

SYLLABUS

COURSE: DHBS 3201 Clinical Practice I
SEMESTER: Spring
CREDITS: 3.0

REVISED: 2007
REPRINTED: 2007

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GOAL

This introductory clinical course offers the student individual instruction and clinical practice in all phases of providing basic dental hygiene services. The goal of this course is to provide a learning environment as close to dental hygiene practice as possible with adequate supervision and guidance by clinic faculty. The practice of basic instrumentation skills and patient management are stressed.

CRITERIA FOR CLINICAL EVALUATION

This course is a pre-requisite to Clinical Practice II DHBS 3501/DHCT 2301.

Given clinic instruction, audio-visuals, seminar discussions, and the current School of Dental Hygiene Student Handbook (Section D) 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" and "Competency Demonstrations" the Student Handbook - Section D.)

I. INFECTIOIN 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 appointment, and after patient dismissal. The penalties for failure to use correct "Wipe Clean- Wipe Ten" procedures are listed in the DB Clinic Manual. This is a Critical Error.

II. MEDICAL/DENTAL HISTORY

Conduct a thorough medical/dental history on all patients. The type of data collected will dictate proper clinical procedure. The history must be reviewed at the beginning of each consecutive appointment.

III. EXTRA/INTRA ORAL EXAMINATION

Complete an extra/intra oral examination on all patients. The examination will be reviewed at the beginning of each consecutive appointment.

IV. CASE CLASSIFICATION AND GINGIVAL DESCRIPTION

Review 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.

V. 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. Treatment plans will be entered into the EPR by the student after the patient signatures and faculty approval have been obtained.

VI. INSTRUMENTATION

Utilize the proper instrument in an appropriate manner to remove all deposits with no unnecessary tissue trauma. The sharpness, original shape and design will be maintained.

VII. PATIENT ORAL HYGIENE EDUCATION

Determine the educational needs of the patient following proper data collection, including assessing plaque by use of the PCR. Needs may encompass some or all of the following:

1. Plaque relationship to dental caries and periodontal disease.
2. Appropriate brushing methods.
3. Selection of proper toothbrush and auxiliary plaque control measures.
4. Appropriateness of fluoride treatments.
5. Dietary counseling

6. Phase contrast microscope
7. Diagnostic radiographs

VIII. TIME MANAGEMENT

1. Prepare cubicle in advance so patient is seated at the scheduled appointment time.
2. Initiate principles of effective time and motion management.
3. Observe checkout times.
4. Observe patient dismissal times.
5. Clean cubicle and prepare instruments for sterilization in a timely manner.

IX. RECORDS MANAGEMENT

Accurately complete all forms in the patient's EPR, clinic evaluation forms, and all other clinic paperwork. The student signature must include first name, last name and EPR number.

X. ETHICS AND PROFESSIONALISM

Demonstrate professionalism by:

1. Dressing according to dress code.
2. Introducing patient to clinical faculty.
3. Maintaining patient confidentiality.
4. Accepting constructive criticism gracefully.
5. Assisting fellow students to facilitate care.
6. Showing greater concern for patient treatment than clinical grade.

XI. DENTAL/PERIODONTAL CHARTING

1. Review and accurately record dental and periodontal conditions on all patients as outlined in the Student handbook.
2. Complete periodontal charting prior to scaling (the exception is for those quadrants being used for competencies or as designated by an instructor). A full mouth periodontal charting noting 6 measurements per tooth is to be completed annually. If the patient has had a full mouth perio charting within that year, you will update the chart by noting readings previously recorded as greater than 3 mm. and or bleeding points.
3. Determine which patients will require a periodontal re-evaluation appointment. The student is to consult the instructor in identifying the need for a re-evaluation appointment. All six (6) probe readings in the SRP quadrant are to be recorded at a re-evaluation appointment.
4. The gingival margin level is to be recorded on the periodontal chart of all patients.

XII. CALCULUS REMOVAL

Remove all calculus deposits on all patients without causing undue tissue trauma.

XIII. POLISH/FLUORIDE TREATMENT

1. Remove all remaining extrinsic stain and plaque after scaling as outlined in the Student Handbook.
2. Administer a fluoride treatment as outlined in the Student Handbook.

XIV. RADIOGRAPHS

Students will receive credit for an adult or adolescent FMS consisting of a minimum of twelve films.

Expose and process diagnostic radiographs.

In order to more effectively utilize diagnostic radiation for FMS procedures, the following protocol has been established to complete FMS procedures. The FMS film pack available from the dispensary consists of 12 intraoral film packets; six (6) No. 1 anterior films and six (6) No. 2 films.

The following initial exposures will be made from these available films:

6 No. 1 anterior films

Maxilla = central incisor periapical view, left lateral incisor periapical view, right lateral incisor periapical view

Mandible = incisor periapical view, left cuspid periapical view, right cuspid periapical view

6 No. 2 films

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. Film 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. Film reversed
9. Dot in apical area
10. Mounting error
11. 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. Radiographs cannot be in the possession of a student overnight. The most recent radiographs on any patient seen in the dental hygiene clinic must be on the view box during patient treatment. This applies even when the radiographs were not taken by the dental hygiene student.**

RESOURCES

I. Media Resources

A. Printed Media

1. Required texts (available at DB Bookstore Room 8):

Clinical Practice of the Dental Hygienist
Lippincott, Williams & Wilkins, Philadelphia
9th Edition, 2004.

Mosby's Dental Hygiene
Daniel, Susan J. & Harfst, Sherry A.
Mosby Inc., 2004 Update

Fundamentals of Periodontal Instrumentation
Nield-Gehrig, Jill S. 5th Edition
Lippincott, Williams and Wilkins, 2004

Drug Information Handbook for Dentistry
R.L. Wynn, T.F. Meiller, H.L. Crossley,
Lexi-Comp, Inc.
12th Edition, 2006.

Clinic Manual
The University of Texas Health Science Center - Houston
Dental Branch, 2006

The School of Dental Hygiene Student Handbook 2006-2007

ACTION PLAN AND REQUIREMENTS

This course meets on Monday, 1:00 – 4:30 pm; Thursday, 9:00 – 12:00 pm and Thursday 1:00 – 4:30 pm.

These procedures are observed and assessed with feedback provided by the faculty. Requirements are to be completed in a satisfactory manner. Faculty will record the student's completion of a requirement on the student's Requirement Sheet with the patient number, faculty signature/initial and the date. Requirements may not be performed for credit on dental hygiene students (with the exception of the instrument observations). Periodontal Charting must be performed on an adult 18 years or older or on any case deemed appropriate by the faculty.

1. **Non-Graded Requirements** are to be completed in a satisfactory manner. Non-Graded Requirements in Clinical Practice I are:
Phase Contrast Microscopy (1); Gingival margin (1 quad); O'Leary Plaque Index (PCR) (1); Calculus Detection (1 quad) on a Class 2 or 3; Gingival Description (1); Patient Education (1); Oral Risk Assessment (1); Scaling 1 quad on a Class 3.

The following requirements are to be observed during the Student Partner Prophylaxis: EXD 11/12 explorer (1); #17 Explorer (1); Columbia 13/14 curet (1); SN 137 sickle end (1); Gracey 1/2 (1); Gracey 15/16 (1); Gracey 17/18 (1). Instruments must be observed on patients during regular clinic time if not observed on the student partner. Instrument observations may be completed on students during clinic sessions when there is no patient contact.

2. **Graded Requirements** include:
 - a. Two, one quadrant Time Constraints are required in Clinical Practice I. Each of these procedures is a timed test that faculty evaluate and assign a numerical grade according to the following criteria. The average of the two Time Constraint grades comprises ten percent (10%) of your course grade. A 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 grade. Quadrants involved in Time Constraint evaluation cannot qualify as quadrants to be used in Scaling Competency Demonstrations.

Each of the one-quadrant time constraints is timed for 30 minutes.
 - 1) Timed scaling/one quadrant.
 - 2) Minimum of 6 areas of moderately detectable calculus is required (ideally a Class II patient).
 - 3) Evaluated on calculus removal and tissue trauma.
 - 4) Five points/error is deducted from 100 points.
 - 5) 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, the supervising faculty and student will determine the time of final evaluation of each quadrant.
 - b. A Gingival Case Study is required and will be graded on a Pass/Fail basis. The case study is due no later than **Friday, April 27, 2007**.

General Comments

A. Prerequisites

Successful completions of the following are prerequisites for DHBS 3201:

1. DHBS 3101 Pre-Clinical Technique
2. Completion of EPR training
3. Minimum score of 75% on the Semester Review Exam. The score from the first attempt will be used in the calculation of the course grade.

B. Attendance

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

1. Notify the First Year Clinic Coordinator, Ms. McKitrick at (713) 500-4397.
2. Notify the Dental Hygiene Department Secretary at (713) 500-4084.
3. Notify patients for appointment changes that may be needed.

You must attend a minimum of 90% of clinical time to receive credit for DHBS 3201 Clinic Practice I. The margin of 10 percent absence is provided to accommodate only unavoidable absences due to illness, delayed registration, or approved causes. It is not contemplated that this concession shall apply to other than exceptional cases. More information is provided in this handout under the "Evaluation" section.

It is the responsibility of the student to check in and out with her/his assigned instructor during the clinic session in order to be counted present for the clinic session; especially if the student will be involved in patient care in an area of the building other than the Dental Hygiene Clinic. Assigned rotations are the exception.

C. Appearance Guidelines

You are to wear a clinic gown over misty green hospital scrubs when providing clinical services to patients. Gowns are to be changed after each patient. If appearance guidelines are not followed, you will be dismissed from clinic. (See Student Handbook for dress code.)

D. 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 broken appointment occurs. Make open clinic times the exception, not the rule. Inform your instructor if you leave the clinic area to look for your patient, make a phone call, or go to assessment, etc. Make a notation on the sign-in sheet if you have no patient (NP) or are taking radiographs (FMS).

E. Patient Records

All charts that are used during the day must be returned to Dental Records by 4:45 pm each day. (See Section 4.12 of the DB Clinic Manual)

F. Personal Property

To protect your personal property, keep all books, purses, jackets, etc., in your locker rather than in your cubicle.

G. Equipment Maintenance

Saliva ejector traps must be cleaned after each patient is dismissed. Any remaining iodophor must be run through the suction daily to maintain clean vacuum lines. Please report any equipment problems as soon as they occur. The equipment repair phone number is posted on the bulletin board outside the bays.

H. Clinic Schedule

Clinic hours are 9:00 am-12:00 noon and 1:00 p.m.-4:00 pm. Patients may not be treated during any other hours. Students must adhere to the following checkout times to avoid loss of credit for Time Management and Case Management evaluation. During morning clinic sessions all patients must be

checked out and out of the clinic area by 11:45 am. During afternoon clinic sessions all patients must be checked out and out of the clinic area by 3:45 pm. Clinical conference time is scheduled from 4-4:30 pm, Thursdays. Students assigned to Thursday afternoon clinic sessions must attend that afternoon's Clinical Conference to be counted present for the clinic session. The student's instructor will hold the Clinical Conference.

I. Indices

O'Leary's Plaque Index (PCR) This index must be completed and properly noted in the treatment notes of the EPR at each appointment following check-in and prior to instrumentation. Patient education will then follow. Disclosing is contraindicated for a patient awaiting a pathology consultation.

J. Calculus Removal

Class I and Class II cases will be hand scaled. At the discretion of the instructor, Class I and Class II cases will be evaluated for calculus removal after one or two quadrants have been completed. If a more difficult case is attempted, it will be evaluated one quadrant at a time or under the discretion of the clinical instructor. Use of ultrasonic scalers on heavier cases is also at the discretion of the instructor. After all scaling has been checked the student may proceed with polishing.

K. Rotation Assignments

Rotation assignments are scheduled for specific days and times. Refer to the "Rotation Schedule" for assignments. If you are unable to attend a rotation when it is assigned, contact the secretary at (713-500-4084) or the Clinic Coordinator prior to your absence. If you miss an assignment or receive an unsatisfactory evaluation, you will be required to make it up using your own clinic time. In the event that the rotation cannot be rescheduled, a written assignment will be required in place of that rotation as decided by the Clinic Coordinator.

L. Appointment Planning

Appointment scheduling will be done by the student and should follow the patient's approved treatment plan.

M. Emergency Treatment (Urgent Care)

A limited number of patients are accepted for emergency treatment at the school. Since patient are seen on a "first come, first serve" basis, patients should arrive at the Dental Branch by 6:30 am on days the Urgent Care Clinic is open. Not all patients may be able to be seen.

N. Pediatric Dental Patients

It is not recommended that patients under three (3) years be treated in the dental hygiene clinic. Patients under the age of 6 should not be given fluoride treatments.

O. Daily Progress

At check-in time, you and the instructor will determine which area is to be scaled during that 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.

P. Assessment Clinic

Each new patient to the Dental Branch must have a preliminary assessment in the DB Assessment Clinic. Friends and family patient appointments can be made through your Patient Care Coordinator (PCC).

Q. Final Appointment Sequence

The final appointment will serve as a good measure of your organizational and clinical skills, and your time management. It is suggested that scaling be completed prior to the last appointment. Although a final scale check may be performed for a portion of the mouth during a previous appointment, you must reassess this portion 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. Following the comprehensive assessment, you may proceed with the polish/floss and then have that evaluated prior to the fluoride. For patients requiring a periodontal re-evaluation appointment, the comprehensive assessment of the patient's oral health will be done at the re-evaluation appointment. The student is to consult her/his instructor in identifying the need for a re-evaluation appointment.

R. Observations/Self-evaluation

Observations are required early in the semester prior to attempting each Competency Demonstration. Observations will consist of in depth observation and feedback to provide information on your clinical strengths and weaknesses. Observations by faculty of procedures being performed by the student are to prepare the student for competency demonstrations. An evaluation grade is determined according to competency criteria. This grade does not factor into the course grade. Feedback is given to the student after the observation to help improve on future demonstrations.

The Self-evaluation is to be completed simultaneously with the faculty observation. Self-evaluation is a critical aspect of learning and promotes analytical thinking. After completion of the procedure, the student will self evaluate and assign a grade according to competency criteria. Following the observation and self-evaluation, the student and faculty will discuss the results and need for modifications. **Observations are to be performed without the assistance of peers and may not be done on dental hygiene students.**

S. Competencies

Competency Demonstrations will take place throughout the semester. After the competency 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 you 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.**

The Polish/Floss/Fluoride observation/competency may be done on children age six (6) or older. Periodontal Charting must be performed on an adult 18 years or older or on any case deemed appropriate by the faculty. Prior to evaluation of these procedures (Competency Demonstrations) review the Clinic Procedures (Section D of Student Handbook) as a guide to critical errors. Faculty will record the student's progress by indicating his/her performance level on the student's Competency Sheet along with the patient number, faculty member's signature/initial and date. Evaluation performance levels are 5, 4 and 1. Once the student has achieved a level of competence (level 5 or 4) the *designated number of times for Clinical Practice I, he/she must continue to perform that procedure in a competent manner in order to maintain his/her skills. (Note: For specific criteria for clinical evaluation, including skills maintenance, refer to the levels of competence described under (III. "EVALUATION" A. 1. "Competencies") and Handbook Section D)

Observations: () Designated number of times a Competency must be performed at a 4 or 5 level:

(1) Medical History	(1) Medical History
(1) Extra Oral Exam	(1) Extra Oral Exam
(1) Intra Oral Exam	(1) Intra Oral Exam
(1) Periodontal charting	(1) Periodontal charting
(1) Dental charting	(1) Dental charting
(1) Scaling - quadrants of Class I or II**	(3) Scaling - quadrants of Class I or II**
(1) Polish/Floss	(1) Polish/Floss
(1) Fluoride	(1) Fluoride

** (Class I must have 3 pieces of detectable calculus.)

Faculty Observation and Self-Assessment will be completed prior to completing the following competencies:

- (1) Medical History: This Competency Demonstration is a process evaluation and can be attempted on any appointment. Faculty will listen to you review a portion of the history with the patient. After you have completed the interview and made appropriate notations, the faculty will review the medical history with you.
- (1) Extra and Intra Oral Exam: This Competency Demonstration is a process evaluation and may be attempted at any patient appointment. Faculty will watch you perform the procedure and provide feedback following completion of the procedure.
- (1) Intra Oral Exam: This Competency Demonstration is a process evaluation and may be attempted at any patient appointment. Faculty will watch you perform the procedure and provide feedback following completion of the procedure.
- (1) Periodontal Charting: one quad; record six (6) readings per tooth and the gingival margin reading. See handbook for items to be recorded on the periodontal chart.
- (1) Dental Charting: Patient must have two (2) restorations and two (2) other chartable items excluding missing teeth.
- (3) Scaling: one quad** Class I or II; minimum of three deposits of calculus; competency is to be completed and evaluated within one clinic session. Each area of tissue trauma constitutes one error.
- (1) Polish/Floss: This Competency Demonstration is a process evaluation using, selective polishing technique followed by flossing on patient's final appointment; any case Class with a minimum of 16 teeth allowed. The Polish/Floss observation/competency demonstrations may be done on children age six (6) or older.
- (1) Fluoride: This Competency Demonstration is a process evaluation using the tray technique on the patient's final appointment; any case Class with a minimum of 16 teeth allowed. The Fluoride observation/competency demonstrations may be done on children age six (6) or older.

Competency Demonstrations may not be attempted until the observation for that procedure has been completed. There will be no observations on the first day of clinic.

If a treatment procedure designed as a "Competency" is not being performed at a competent level in Clinical Practice I at the end of the semester, the course grade will reflect this. Competence must be demonstrated prior to Clinical Practice II.

STUDENTS MUST SUCCESSFULLY DEMONSTRATE COMPETENCE IN TREATMENT PROCEDURES DESIGNATED AS "COMPETENCIES". THE STUDENT MUST CONTINUE TO PERFORM THE PROCEDURES AT A COMPETENT LEVEL IN ORDER TO BE ELIGIBLE FOR GRADUATION.

** In Clinical Practice I a quadrant is defined as 6, 7 or 8 natural teeth (can be restored, but must have root/s).

EVALUATION METHODS

The total course requirements that you have completed by April 26, will determine your grade for this course.

A. The clinic grade will be computed as follows:

1. Competencies 50%

The instructor will record evaluation of Competency Demonstrations at the end of the clinic session. Competency demonstrations may be completed during any clinic session with the approval of the instructor. Competency demonstrations may not be done on dental hygiene students. Polish/Floss/Fluoride Competency may be done on children over the age of six (6), and Periodontal Charting must be performed on an adult 18 years or older or on any case deemed appropriate by the faculty.

Evaluation Performance Levels for novice students are defined as:

5 = during this observation, your performance of the procedure is acceptable in judgment and skill. Minimal critical and/or non-critical errors occur at this level of performance. (Refer to Handbook, Competency Sheet and Syllabus to identify Competency Demonstrations that may have allowable non-critical errors for a level 5 evaluation)

4 = during this observation, your performance of the procedure is improvable in judgment and skill. Allowable critical errors and/or non-critical errors occur at this level of skill performance. (Refer to Handbook, Competency Sheet and Syllabus for allowable non-critical errors).

1 = during this observation, your performance of the procedure is below the expected level of competency in judgment and/or skill. Several critical errors 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.

The student must achieve a Performance Level of 75% in each area of clinical performance. A level 4 is considered the minimal level of competency. If a Competency Demonstration is evaluated as a Level 1, another demonstration must be performed at a Level 4 or 5. **However, the highest grade assigned after a Level 1 is a Level 4.**

To assess a numerical grade to be used in calculating the competency portion of your course grade, add competency evaluation scores of 4 and 5. Non-attempted/incomplete or unsuccessful Competency Demonstration evaluations are added as 0. Use the following scale to determine the competency grade that corresponds to your total.

Level points = Comp grade

50	=	100	39	=	72.5
49	=	97.5	38	=	70
48	=	95			
47	=	92.5			
46	=	90			
45	=	87.5			
44	=	85			
43	=	82.5			
42	=	80			
41	=	77.5			
40	=	75			

Skill Maintenance of Specified Treatment Procedures:

Once you have successfully demonstrated competence in a treatment procedure, it is important that you continue to perform that procedure in a competent manner in order to "maintain" your skills and to provide your patients with high quality care.

You must successfully complete all Competency Demonstrations for Clinical Practice I to achieve a letter grade of "A" for this course.

2. FMS 20%
Technique (0210-56): Students must complete four (4) FMS procedures. The FMS procedures are to be performed at a 75% or better on each set. Students receiving a failing grade of <75% on any FMS must complete a remediation exercise on a DXTR **before starting any other radiology patient procedures. The remediation must be completed at a satisfactory level of ≥85% before 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. For each set the student lacks toward the required four (4) FMSs for the semester, a "0" will be averaged in as the grade of that set to determine the semester radiology grade. However, you must still complete any remaining delinquent FMS procedures to get a final clinic grade. The technique grade can be increased by completing additional procedures beyond the minimum number of four (4) procedures. Each additional procedure will contribute 1.0 point to the averaged technique grade. Students can accumulate as many additional procedures as desired to the maximum radiology grade of 100%.

NOTE: Any failure on FMS's must be remediated on DXTR during clinic time. However, the highest grade for remediation of a failed FMS is 75%. Together, the failed and remediated FMS count as 1 FMS of the required 4, FMSs for the Semester.

You must complete all FMS requirements by April 26, to achieve a letter grade of "A" for this course.

3. Time Constraints 10%

You must complete both Time Constraint Evaluations by April 26, to achieve a letter grade of "A" for this course.

4. Non-Graded Requirements 5%

The number of non-graded requirements completed determines this portion of the clinic grade. The number completed is divided by the number possible.

You must complete all Non-Graded Requirements by April 26 to achieve a letter grade of "A" for this course.

5. Quadrant Requirement 10%

You must complete a minimum of 12 quadrants of Class I or Class II type calculus. This minimum will translate to 82% for this portion of the clinic grade. Class III type calculus will be equal to two (2) quadrants of Class I or Class II. Extra points will be added for each extra quadrant completed.

6. Daily Evaluation 5%

7. Rotations all must be completed satisfactorily during the assigned semester.

8. Case Management Daily Evaluation Criteria-Listed in each category of Case Management are the specific objectives the student must demonstrate to be successful. (These objectives will also be referred to as grading criteria.) Successful demonstration of the objectives in each category throughout the sequence of appointments during an appointment of a patient will result in a grade of 5. Error exceeding the "Standard" for the category will result in a 1-point deduction per occurrence.

For example, a student does not perform the appropriate oral hygiene instruction with the patient. If there are no other Case Management errors during that appointment, the Daily Evaluation grade is 4. In this example, if the student also used an instrument incorrectly, the Daily Evaluation grade is 3.

Please note that any infraction in infection control or professionalism results in an automatic grade of 1. All of the Daily Evaluation grades are averaged for the semester by the EPR. The following are the grade equivalencies on a scale of 100: 5 = 100, 4 = 87.5, 3 = 75, 2 = 50, 1 = 0.

Categories within Daily Evaluation grade:

- 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) Classify the patient's prophylaxis status; prophy class.
 - 2) Classify the patient's periodontal status, perio type.
 - 3) Describe 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) Utilize the proper instrument in an appropriate manner with no unnecessary tissue trauma.
 - 3) Maintain 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) Determine the educational needs of the patient following proper data collection.
 - 3) Provide 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 analysis.
 - 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 leave clinic at noon and evening closing times.
- h. Infection Control
- Refer to "Aseptic Technique" in the Clinical Procedure Checklist in the Student Handbook and Infection control in the UTDB Clinic Manual for a detailed description of procedures. Any error in this category will result in a Daily Clinic Evaluation of "1" in the EPR.
- i. Record Keeping
- 1) Document clearly.
 - 2) Display radiographs on view box, where they are accessible.
 - 3) Document review/update medical history.
 - 4) Document review/update head and neck exam.
 - 5) Document all procedures and required information in the chart.
 - 6) Complete all appropriate EPR forms- ie. treatment plan, treatment notes by clinic check-out time.
- j. Ethics and Professionalism
- Refer to "Ethics and Professionalism" in the Clinical Procedure Checklist.
- 1) Asks for clarification when uncertain of instructions or task.
 - 2) Works independently yet recognizes his/her limitations.
 - 3) Demonstrates ability for self-evaluation according to criteria presented in manuals and lectures.
 - 4) Provides pertinent, individualized, appropriate information to the patient regarding treatment and the prevention of dental disease.

- B. Possible Course Grades: A, B, C and F. An Incomplete grade (I) will be given for any course requirements not completed. **However, any uncompleted course requirements must be completed prior to starting on Clinic II course requirements.**
- C. Course Grading Scale:
- | | |
|--------|---|
| 93-100 | A |
| 84-92 | B |
| 75-83 | C |
| 0-74 | F |
- D. All course requirements must be completed to receive and “A” in the course.
- E. The Clinical Practice I Competency/Requirement sheet must be turned in by the Friday following the last day of clinic or one (1) point will be deducted from the final numerical grade for each day it is late.
- F. Attendance during 90% of scheduled clinic time is a course requirement; therefore, three (3) absences are allowed.
- G. Engagement in patient treatment during 90% of scheduled clinic time is a course requirement. For each clinic session over a total of three (3) that you do not treat a patient, one percentage point will be deducted from your final course grade. An absence from the clinic session or a clinic session without patient treatment is counted in this total.

When scheduled in clinic, it is the responsibility of the student to check in, at the beginning of the clinic session, and out with the instructor in order to be counted present for the clinic session; especially if the student will be involved in patient care in an area of the building other than the Dental Hygiene Clinic. Attendance is taken by the instructor at the beginning and end of the clinic session. In morning and afternoon clinic sessions the student is not to leave clinic until dismissed by the instructor or the student will be counted absent for that clinic session.

The student is required to have his/her cubicle set up prior to the beginning of the clinic session: by 9:00 am for the morning session and by 1:00 pm for the afternoon session. If it is not, you will be counted absent. The cubicle must be 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. In morning and afternoon clinic sessions the student is not to leave clinic until dismissed by the instructor or the student will be counted absent for that clinic session. If patient treatment is not provided during the scheduled clinic time the student must report his/her non-patient status to the assigned instructor as soon as possible. Provided the student has fulfilled these requirements during a non-patient clinic time, he/she may be dismissed by the instructor by 11:00 am in a morning session. If a non-patient clinic time occurs on Thursday afternoon, the student must participate in the Clinical Conference before being dismissed.

APPENDIX

ROTATION ASSIGNMENTS

Clinical Assistant

Purpose

These rotations prepare the student to cooperatively work with and assist other members of the dental team. The student will be expected to assist in various clinical procedures which will provide the opportunity to observe and reinforce knowledge of these procedures. It will also prepare the student to develop effective working relationships with other employees. Among the assisting duties that will be performed on these rotations are (but not limited to): charting, use of evacuation equipment, sealants, equipment maintenance, cleaning of dental prosthetics, radiographs, inventory management, and distribution of clinical items. The student will report to the appropriate faculty who will sign the rotation sheet at the conclusion of the rotation.

The student will report to the Dental Hygiene Clinic at 8:45 am for the morning clinic session and 1:00 pm for the afternoon clinic session.

At the conclusion of this rotation the student will be able to:

1. Demonstrate diplomacy and tact when dealing with other students, faculty, patients and staff.
2. Demonstrate a willingness to help fellow students, faculty, patients or staff for any reason.
3. Demonstrate punctuality and responsibility for the assigned rotation.
4. Record charting items for various charts used in the dental hygiene clinic.
5. Practice four-handed dentistry techniques.
6. Utilize proper procedures for cleaning dental prosthetics.
7. Assess inventory needs

Sterile Technique

Purpose

This rotation provides an opportunity for the student to observe and practice various methods of sterilization. It also affords the opportunity for the student to observe sterilization procedures in a centralized area for a large institution. It also reinforces asepsis and infection control in the dental environment. The student will report to the appropriate supervisor who will sign a rotation card at the conclusion of the rotation.

The student will report to Central Sterilization at 9:00 am for the morning clinic session and 1:00 pm for the afternoon clinic session.

At the conclusion of this rotation, the student will be able to:

1. Demonstrate infection control and sterile technique in the clinic area.
2. Discuss operation of various devices that provide sterilization.
3. Discuss the items that can or cannot be placed in various sterilizers.
4. Explain the rationale for sterilization procedures.
5. Compare the various methods of sterilization.
6. Evaluate methods of sterilization as to practicality in an office.

Advanced Education in General Dentistry

Purpose

The purpose of this rotation is to provide the student an opportunity to observe and assist with basic procedures involved in treating patients. The objective is that the student will observe from start to finish the oral prophylaxis procedure and all that it encompasses. The student will report to the appropriate supervisor who will sign a rotation card at the conclusion of the rotation.

The student will report to AEGD at 9:00 am for the morning clinic session and 1:00 pm for the afternoon clinic

session.

1. The student will observe the duties performed by the AEGD dental hygienist.
2. The student will assist, when needed, with basic duties such as, but not limited to:
 - a. patient assessment
 - b. oral hygiene instructions
 - c. periodontal charting
 - d. assessment of vital signs
 - e. developing radiographs
 - f. intra-oral photographs
3. The student will observe other routine duties such as, but not limited to:
 - a. patient recall
 - b. ordering supplies
 - c. patient scheduling
 - d. consultations

Patient Assessment

Purpose

The Assessment Clinic Rotation is designed to provide clinical experience allowing the student to apply principles learned in didactic courses integrating oral pathology, oral radiology, and oral medicine. In addition, this experience allows the student to gain a better understanding of initial patient contact and assessment skills. The student will report to the appropriate supervisor who will sign a rotation card at the conclusion of the rotation.

The student will report to the Assessment Clinic at 8:00 for the morning session and 1:00 for the afternoon session.

During this rotation, the dental hygiene student is expected to:

1. Present oneself in a professional manner.
2. Establish good communication with other health care team members, to allow an exchange of ideas and information.
3. Establish communication with patients, to answer their questions, and ease the assessment process.
4. Perform the following for patient assessment:
 - a. Obtain a medical history and information on current health status through reviewing medical records and interviewing patient.
 - b. utilize available information to identify specific needs of the patient, such as, physical handicaps that may compromise the patient's ability to perform procedures, specific medical problems that may compromise dental health or influence type of dental treatment to be provided, medical problems or pharmacotherapeutic agents that may necessitate antibiotic prophylaxis for dental treatment, and possible communicable diseases that will require stringent aseptic and sterilization procedures.
 - c. Obtain and record accurate blood pressure reading and pulse rate.
 - d. Distinguish between normal and abnormal vital signs and identify the need for a medical referral.
 - e. Assist or perform initial assessment of periodontal conditions; document findings.
 - f. Assess and record patient's dental hygiene classification (DH class) and perio type.
5. Observe clinical signs and symptoms of diseases.
6. Identify disease entities learned in didactic courses.
7. Expose, develop, and mount radiographs that have been approved by the supervising dental faculty if

- radiology rooms are available and time allows.
8. Distinguish between teaching cases and non-teaching cases.
 9. Complete required rotation card.

Periodontal Clinic

Purpose

The purpose of this rotation is to provide the student an opportunity to observe and assist with procedures involved in treating periodontal patients. This rotation will allow dental hygiene students to become familiar with periodontal treatment practices and procedures by observing and assisting dental students performing the clinical procedures. It also allows the dental hygiene student the opportunity to work with other dental health professionals to gain a better understanding of the interrelationship of the Dental Hygiene profession and the specialty of Periodontics.

The student will report at 8:45 am or 12:45 pm to a dental faculty member in the Perio bays (J & K), first floor, UTDB.

During this rotation, the dental hygiene student is expected to:

1. Present oneself in a professional manner.
2. Report to supervising dental faculty for assignment.
3. Observe and assist in procedures assigned. The student will report to the appropriate supervisor, who will sign a rotation card at the conclusion of the rotation.

Peer Evaluation

Purpose

This rotation is designed to incorporate patient assessment skills and peer evaluation into the clinic. Peer review consists of watching a classmate perform a procedure and providing immediate feedback on her/his performance. The student will observe as many different students working with patients as time allows. The student should be tactful when giving constructive criticism. The peer evaluator must be in clinic on time and stay until dismissed by the faculty.

The student will report to the Dental Hygiene Clinic at 9:00 AM for the morning clinic session and 1:00 PM for the afternoon clinic session.

During this rotation, the student is expected to:

1. Evaluate a variety of procedures with different peers.
2. Constructively critique the performance of these procedures by her/his peer.
3. Identify weaknesses in student's own performance of procedures.
4. Summarize procedures observed.
5. Recommend modifications for improvement of performance.
6. Complete a Peer Evaluation rotation sheet.

Treatment Planning

Purpose

The Treatment Planning Clinic rotation is designed to provide the student with the opportunity to observe the treatment planning process and discuss factors that determine the planned treatment for the patient with dental students and dental and dental hygiene faculty. It also prepares the student to cooperatively work with and assist other members of the dental team. It provides the student with an overall view of a patient's total needs and how the dental hygiene treatment is incorporated into the total treatment plan.

INSTRUCTOR/SUPERVISOR TO REPORT

The Treatment Planning Clinic is located on the second floor of the Dental Branch. The student will report to faculty in Bay S at 9 for the morning session and 1 p.m. for the afternoon session. Be sure to take your shielded clinic glasses with you.

During this rotation the student is expected to:

1. Establish good communication with other health care team members, to allow an exchange of ideas and information.
2. Assist in assessing and recording patient's oral conditions.
3. Assist in assessing dental hygiene needs with respect to total patient care.
4. Assist in documenting required data in the patient record.
5. Perform other duties at the discretion of the supervising faculty.

Restorative Dentistry Rotation (RD)

Purpose

The Restorative Dentistry rotation is designed to provide the student with the opportunity to observe restorative dentistry procedures and become familiar with various aspects of general dentistry. It also prepares the student to cooperatively work with and assist other members of the dental team.

INSTRUCTOR/SUPERVISOR TO REPORT

The Restorative Dentistry is located on the second floor of the Dental Branch. The student will report to faculty in Bays T, V, W, & X at 12:30 PM for the afternoon session. Be sure to take your shield and/or clinic glasses with you.

During this rotation the student is expected to:

1. Establish good communication with other health care team members, to allow an exchange of ideas and information.
2. Assist in assessing and recording patient's oral conditions.
3. Assist in assessing dental hygiene needs with respect to total patient care.
4. Assist in documenting required data in the patient record.
5. Perform other duties at the discretion of the supervising faculty.

PATIENT NUMBER FORM

Student Name _____

#	Patient Name	Class	Chart Number	Maintenance Date	Phone Number
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