Exercise" forms utilizing the "Dental Hygiene Radiographic Interpretation Report Guide". Students may substitute an assigned interpretation exercise with a patient FMS if it is approved by a radiology faculty member. The faculty member will approve an FMS if it meets the minimal requirements for an interpretation exercise as outlined in the "Dental Hygiene Radiographic Interpretation Report Guide". Interpretation exercises must be completed **independently** by the presenting / assigned student. The interpretation will be reviewed by a Radiology faculty member during an interpretation radiology clinic appointment time. Students can make this appointment by themselves or they can get assistance from their PCC. The deadline for completion of the first interpretation is October 8, 2009. Students who do not meet this deadline will receive a 10% grade deduction for the interpretation completed after the deadline, but before the end of the semester. If the second Fall FMS interpretation is not completed by November 25, 2009, then the student will perform a mass interpretation exercise to be scheduled in January, 2010.

For each interpretation the student lacks toward the required two interpretations for the semester, a "0" will be averaged in as the grade of that interpretation in order to determine the semester radiology grade. The incomplete interpretation(s) will then be completed during the mass interpretation exercise to be scheduled in January, 2010. Once they are completed, subsequent FMS technique and interpretation procedures will count towards the Spring semester clinical activity.

Students may not perform more than one FMS interpretation per day. Each interpretation must be performed at a 75% or better level. Students receiving a failing grade of <75% on any interpretation must complete a "*remediation interpretation exercise*" on a similar FMS case provided by Radiology. The passing grade on the "*remediation interpretation exercise*" must be  $\geq 75\%$ . If the student completes a remediation exercise due to a failing grade and the remediation is passed, the student's failing grade will be replaced with a 75% grade. This 75% is then averaged into the semester radiology grade.

Criteria for radiographic case study and interpretation requirements:

The student will be expected to evaluate and interpret the survey with regard to significant findings in the following categories:

1. Maxillary antra
2. Trabecular bone
3. Caries
4. Periodontal disease
5. Other abnormalities/anomalies

Daily Clinic Evaluation Criteria

Listed in each category of Daily Clinic Evaluation are the specific objectives you must demonstrate to be successful. (These objectives will also be referred to as grading criteria.) This evaluation is assessed each appointment and is reflected on the lower left area of the Clinical Evaluation Form and on the EPR Grade Form. Successful demonstration of the objectives in each category during an appointment of patient will result in a grade of 5. Errors in any category will result in a 1-point deduction each per occurrence. For example, a student does not perform the appropriate oral hygiene instruction with the patient. If there are no other Daily Clinic Evaluation errors during that appointment, the Daily Evaluation grade is 4. In this example, if the student does not begin clinic on time nor dismiss the patient on time, two additional points are deducted resulting in a Daily Evaluation grade is 2. Please note that any infraction in infection control or error in ethics and professionalism results in an automatic grade of 1. All of the Daily Evaluation grades are averaged for the semester. The following are the grades equivalencies

on a scale of 100: 5 = 100, 4 = 87.5, 3 = 75, 2 = 50, 1 = 0.

Categories of evaluation within Daily Clinic Evaluation:

- a. Medical/Dental History  
For grading criteria, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
- b. Head/Neck Examination  
For grading criteria, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
- c. Case Classification and Gingival Description
  1. Classifies the patient's occlusion.
  2. Classifies the patient's prophylaxis status; prophylaxis class.
  3. Classifies the patient's periodontal status, perio type.
  4. Describes the gingival condition of the patient.

Base these classifications and descriptions on gingival history and present condition, amount of soft and hard deposits present, presence of bleeding, bone loss, and other factors within the oral cavity as defined in the *Student Handbook*.
- d. Treatment Planning  
For grading criteria, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
- e. Instrumentation
  1. For grading criteria specific to the use of different types of instruments, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
  2. Utilizes the proper instrument in an appropriate manner with no unnecessary tissue trauma.
  3. Maintains the sharpness, original shape and design of each instrument.
- f. Patient Education
  1. For grading criteria specific to the use of different types of patient education, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
  2. Determines the educational needs of the patient following proper data collection, including assessing plaque and calculus scoring.
  3. Provides education to the patient including:
    - a) Plaque relationship to dental caries and periodontal disease.
    - b) Appropriate brushing method/s.
    - c) Selection of proper toothbrush and auxiliary plaque control measures.
    - d) Appropriateness of fluoride treatments.
    - e) Dietary counseling.
    - f) Phase contrast microscope.
    - g) Diagnostic radiographs.
- g. Time Management
  1. Prepares cubicle in advance so patient is seated at the scheduled appointment time.
  2. Initiates principles of effective time and motion management.
  3. Is familiar with procedure/s.
  4. Is prepared for the procedure/s.
  5. Completes procedures in a timely manner.
  6. Utilizes clinic time effectively and efficiently.
  7. Dismisses patient at proper time.
  8. Cleans cubicle and leaves clinic at noon and afternoon closing times.

- h. Infection Control
1. Practices universal precautions.
  2. Follows good principles of personal hygiene on a daily basis.
  3. Follows proper hand washing guidelines.
  4. Keeps fingernails short.
  5. Wears approved clinic attire.
  6. Does not wear jewelry when in clinic.
  7. Keeps hair pinned up, pulled back away from face.
  8. Practices proper disinfection protocol.
  9. Changes iodophor disinfectant on a daily basis.
  10. Verifies sterile instruments.
  11. Uses appropriate barrier techniques, ie. gloves, mask, protective eyewear.
  12. Removes gloves or put on overgloves when leaving the cubicle or opening drawers.
  13. Wears heavy duty, vinyl utility gloves when cleaning contaminated instruments.
  14. Follows environmental surface asepsis, ie. wipe clean, wipe ten.
  15. Provides a needle cap holder when a needle and syringe are present.
  16. Manages hazardous waste properly.
  17. Limits contamination.
  18. Refer to "Aseptic Technique" in the Clinical Procedure Checklist in the *Student Handbook* for a detailed description of procedures.
- i. Record Keeping
1. Documents all procedures and required information in the chart.
  2. Completes all appropriate forms (ie. treatment plan, progress notes, Clinic Evaluation Form from "Student Name" through "Last Assessed") by clinic check-out time.
- j. Ethics and Professionalism
- Refer to "Core Values/Ethics and Professionalism" in the Clinical Procedure Checklist in the *Student Handbook* for a detailed description of procedures.
1. Introduces patient to faculty.
  2. Asks for clarification when uncertain of instructions or task.
  3. Works independently yet recognizes his/her limitations.
  4. Demonstrates ability for self-evaluation according to criteria presented in manuals and lectures.
  5. Provides pertinent, individualized, appropriate information to the patient regarding treatment and the prevention of dental disease.