

**Clinic**

**Syllabus & Handbook**

**Clinic I (DHY 083) – Summer**

**Clinic II (DHY 088) – Fall**

**Clinic III (DHY 094) – Spring**

**Revised by Dental Hygiene Staff**

**Last Revision Spring 2021**

Instructor Information

|  |  |
| --- | --- |
| **Name:** | Nicki Amigoni, Clinic Instructor  Beth Hartrich, Clinic Instructor  Kristen Holsapple, Clinic Instructor |
| **Office Location:** | North West  Room 018: Nicki Amigoni  Room 021: Beth Hartrich  Room 022: Kristen Holsapple |
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Course Information: DHY 083, Clinic I, Summer

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| **Description:** | This course requires the student to perform under supervision, a specific number of oral prophylaxis on a variety of patients. Some advanced skills will be introduced and experience is gained in sterilization and reception responsibilities. |
| **Credit Hours:** | Course Level Fee 4 (3 credits, 6 Lab/Lab-Discussion, 3 Clinical Hours). |
| **Pre-Requisite Information:** | DHY066, DHY067, DHY068, DHY069, DHY045, DHY071, DHY072, DHY080 |
| **Classroom Location:** | Main Campus, North West Building, Room 116 |
| **Meeting Times:** | Varies per semester. |
| **Course Materials:** | Title: Wilkins’ Clinical Practice of the Dental Hygienist  Author: Linda D. Boyd, Lisa F. Mallonee, Charlotte J. Wyche  Publisher: Jones & Bartlett Learning  Volume/Edition: 13th edition  Copyright Date: 2021  Title: Active Learning Workbook for Wilkins’ Clinical Practice of the Dental Hygienist  Author: Jane F. Halaris, Charlotte J. Wyche  Publisher: Jones & Bartlett Learning  Volume/Edition: 13th edition  Copyright Date: 2021  Title: Darby’s Comprehensive Review of Dental Hygiene  Author Christine M. Blue  Publisher: Elsevier  Volume/Edition: 8th edition  Copyright Date: 2017 |

Course Information: DHY 088, Clinic II, Fall

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| **Description:** | This course is designed to improve the clinical skills of the dental hygiene student. Focus is on total assessment of individual patient needs. This includes adapting to a variety of clinical procedures, care planning, and interventions. |
| **Credit Hours:** | Course Level Fee 4 (4 credits, 12 Clinical Hours, 0 Lab/Lab-Discussion). |
| **Pre-Requisite Information:** | DHY066, DHY067, DHY068, DHY069, DHY045, DHY071, DHY072, DHY080, DHY081, DHY082, DHY083 |
| **Classroom Location:** | Main Campus, North West Building, Room 116 |
| **Meeting Times:** | Varies per semester. |
| **Course Materials:** | Title: Wilkins’ Clinical Practice of the Dental Hygienist  Author: Linda D. Boyd, Lisa F. Mallonee, Charlotte J. Wyche  Publisher: Jones & Bartlett Learning  Volume/Edition: 13th edition  Copyright Date: 2021  Title: Active Learning Workbook for Wilkins’ Clinical Practice of the Dental Hygienist  Author: Jane F. Halaris, Charlotte J. Wyche  Publisher: Jones & Bartlett Learning  Volume/Edition: 13th edition  Copyright Date: 2021  Title: Darby’s Comprehensive Review of Dental Hygiene  Author Christine M. Blue  Publisher: Elsevier  Volume/Edition: 8th edition  Copyright Date: 2017 |

Course Information, DHY 094, Clinic III, Spring

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| **Description:** | This course provides continued advancement of clinical skills. Students will apply evidence-based knowledge and understanding of the basic and clinical science to: recognize oral conditions, prevent oral disease, and provide effectively clinical and instructional procedures per patients. This course continues to focus on practicing safe and efficient clinical routines for the application of standard precautions for infection control. |
| **Credit Hours:** | Course level Fee 4 (4 credits, 12 Clinical Hours, 0 Lab/Lab-Discussion). |
| **Pre-Requisite Information:** | DHY066, DHY067, DHY068, DHY069, DHY045, DHY071, DHY072, DHY080, DHY081, DHY082, DHY083, DHY084, DHY087, DHY088, DHY089, DHY091, DHY096 |
| **Classroom Location:** | Main Campus, North West Building, Room 116 |
| **Meeting Times:** | Varies per semester |
| **Course Materials:** | Title: Wilkins’ Clinical Practice of the Dental Hygienist  Author: Linda D. Boyd, Lisa F. Mallonee, Charlotte J. Wyche  Publisher: Jones & Bartlett Learning  Volume/Edition: 13th edition  Copyright Date: 2021  Title: Active Learning Workbook for Wilkins’ Clinical Practice of the Dental Hygienist  Author: Jane F. Halaris, Charlotte J. Wyche  Publisher: Jones & Bartlett Learning  Volume/Edition: 13th edition  Copyright Date: 2021  Title: Darby’s Comprehensive Review of Dental Hygiene  Author Christine M. Blue  Publisher: Elsevier  Volume/Edition: 8th edition  Copyright Date: 2017 |

Commission on Dental Accreditation (CODA) Standards

The Lake Land College program in dental hygiene is accredited by the Commission on Dental Accreditation and has been granted the accreditation status of “approval without reporting requirements.” The Commission is a specialized accrediting body recognized by the United States Department of Education.

This course meets the following standard(s):

**Standard 2-8d:** Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health services to patients with bloodborne infectious diseases.

**Standard 2-10:** The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgement. Clinical practice must be distributed throughout the curriculum.

**Standard 2-11:** the dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

**Standard 2-12:** Graduates must be competent in providing dental hygiene care for the child, adolescent, and geriatric and special needs populations.

**Standard 2-13:** Graduates must be competent in providing the dental process of care which includes: a) comprehensive collection of patient data to identify the physical and oral health status; b) analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs; c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health; d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health; e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved; f) complete and accurate recording of all documentation relevant to patient care.

**Standard 2-14:** Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

**Standard 2-15:** Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care.

College Policies

**Academic Integrity and Student Code of Conduct**

At Lake Land College, it is assumed that students will honor the tradition of academic honesty. As such, students have the responsibility to be fully knowledgeable of the [Academic Integrity Code](https://www.lakelandcollege.edu/student-handbook/academic-integrity-code/), produce their own work, and encourage academic honesty among their fellow students.

Students who engage in academic dishonesty in this course will receive an appropriate disciplinary action which may include disciplinary reprimand, probation, suspension or dismissal from the college.

Consequences of student’s actions will be based on the offense. An Academic Integrity Incident report will be submitted to the Vice President for Student Services for further disciplinary action; those disciplinary actions are outlined in the [Student Code of Conduct and Disciplinary Procedures](https://www.lakelandcollege.edu/student-handbook/student-code/).

For a description of what is considered to be academic dishonesty, please review the [Academic Integrity Code](https://www.lakelandcollege.edu/student-handbook/academic-integrity-code/) available in the online [Student Handbook and Right to Know](https://www.lakelandcollege.edu/student-handbook/) [*www.lakelandcollege.edu/student-handbook*](http://www.lakelandcollege.edu/student-handbook)*.* If you have questions regarding the College’s policy specifically related to this course, please do not hesitate to ask.

College Policies continued

**Student Accommodations**

Lake Land College is committed to providing a quality educational experience to all students. As such, the College provides [accommodations](https://www.lakelandcollege.edu/student-accommodations/) for students who have a documented disability to help them achieve their full potential. For additional information, please contact the [Counselor/Coordinator of Student Accommodations](mailto:againes@lakelandcollege.edu) within Counseling Services—(217) 234-5259, [againes@lakelandcollege.edu](mailto:againes@lakelandcollege.edu).

**Student/Instructor Withdrawals**

In order for a student to withdraw from a course and receive a “W” on his/her academic transcript, he/she must withdraw by an official date as established by the Academic Standards Committee and published in the official academic calendar, College Catalog and other official publications.

An instructor may withdraw a student from class if the number of absences is detrimental to the student’s ability to meet the course objectives. Instructors can withdraw a student from a course by the official date established by the Academic Standards Committee and published in the official academic calendar and other official publications.

Students with mitigating circumstances may make an appeal with the Office of the Vice President for Academic Services to be withdrawn after the official date to withdraw for the term.

**Financial Aid**

Lake Land College recognizes the need to assist students and their families in actively seeking college financial resources in the form of federal and state loans, grants, work study and scholarships. The Office of Financial Aid and Veteran Services is established to operate a comprehensive program of financial assistance for academically qualified and needy students.

Dental Hygiene Program’s Policies – See Program Handbook

**Attendance Policy**

See Program Handbook.

**Dress Code for Clinic**

See Program Handbook.

**Class Participation and Professionalism**

Each student is expected to participate in class discussion and to contribute to group knowledge.

Be courteous to others by turning your cell phone off or on vibrate in order to receive emergency calls only. No texting on your cell phone is allowed in the classroom. If you have an emergency, please leave the class to take your message.

Classroom demeanor is demonstrated by not talking while classmates or instructor are talking, participating in class discussion, arriving on time for class at the beginning of class, after class breaks, and other areas as

Dental Hygiene Program’s Policies continued

determined by instructor. Points are not given for professional behavior. It is expected that all students enrolled in the Dental Hygiene Program will act in a professional manner in any campus or off campus setting.

**Student Responsibilities**

Students are responsible for completing class/course requirements, as directed on course schedule. All assignment information is provided on the course syllabus, schedule and/or on Canvas. Instructors will communicate in class, by email and/or through Canvas. Please check your Canvas daily.

The students must maintain a 2.0 GPA or better to remain in the program. They also must receive a “C” in all Dental Hygiene courses, other courses included in the Associates in Applied Science – Dental Hygiene degree, and prerequisites.

Academic progress is monitored throughout the semester by the instructor and the student. Tutoring and/or remediation for those students not passing the course will be required. Please do NOT wait until the end of the semester to see academic assistance. It is important for the student’s success to ask questions, seek tutoring, and ask for assistance at any time during the semester and throughout their time in the dental hygiene program.

**Student Ethical Responsibilities**

Students are expected to demonstrate ethical and professional behavior and behave in a way that engenders trust. Students who display incompetent, unethical, illegal or impaired behavior may fail the clinical/lab course and be dismissed from the program if their behavior demonstrates a breach of trust, patient confidentiality, and/or professional behavior at any time.

**Distance Education Procedures for Students**

Students have individual user names assigned by the ISS department when accepted into the College. They are assigned a password that must be changed. The same individual user name and password is utilized to access the learning management system (Canvas). Therefore there are two individual log in processes needed to access the learning management system. Respondus/LockDown are programs that are available on Canvas to use for testing purposes that are in place to protect students. There are no additional student fees for these services.

**Change in Syllabus**

Changes/adjustments in the syllabuses during the course of the semester can occur at any time. Any change will be brought to the attention of students via class announcement and/or email in Canvas.

Course/Learning Outcomes

DHY 083, Clinic I:

* Students provide dental hygiene treatment for patients. Provision of comprehensive dental health treatment for various types of patients.
* At the successful completion of this course, students will be able to: identify and remove supragingival and subgingival calculus at competency, assess patients for Dental Hygiene treatment in accordance with their individual oral health needs, and perform and pass all competencies at specified percentages.

DHY 088, Clinic II:

* Students will provide dental health treatments for patients. Provision of comprehensive dental treatment for various types of patients.
* At the successful completion of this course, students will be able to: identify and remove subgingival calculus, name and locate maxillary and mandibular injection sites, successfully treat the specified number of patients, and expose digital radiographs.

DHY 094, Clinic III:

* Students will provide dental hygiene treatments for patients. Provide dental hygiene treatment for patients.
* At the successful completion of this course, students will be able to: take maxillary and mandibular impressions on a patient, provide effective dental hygiene treatment on patients utilizing current protocol, perform all competencies, and complete all patient quotas.

Course Objectives

DHY 083, Clinic I:

* The student will be able to: successfully complete comprehensive treatment, complete patient quota, complete competency assessments of various skills at the specified percentage, complete a rotation at the Sarah Bush Lincoln Dental Health Service Site, complete a rotation at the Edgar County Service Site, and complete a rotation at the Douglas County rotation site.

DHY 088, Clinic II:

* The student will be able to: complete comprehensive patient treatment within an allotted period of time, complete all clinical quotas, complete all clinical competency assessments, successfully complete all patient treatment on a case study patient, complete a rotation at the Sarah Bush Lincoln Dental Health Service Site, complete a rotation at the Edgar County Service Site, and complete a rotation at the Douglas County rotation site.

DHY 094, Clinic III:

* The student will be able to: complete comprehensive dental hygiene patient treatment within an allotted period of time, complete patient quotas, complete competency assessments, complete a rotation at the Sarah Bush Lincoln Dental Health Service Site, complete a rotation at the Edgar County Service Site, and complete a rotation at the Douglas County rotation site.

Teaching Methods

* Assigned zone instructors, skill evaluations, tutoring, remediation, enhancement lab, shared patient experiences, dental assisting experiences, rotation through local community dental hygiene off campus sites, reception, and sterilization experiences.

Grading Criteria/Grading Scale, Grades can be viewed on Canvas

|  |  |  |
| --- | --- | --- |
| DHY 083, Clinic I  A 100%-94%  B 93%-87%  C 86%-80%  D 79%-75%  F 74%-0% | DHY 088, Clinic II  A 100%-94%  B 93%-87%  C 86%-80%  D 79%-75%  F 74%-0% | DHY 094, Clinic III  A 95%-100%  B 88%-94%  C 80%-87%  D 76%-79%  F 75% or below |

Course Content and Schedule

* Varies per semester and is delivered to students around midterm each prior semester.

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# CLASSIFICATION OF DENTAL HYGIENE TREATMENT

Student Name: Clinic: Summer/Fall/Spring Year:

Advisors Name:

**Summer 15 total patients Fall 20 total patients Spring 22 total patients**

13 class 0, I, II (30% of grade) 13 class 0, I, II (25% of grade) 14 class 0, I, II (20% of grade)

2 class III (1 SP) (50% of grade) 7 class III (2 SP) (55% of grade) 8 class III (3 SP) (60% of grade)

FMX (15% of grade) FMX (15% of grade) FMX (15% of grade)

BWX/1Pano (5% of grade) BWX/1Pano (5% of grade) BWX/1Pano (5% of grade)

=100% =100% =100%

**Calculus Class Percentages**

Class 0

Class I

Class II

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Class III (Mock Board ) (Case-Study )

Class IV

**Perio Class Tally** Health Gingivitis

Periodontitis Stage I II III IV

Periodontitis Grade A B C

**Radiograph Tally**

**Summer Fall**  **Spring**

2 adult BWX, 1 pedo BWX 3 adult BWX,1 pedo BWX 4 adult BWX, 1 pedo BWX

2 FMX 3 FMX 4 FMX

1 Pano 2 Pano 2 Pano

Adult BWX

Pedo BWX

FMXR

Pano

**ASA Classification & Special Needs (2 per semester)** Child age 1-7

ASA I ASA II ASA V Adolescent age 8-17

ASA III ASA IV Special Needs Adult 18-64

Ultrasonic Specialty Ins. Geriatric 65+

Ultrasonic R&L Piezo

Professionalism Effective Communication

|  |  |
| --- | --- |
| Off Campus Sites  Sarah Bush Yes No  Douglas County Yes No  Edgar County Yes No  Heartland Dental Yes No | Midterm Review Date  Instructor Initials  Student Initials |
| Study Model (Due 12th week) Yes No  (2) Quality Assurance Yes No  (3-5) Sterilization (tally) \_\_\_\_\_\_\_\_\_\_\_  (3-5) Reception (tally) \_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Absent | Hours Missed | MAKE-UP Date | MAKE-UP Hours | Instructor Initials |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Percentage Points taken off the student’s final course grade. % points off**

|  |  |  |
| --- | --- | --- |
| **Summer**  **Clinic Quota**   * 15 total patients * 2 FMX * 2 adult BWX * 1 pedo BWX * 1 pano | **Fall**  **Clinic Quota**   * 20 total patients * 3 FMX * 3 adult BWX * 1 pedo BWX * 1 pano | **Spring**  **Clinic Quota**   * 22 total patients * 4 FMX * 4 adult BWX * 1 pedo BWX * 2 pano |

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| **Summer**  **Evaluations**   1. \_\_\_\_\_\_%1 BWX (80%) 2. \_\_\_\_\_\_%1 Fluoride Varnish (80%) 3. \_\_\_\_\_\_%1 FMX (80%) 4. \_\_\_\_\_\_%1 Mock Board #1 (75%) 5. \_\_\_\_\_\_%1 Oral Inspection (80%) 6. \_\_\_\_\_\_%1 Patient Education (80%) 7. \_\_\_\_\_\_%1 Pano (80%) 8. \_\_\_\_\_\_%1 Polishing (80%) 9. \_\_\_\_\_\_%1 Scaling (80%) 10. \_\_\_\_\_\_%1 Treatment Plan (80%) 11. \_\_\_\_\_\_%1 Ultrasonic (80%) | **Fall**  **Evaluations**   1. \_\_\_\_\_\_%1 Alginate Impression (85%) 2. \_\_\_\_\_\_%1 Arestin (85%) 3. \_\_\_\_\_\_%1 BWX (85%) 4. \_\_\_\_\_\_%1 Case Study (85%) 5. \_\_\_\_\_\_%1 Fluoride Varnish (85%) 6. \_\_\_\_\_\_%1 FMX (85%) 7. \_\_\_\_\_\_%1 Local Anesthetic (85%)  |  | | --- | | IAN | | Buccal | | Mental | | Infiltration | | PSA | | MSA | | ASA | | Greater Palatine | | Nasopalatine |  1. \_\_\_\_\_\_%1 Mock Board #2 (75%) 2. \_\_\_\_\_\_%1 Oral Inspection (85%) 3. \_\_\_\_\_\_%1 Pano (85%) 4. \_\_\_\_\_\_%1 Patient Education (85%) 5. \_\_\_\_\_\_%1 Perio Debridement (85%) 6. \_\_\_\_\_\_%1 Polishing (85%) 7. \_\_\_\_\_\_%1 Scaling (85%) 8. \_\_\_\_\_\_%1 Study Model (85%) 9. \_\_\_\_\_\_%1 Treatment Plan (85%) 10. \_\_\_\_\_\_%1 Ultrasonic (85%) | **Spring**  **Evaluations**   1. \_\_\_\_\_\_%1 Alginate Impression (90%) 2. \_\_\_\_\_\_%1 Arestin (90%) 3. \_\_\_\_\_\_%1 BWX (90%) 4. \_\_\_\_\_\_%1 Fluoride Varnish (90%) 5. \_\_\_\_\_\_%1 FMX (90%) 6. \_\_\_\_\_\_%2 Local Anesthetic (90%)  |  |  | | --- | --- | | IAN/Lingual | IAN/Lingual | | Buccal | Buccal | | Mental | Mental | | Infiltration | Infiltration | | PSA | PSA | | MSA | MSA | | ASA | ASA | | Greater Palatine | Greater Palatine | | Nasopalatine | Nasopalatine |  1. \_\_\_\_\_\_%1 Mock Board #3 (80%) 2. \_\_\_\_\_\_%1 Oral Inspection (90%) 3. \_\_\_\_\_\_%1 Pano (90%) 4. \_\_\_\_\_\_%1 Patient Education (90%) 5. \_\_\_\_\_\_%1 Perio Debridement (90%) 6. \_\_\_\_\_\_%1 Polishing (90%) 7. \_\_\_\_\_\_%1 Scaling (90%) 8. \_\_\_\_\_\_%1 Study Model (90%) 9. \_\_\_\_\_\_%1 Tobacco Cessation (90%) 10. \_\_\_\_\_\_%1 Treatment Plan (90%) 11. \_\_\_\_\_\_%1 Ultrasonic (90%) |

# Student Clinic Information, Responsibilities, and Duties

1. Patient Total – progresses from Novice to Expert per semester.
   1. Class 0, I, or II: No more than 25% of the students’ total quota can be pedo (1-7) adolescent (ages 8-17) patients.
   2. Class III, IV: minimum requirement per semester. After the student meets their requirement, they can continue to work on Class III or greater patients or pass them off to students that still need to meet that part of their quota.
2. Radiographs
   1. FMX: patients must be 18 years or older. .
   2. Adult BWX, patients must be 18 years or older.
   3. Pedo 2/4BWX, mixed dentition or all primary dentition.
   4. Panoramic – any age.
   5. All radiographs are taken under the discretion of the clinical dentist.
   6. All radiographs are graded by the dentist but can be graded by instructors if needed.
   7. Any other radiographs (extra FMX, extra BWX, extra Pano, or extra Pano/BWX) taken will be averaged into the students radiograph grade, therefore, the student MUST grade any radiograph they perform on a patient.
3. Patients with ASA Classifications greater than I.
   1. Two (2) completed per semester.
4. Medical History
   1. Every patient.
   2. Updated every visit.
5. Oral Inspection
   1. The return patient should ideally be completed in the same semester, however, a return patient can return within 2-3 months for completion of treatment and the updated form to be valid.
6. Dental Chart
   1. Updated for return patients (example, patient was just here 1 week prior).
      1. The return patient should ideally be completed in the same semester, however, a return patient can return within 2-3 months for the completion of treatment and the updated form to be valid. .
7. Calculus Chart (paper copy)
   1. Every patient, recall or new patient.
   2. 12 subgingival pieces of board quality (8 on posteriors interproximal, 4 on anterior interproximal) clickable calculus = 1 class III (always upon discretion of faculty).
   3. Scan into Patterson after check-in.
8. Patient Education
   1. Every patient, every visit. If the same patient comes back in 2 days, you do patient education again just abbreviated.
9. Periodontal chart
   1. A full mouth probe (FMP), on every patient 18 years and older or fully erupted permanent dentition.
   2. FMP at every recall appointment.
10. Local anesthesia is on as needed basis this semester.
    1. This must be performed on outside patients (not on students)
    2. This can be performed on the same patient, but a different day.
    3. This can be performed on different patients, different days.
11. Plaque score
    1. Every patient, even on returns a day later.
12. Bleeding on probing
    1. Every patient 18 years and older, new visit and every recall. A % is still figured and recorded.
13. Patient Dental Hygiene Screening/Treatment Summary Form (paper copy)
    1. Must be given to every patient at the end of each clinic.
14. Student survey (paper copy and online survey monkey)
    1. Given to each patient prior to the patient leaving their dental visit here at Lake Land College. The administrative assistant will help in this process.
15. Recall card (3,4 or 6 month appointments)
    1. Every patient at the conclusion of treatment should be given a recall card by their student RDH Clinician at chairside.
16. Return Patient (coming back to finish treatment)
    1. The student should make the next appointment for their patient while in the operatory unit at the end of the appointment.
17. Shared Patient Experience

* In the event a student does not have a scheduled patient during clinic hours, their patient cancels, fails or is released due to health reasons (ex: HBP), an instructor will assign the student to partner with another student performing patient treatment.
* This assignment will take place as early as possible in the appointment. If the student joins the other student after treatment has begun, the joining student should introduce themselves, look over the medical history, review prior progress notes, discuss which phase of treatment the patient is in at the time, discuss time management of the shared patient and divide treatment duties.
* Both students will be responsible for: patient assessment, developing a valid diagnosis and care plan, patient education, soft & hard deposit removal and documentation of treatment. The two students will share equally in the responsibilities and will participate in all aspects of patient care. Both students should check their partner’s work (i.e. charting, probing, calculus removal and documentation), both will fill out a grade sheet and both will receive the same quota and grade for the patient.
* When either student is not performing active treatment. They should be assisting the clinician, observing treatment, giving feedback, suctioning and recording documentation.
* If the number of patients in the clinic is not adequate to allow for all students to join in a shared experience, the students not involved in patient care must be involved in one of the following activities:
  1. Instrumentation practice on a typodont.
  2. Exposing digital images on DXTTR or evaluating images to be turned in
  3. Practice mounting radiographic films
  4. Practicing air polishing on a typodont – assembling and disassembling the equipment.
  5. Utilizing right & left ultrasonic inserts.
  6. Taking alginate impressions and pouring them in stone.
  7. Sharpening instruments
  8. Case study.

1. Student/Instructor Relationship
   1. A professional relationship needs to exist between student, instructor and patient to insure a smoothly managed clinic. Please develop the habit of using courteous, professional terminology. Address any dentist in clinic with a “yes” or “no” Doctor. Instructors will be addressed with Mr., Mrs., Miss (or Ms.) preceding their last name. The same courtesy should be extended to your patients. You should develop the professional approach in school and adjust to the desires of your employer.
2. Clinical Advisors
   1. Each semester students are given a different Full-Time clinical Advisor. It is the student’s duty to make appointments with their clinical advisor to review their clinic requirements.
3. Patient Fees for Clinical Services
   1. Adults $20.00
   2. Children $15.00
   3. Students $15.00
   4. 2 Free family/friend patients per semester.
4. Temperature
   1. 101.4 degrees F or higher and students, faculty, and patients are dismissed from clinic. Students must still make up their time a different day.
5. Remediation
   1. If a student does not achieve the desired competency after two attempts, he or she must seek remediation before attempting again. The remediation will take place with the student’s clinical advisor. It is the student’s responsibility to inform their clinical advisor of their need in remediation and to schedule an appointment. See Program Handbook.
6. Failure to complete any quota
   1. The student will ultimately be responsible for obtaining patients to meet quotas. The department will help as much as possible but the students must take the initiative to generate patients for themselves and classmates.
   2. Instructors are responsible for conducting two (2) evaluations per clinic. Instructors have the privilege of evaluating students at random. One half of the evaluations are due at midterm.
   3. Failure to complete clinical quota: If a student does not meet clinical quota a discussion will be held between the Director and Full-Time Faculty to determine if the student is allowed to move forward in the program.

# Grading Criteria for Clinics

**Basic Diagnostic Procedures for Summer, Fall and Spring**

1. Health history, 1 point = 0 areas missed, 0 points = any area missed
2. Intraoral/extroaral inspection, 1 point = 0 areas missed, 0 points = any area missed
3. Dental charting, 1 point = 0 areas missed, 0 points = any area missed
4. Caries and disease, 1 point = 0 areas missed, 0 points = any area missed
5. Treatment plan, 1 point = 0 areas missed, 0 points = any area missed

**/5 points total**

**Calculus Detection for Summer, Fall, and Spring. Take the number of supra and sub-gingival calculus detected by the student and divide by the number of pieces detected by the instructor to receive points.**

/5 points: 69-0% of calculus detected

/10 points: 79-70% of calculus detected

/15 points: 89-80% of calculus detected

/20 points: 100-90% of calculus detected

**/20 points Total**

**Calculus Removal for Summer, Fall, and Spring. Take the number of supra and sub-gingival calculus pieces removed by the student and divide by the total number of pieces detected to receive points.**

/10 points: 69-0% of calculus removed

/20 points: 79-70% of calculus removed

/30 points: 89-80% of calculus removed

/40 points: 100-90% of calculus removed

**/40 points**

**Total Tissue Trauma for Summer, Fall, and Spring**

/0 points: Any tissue trauma, major or minor

/10 points: No tissue trauma

**/10 points Total**

**Clinical and Treatment Procedures, 25 points**

/5 points: Stain removal, 5 points = 0 areas missed, 0 points = any area missed

/5 points: Infection control, 5 points = 0 areas missed, 0 points = any area missed

/5 points: Professionalism, 5 points = 0 areas missed, 0 points = any area missed

/5 points: Time utilization & Record completion,5 points = 0 areas missed, 0 points = any area missed

/5 points: Ergonomics 5 points = 0 areas missed, 0 points = any area missed

**/25 points**

**Each patient is worth 100 points!**

# Lake Land College, Clinical Procedures Student Grade Sheet

**Student Name**

**Date Zone Instructors Name**

**Patients Name Patients Age**

**Circle what applies to the patient below.**

1. Calculus Class I II III IV
2. Gingival Health
3. Gingivitis
4. Periodontal Class

Stage I II III IV

Grade A B C

1. ASA Class I II III IV
2. Special Needs Yes No
3. Ultrasonic R & L Yes No
4. Piezo Yes No
6. Ultrasonic Yes No
7. Piezo Yes No

**Basic Diagnostic Procedures, 5 points**

**1 point = 0 areas missed, 0 points = any area missed** /1 point: Health History

/1 point: Intraoral/Extraoral Inspection

/1 point: Dental Charting

/1 point: Caries and Disease

/1 point: Treatment Plan

**/5 points total**

**Calculus Detection, 20 points. Take the number of supra and sub-gingival calculus detected by the student and divide by the number of pieces detected by the instructor to receive points.**

/5 points: 69-0% of calculus detected

Take the total number of pieces detected by the student and divide by the

Total number of pieces detected by the instructor to get the points earned

/10 points: 79-70% calculus detected

/15 points: 89-80% calculus detected

/20 points: 100-90% calculus detected

**/20 points total**

**Calculus Removal, 40 points. Take the number of supra and sub-gingival calculus pieces removed by the student and divide by the total number of pieces detected to receive points.**

/10 points: 69-0% of calculus removed.

Take the total number of pieces removed by the student and divide by the

Total number of pieces detected to get the points earned

/20 points: 79-70% calculus removed

/30 points: 89-80% calculus removed

/40 points: 100-90% calculus removed

**/40 points total**

**Tissue Trauma, 10 points**

/0 points: Any tissue trauma, major or minor

/10 points: No tissue trauma

**/10 points total**

**Clinical and Treatment Procedures, 25 points**

**5 points = 0 areas missed, 0 points = any area missed**

/5 points: Stain removal/Plaque removal

/5 points: Infection control

/5 points: Professionalism/Effective Communication

/5 points: Time utilization & Record completion

/5 points: Ergonomics

**/25 points total**

**/100 Total Points**

|  |  |
| --- | --- |
| Air Polish Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 094 Clinic III, 90%  \*\*\*Air Polishing can be complete on orthodontic patients or patients that are 18 years and/or older. |

1. Gathered and assembled all necessary equipment to air polish.
2. Explains to the patient that air polishing uses air, water, and specifically formulated powders to deliver a controlled spray that propels the particles to the tooth surface.
3. Patient rinses with pre-procedural antibacterial mouth rinse.
4. High-volume evacuation is used.
5. Protective eyewear is worn.
6. Evaluated patient’s health history.
7. Contraindications: sodium restricted diet (sodium bicarbonate), respiratory disease (COPD), end stage renal disease, Addison’s disease or Cushing’s disease, communicable infection, immunocompromised patients, patients taking potassium, antidiuretics, or steroid therapy, open oral wounds.
8. Other contraindications: avoid root surfaces, soft spongy gingiva, and restorative materials such as composite resins, cements, and other nonmetallic materials because it can cause removal or pitting.
9. Hand piece nozzle is moved in a constant circular motion, with the nozzle tip 4-5 mm away from the enamel surface.
10. The spray is angled away from the gingival margin. The periphery of the spray may be near the gingival margin, but the center is directed at an angle less than 90 degrees away from the margin. There should not be any iatrogenic soft tissue trauma.
11. Sodium Bicarbonate.
    1. Original powder used in air polishing. It is formulated with scan amounts of calcium phosphate and silica to keep it free flowing. The patient will taste the salt and smell the flavor. This is not used subgingival.
    2. Can be used on the following restorative material: amalgam, gold, and porcelain.
12. Aluminum Trihydroxide.
    1. Alternative to sodium bicarbonate for patients who are sodium bicarbonate intolerant. This is not used subgingival.
    2. Cannot be used on any restorative material.
13. Glycine.
    1. It is an amino acid and that uses a solvent of water and sodium salt? It is safe and effective for subgingival plaque removal in pockets up to 5mm.
14. Explains advantages: requires less time, generates no heat, less abrasive, removal of heavy tenacious tobacco stain and chlorhexidine induced staining, removes biofilm from orthodontically banded and bracketed teeth and dental implants, can be used before applying sealants, can be used for root detoxification for periodontally diseases root.
15. For anterior teeth: place the hand piece nozzle at a 60 degree angle to the facial and lingual surfaces.
16. For posterior teeth: place the hand piece nozzle at an 80 degree angle to the facial and lingual surfaces.
17. For occlusal surfaces: place the hand piece nozzle at a 90 degree angle to the occlusal plane.
18. Student explains that the single most common cause of excess aerosol production is incorrect angulation of the hand piece. Incorrect angulation can cause facial emphysemas. Never direct the hand piece nozzle into the gingival sulcus or into a periodontal pocket.
19. Used aseptic technique entire procedure.
20. Unassembled and sterilized and disinfected everything correctly.

**20/20=100%**

**19/20=95%**

**18/20=90%**

**17/20=85%**

**16/20=80%**

**15/20=75%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

|  |  |
| --- | --- |
| Alginate Impression & Wax Bite RegistrationCompetency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*Alginate Impressions and Wax Bite Registration must be complete on patients 18 years and/or older. |

1. Alginate Impression.
   1. Prepared operatory and organized all supplies.
   2. Seated patient, explained procedure, draped and positioned patient, rinsed mouth, removed prostheses.
   3. Selected appropriate trays.
   4. Proportioned powder and water; mixed to smooth consistency.
   5. Loaded trays.
   6. Seated trays and stabilized them until alginate set up.
   7. Removed trays.
   8. Evaluated impressions and determined acceptability of the need to repeat impressions.
      1. All teeth and alveolar processes recorded.
      2. Peripheral roll and frenums included.
      3. No large voids and few small bubbles present.
      4. Good reproduction of detail.
      5. Free of debris.
      6. No distortion.
      7. Alginate firmly attached to tray.
      8. Maxillary (palatal vault recorded and hamular notch area included).
      9. Mandibular (retromolar areas included and lingual extensions recorded).
   9. Performed disinfecting and storage procedures.
      1. Rinsed impression/bite under running water.
      2. Removed pooled water.
      3. Sprayed (while held in plastic bag) or immersed impression in appropriate disinfectant.
      4. Treated material for appropriate length of time.
      5. Rinsed off residual disinfectant.
      6. Wrapped impression for storage in sealed plastic bag for transport to laboratory.
      7. Labeled storage container with patient’s name and date.
      8. Maintained proper infection control practices through the procedure.
   10. Inspected mouth for retained alginate and removed it.
   11. Managed patient, maintained infection control throughout procedure.
2. Wax Bite Registration.
   1. Set up appropriate instruments and supplies.
   2. Formed utility wax into a horseshoe shape.
   3. Customized wax to shape of patient’s arch.
   4. Gave appropriate patient instructions.
   5. Placed wax over occlusal surfaces of maxillary teeth.
   6. Gave patient instructions on biting pressure (tight).
   7. Removed wax without distortion.
   8. Disinfected and stored wax registration.
   9. Maintained infection control throughout procedure.

**35/35=100%**

**34/35=97%**

**33/35=94%**

**32/35=91%**

**31/35=89%**

**30/35=86%**

**29/35=83%**

**28/35=80%**

**27/35=77%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

|  |  |
| --- | --- |
| Alginate ImpressionDENTAL STONE POUR-UPCompetency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*This should be completed on your case study patients. |

1. \_\_\_\_\_Maxillary and mandibular arch were poured up in dental stone.
2. \_\_\_\_\_Maxillary and mandibular arch were trimmed.
3. \_\_\_\_\_There were not any visible air bubbles in either arch.
4. \_\_\_\_\_There were not any visible fractures in either arch.
5. \_\_\_\_\_There were not any chipped teeth in either arch.
6. \_\_\_\_\_Both arches surfaces were smooth and hard.

**6/6=100%**

**5/6=83%**

**4/6=67%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

|  |  |
| --- | --- |
| Arestin Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 088 Clinic II, 80%  DHY 094 Clinic III, 85%   * Patient must quality for Arestin and be approved by the clinical zone instructor. * Complete a minimum of 4 different sites on evaluation. * Pockets must have a 5mm pocket depth or deeper. * Arestin can only be placed after the roots have had Periodontal Therapy (roots are free from toxins, plaque, and calculus) performed that same day. |

1. Determines if ARESTIN is indicated in appropriate patients and verbalizes it to the faculty member.
2. Routinely looks for and can identify radiographic bone loss during comprehensive periodontal evaluation.
3. Determines that the patient does not have an allergy to tetracycline class antibiotic.
4. When indicated, recommends a locally applied antibiotic and provides patient education on periodontal disease.
5. Refers to the periodontal chart to confirm areas indicating sub-gingival placement of ARESTIN in appropriate patients.
6. Confirms the pocket depth to ensure probing accuracy and that the pockets measure 5 mm or greater and have clinical attachment loss, not pseudo pockets.
7. Verifies that pockets are free of detectable biofilm or calculus prior to placement of ARESTIN.
8. Verified pocket depths after scaling to determine if calculus inhibits proper reading.
9. Assembles proper armamentarium (handle, cartridge, explorer, probe, scaling instruments).
10. Assembles proper armamentarium for patient education (brochure, mirror).
11. Probes periodontal pocket and confirms a depth of 5 to 8 mm.
12. Scales the pocket with scaling instruments to simulate the detachable biofilm or calculus.
13. Describes recommendation for ARESTIN based on the individual patient’s diagnosis.
14. Utilizes radiographs, patient charting, and demonstration in the mouth to educate the patient about their periodontal disease and need for ARESTIN.
15. Uses terminology that the patient can understand.
16. Is confident in knowledge of the product/procedure and conveys that confidence to the patient.
17. Demonstrates good nonverbal communication, including good listening skills, eye contact, and posture.
18. Can answer patient questions with accurate, evidence-based information.
19. Explains postoperative instructions to the patient and answers all questions accurately.
20. Explains the products risks and contraindications properly.
21. Demonstrates effective communication of the treatment plan and use of ARESTIN.
22. Inserts the cartridge into the sterile handle and listens for the “snap” of the cartridge into place.
23. Gently inserts the cartridge tip into the base of the pockets.
24. Presses the thumb ring to express the powder while gradually withdrawing the cartridge from the pocket.
25. Reloads and repeats on all other sites indicated for treatment.
26. Demonstrates adequate understanding of the safety information for ARESTIN.
27. Records the procedure in the patient’s chart, recording all teeth and sites treated.
28. Provides the patient with appropriate post treatment instructions, including no brushing of site(s); no eating hard, crunchy, or sticky foods for one week; and no interdental cleaning of treated site(s) for 10 days.
29. Provides the patient with educational material to take home.

**29/29=100%**

**28/29=97%**

**27/29=93%**

**26/29=90%**

**25/29=86%**

**24/29=83%**

**23/29=79%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

|  |  |
| --- | --- |
| BWX- Digital/Films Competency Evaluation | |
| Student Name \_\_\_ Peer Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_ Instructor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Patient Initials \_\_\_ Evaluation Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DHY 083 Clinic I, 85%  DHY 088 Clinic II, 87%  DHY 094 Clinic III, 90%  **/100 points** |

**RIGHT SIDE LEFT SIDE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Molar BWX**   * Unequal Coverage * Overlapped * Sensor Placement * Exposure Factors * Headrest/Chin Down   5 10 15 20 | **Pre-Molar BWX**   * Unequal Coverage * Overlapped * Sensor Placement * Exposure Factors * Headrest/Chin Down   5 10 15 20 | * Explanation * Student Prepared * Unit Prepared * Lead Apron * Proper Sequence * Positioned in safety zone * Aseptic technique * BAD & PID as close to the face as possible * XCP assembled correctly   2 4 6 8 10 12 14 16 18 20 | **Pre-Molar BWX**   * Unequal Coverage * Overlapped * Sensor Placement * Exposure Factors * Headrest/Chin Down   5 10 15 20 | **Molar BWX**   * Unequal Coverage * Overlapped * Sensor Placement * Exposure Factors * Headrest/Chin Down   5 10 15 20 |

**Competency Assessment**

Freshmen, Spring 85%

Senior, Summer 87%

Senior, Fall 90%

|  |  |
| --- | --- |
| 2/4 BWX Student Grading Form | |
| Student Name  Date  Patient Initials Age  Instructor Name  All Removable Appliances Removed | Technique Minimum Grade to Pass:  Freshmen Spring 80%  Senior Summer 80%  Senior Fall 85%  Senior Spring 87% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Right Molar 25 points** | **Right Pre-Molar 25 points** | **Left Pre-Molar 25 points** | **Left Molar 25 points** |
| **25pts or 19pts** | **25pts or 19pts** | **25pts or 19pts** | **25pts or 19pts** |

**Each Image is worth either 25 points or 19 points in value**

|  |  |
| --- | --- |
| **+25 points**   * Diagnostic/Appropriate teeth and supporting structures are present * No overlap OR 2-3 areas are overlapped and/or Dentin-enamel junction (DEJ) is still present * Proper density * Cone cut does NOT affect the appropriate teeth and supporting structures * Critical thinking skills were used * Effective communication skills were used | **+19 points**   * Not diagnostic/Appropriate teeth and supporting structures are NOT present * More than 4 areas are overlapped * Density is black, white film/image * Cone cut does affect the appropriate teeth and supporting structures * Critical thinking skills were NOT used * Effective communication skills were NOT used * An image is present, retake or no retake per D.D.S. |

**\_\_\_\_\_\_\_\_\_\_/50 points Total Points (if only 2 BWX were taken), -1 point per paper work error.**

**\_\_\_\_\_\_\_\_\_\_/100 Total Points**

**Instructor Comments**

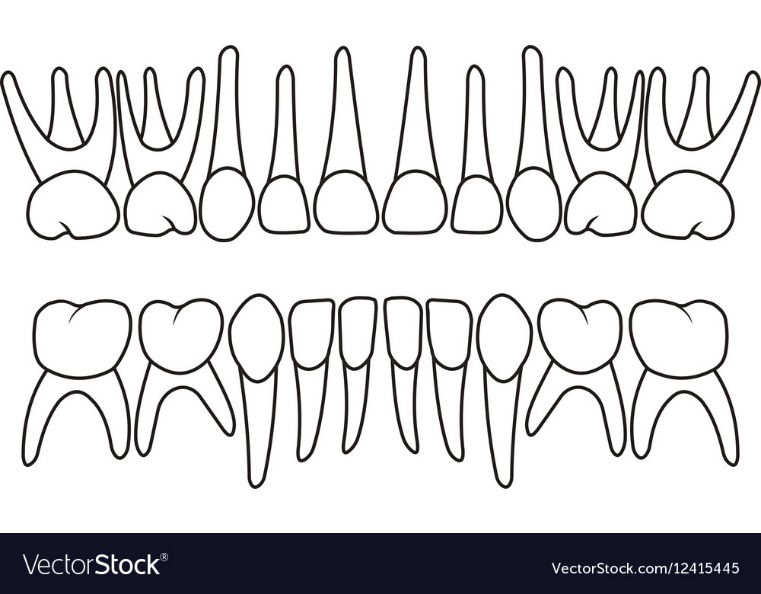
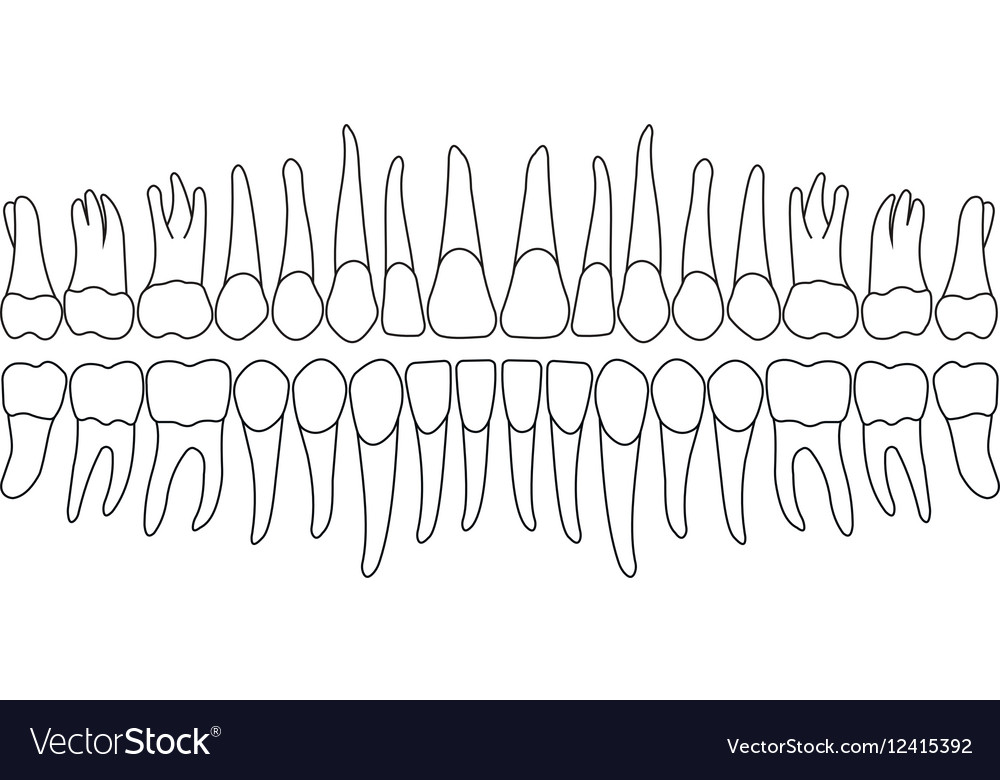
**Error Identification**

|  |  |  |  |
| --- | --- | --- | --- |
| **Right Molar** | **Right Pre-Molar** | **Left Pre-Molar** | **Left Molar** |
|  |  |  |  |

|  |  |
| --- | --- |
| **A** | Artifact |
| **C** | Cone Cut |
| **D** | Density Error Correction, **D** or **D** |
| **F** | Film Placement Correction, **F** or **F**  Film toward the midline, mesial OR film away from the midline, distal. |
| **H** | Horizontal Angulation (Overlap) |
| **M** | Movement |
| **U** | Unequal Coverage |
| **V** | Vertical Angulation, **V** or  **V** |
| **X** | No corrections needed (Perfect Image) |

If this form is not completed CORRECTLY upon submission, -10 points will be deducted from the student’s radiographic grade. This deduction will NOT affect quota unless the initial grade is below passing.

**Dental Charting from Radiographs ONLY**



If this form is not complete CORRECTLY upon submission, -10 points will be deducted from the student’s radiographic grade. This deduction will not affect quota unless the initial grade is below passing.

|  |  |
| --- | --- |
| Blood Pressure Clearance Form | |
| Patient’s Name:  Patient’s Address:  Patient’s Date of Birth: | Dental Hygiene Clinic  Allied Health Division  Lake Land College  5001 Lake Land Blvd.  Mattoon, IL 61938  Phone: 217-234-5201  Fax: 217-234-5248 |

I, the undersigned (the patient), grant permission to any physician, dentist, clinic, or hospital to release to the Lake Land College Dental Hygiene Clinic all information concerning my present and/or past medical or dental condition and treatments.

Patient or guardian signature: Date:

Dear Doctor or Hospital:

(Patient’s Name) reported to the Lake Land College Dental Hygiene Clinic on \_\_\_\_\_\_\_\_\_ (date) for dental hygiene care. The patient’s blood pressure on that date was \_\_\_\_\_\_\_\_. Dental hygiene treatment was postponed based on the Hypertension Guidelines published by the American Heart Association (AHA) and the American College of Cardiology (ACC). In respect of these published guidelines, the American Dental Association recommends physician consultation prior to elective dental treatment for blood pressure readings >160/100. **We cannot provide dental treatment until we have medical clearance.**

Dental hygiene treatment will resume if the patient’s blood pressure readings meet your recommendations.

**Please indicate both the maximum systolic and diastolic blood pressure with which we can treat the patient in the box below.**

Supervising Faculty and/or Dentist Signature:

Please include all findings and recommendations below:

Signature of M.D. Date: \_\_\_\_\_\_ \_\_\_\_\_\_

Printed Name of Physician:

Telephone Number: Fax Number:

|  |  |
| --- | --- |
| Case Study Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*The Case Study must be complete on a patient that is 18 years and/or older.  \*\*\*Case Study Patients must be on a multiple class III calculus patient. |

\*\*\*The student will turn in this assignment, their study model, and their patients file to their clinical advisor. This assignment is to be performed on a multiple appointment class III calculus patient. Please visit [www.dentalcare.com](http://www.dentalcare.com) for examples of case studies. Use this format below exactly and type your findings beside each letter. Typed, size 12 font, times new roman.

Grading Rubric: This assignments grade goes into the student’s clinical class III calculus grade, but does NOT count as a part of class III calculus quota.

1. Patient History (worth 20 points) Missing 1-5 items = 15 points. Missing more than 5 items = 0 points.
   1. Patient profile
   2. Chief complaint
   3. Dental history
   4. Medical history
   5. Extra oral examination
   6. Supplemental information
   7. Health behaviors
   8. Bleeding on probing
   9. Plaque free score
2. Charts (worth 20 points) Missing 1-5 items = 15 points. Missing more than 5 items = 0 points.
   1. Probe depths
   2. Bleeding on probing
   3. Exudate/suppuration
   4. Gingival margin
   5. Furcation involvement
   6. Mobility
   7. Dental restorations
   8. Pathology
3. Study model (worth 20 points) Missing 1-5 items = 15 points. Missing more than 5 items = 0 points.
   1. Pour up maxillary and mandibular teeth only in dental stone.
4. Dental radiographs (worth 20 points) Missing 1-5 items = 15 points. Missing more than 5 items = 0 points.
   1. FMX, BWX, and/or Pano
5. Intraoral Images, Before and After Pictures (worth 10 points) Missing 1-5 items = 0 points.
   1. Full direct
   2. Maxillary anterior lingual
   3. Mandibular anterior lingual
   4. Two (2) images of anything
6. Complete 10-board quality multiple choice questions per your case study. Also, provide the answers with rationale. (Worth 10 points) 1 point for each question.

/100 points

**100/100=100%**

**90/100=90%**

**80/100=80%**

**79/100=79%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

|  |
| --- |
| Dental Hygiene Patient Survey |

\*\*\*After the student dismisses their patient. The patient is advised to fill out this Survey. The administrative assistant will hand this form out to the patient and collect them from the patient.

Your input is important in the planning and operation of the Lake Land College Dental Hygiene Program Clinic. Circle your responses below.

1. How did you hear about the Lake Land College Dental Hygiene Clinic?
   1. Facebook
   2. Instagram
   3. Email
   4. Friend
   5. Family
   6. Newspaper
   7. Radio
   8. Other
2. Did the student provide a pleasant and comfortable atmosphere for you?
   1. Yes
   2. No
3. Did the student provide information in an understandable manner?
   1. Yes
   2. No
4. Did the student utilize their time with you today efficiently?
   1. Yes
   2. No
5. Did the student treat you in a professional manner?
   1. Yes
   2. No
6. Will you come back again to our clinic?
   1. Yes
   2. No
7. Overall, how would you rate your impression of the Lake Land College Dental Hygiene Clinic?
   1. Excellent
   2. Good
   3. Fair
   4. Poor

Comments are appreciated in order to give feedback to our students☺

|  |
| --- |
|  |

\*\*\* THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

|  |  |
| --- | --- |
| FMX- Digital/Films Competency Evaluation | |
| Student Name \_\_\_ Peer Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_ Instructor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Patient Initials \_\_\_ Evaluation Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DHY 083 Clinic I, 85%  DHY 088 Clinic II, 87%  DHY 094 Clinic III, 90%  **/100 points** |

**RIGHT SIDE LEFT SIDE**

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| **Maxillary Molar**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Maxillary PM**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Maxillary Canine**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Maxillary Central**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | | **Maxillary Canine**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Maxillary PM**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Maxillary Molar**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 |
| **Molar BWX**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Pre-Molar BWX**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Appropriate Sensor Size**  **Proper Sequence**  **Positioned in**  **Safety Zone**  1 2 3 | **Explanation**  **Unit Prepared**  **Lead Apron**  **Time Management**  1 2 3 4 | | **Incomplete Paperwork**  **Headrest Adjusted**  **Aseptic Technique**  1 2 3 | **Pre-Molar BWX**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Molar BWX**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 |
| **Mandibular Molar**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Mandibular PM**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Mand. Canine**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Mand. Central**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | | **Mand. Canine**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Mandibular PM**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 | **Mandibular Molar**  Foreshortened  Elongated  Overlapped  Sensor Placement  Exposure Factors  1 2 3 4 5 |
| FMX Student Grading Form | | | | | | | |
| Student Name  Date  Patient Initials Age  Instructor Name  All Removable Appliances Removed | | | | Technique Minimum Grade:  Freshmen Spring 80%  Senior Summer 80%  Senior Fall 85%  Senior Spring 87% | | | |

**Right Side Left Side**

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| **5pts 3 pts** | **5 pts 3pts** | **5pts 3pts** | **5pts 3pts** | **5pts 3pts** | **5pts 3pts** | **5pts 3pts** |
| **7.5pts 5.5pts** | **7.5pts 5.5pts** | **x** | **x** | **x** | **7.5pts 5.5pts** | **7.5pts 5.5pts** |
| **5pts 3pts** | **5 pts 3 pts** | **5pts 3pts** | **5pts 3pts** | **5pts 3pts** | **5pts 3pts** | **5pts 3pts** |

**Each Image is worth either 7.5 or 5.5 points (BWX), 5 or 3 points in value (Periapicals)**

|  |  |
| --- | --- |
| **+7.5 or 5 points**   * Diagnostic/Appropriate teeth and supporting structures are present * No overlap OR 2-3 areas are overlapped and/or Dentin-enamel junction (DEJ) is still present * Proper density * Cone cut does NOT affect the appropriate teeth and supporting structures * Critical thinking skills were used * Effective communication skills were used | **+5.5 or 3 points**   * Not diagnostic/Appropriate teeth and supporting structures are NOT present * More than 4 areas are overlapped * Density is black, white film/image * Cone cut does affect the appropriate teeth and supporting structures * Critical thinking skills were NOT used * Effective communication skills were NOT used * An image is present, retake or no retake per D.D.S. |

**\_\_\_\_\_\_\_\_\_\_/100 Total Points, -1 point per paper work error.**

**Instructor Comments**

**Error Identification**

**Right Side Left Side**

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|  |  | **x** | **x** | **x** |  |  |
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| --- | --- |
| **A** | Artifact |
| **C** | Cone Cut |
| **D** | Density Error Correction, **D** or **D** |
| **F** | Film Placement Correction, **F**  **F**  Film toward the midline, mesial OR film away from the midline, distal. |
| **H** | Horizontal Angulation (Overlap) |
| **M** | Movement |
| **U** | Unequal Coverage |
| **V** | Vertical Angulation, **V V** |
| **X** | No corrections needed (Perfect Image) |

If this form is not completed CORRECTLY upon submission, -10 points will be deducted from the student’s radiographic grade. This deduction will NOT affect quota unless the initial grade is below passing.

**FMX – LANDMARK IDENTIFICATION**

**Right Side Left Side**

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|  |  | **x** | **x** | **x** |  |  |
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**Label where each landmark is located from the radiographs you took.**

**Hamulus**

**Maxillary tuberosity**

**Zygoma**

**Zygomatic process of maxilla (U or J shaped)**

**Maxillary sinus**

**Floor of the maxillary sinus**

**Septa within the maxillary sinus**

**Pneumatized maxillary sinus**

**Nutrient canals**

**Nasolabial fold**

**Lateral fossa (canine fossa)**

**Inverted Y (what makes up the inverted Y)**

**Nasal cavity (fossa)**

**Floor of the nasal cavity (fossa)**

**Soft tissue of the nose/lip**

**Anterior nasal spine**

**Nasal septum**

**Median palatal suture**

**Superior foramina**

**Incisive foramen**

**Inferior nasal conchae**

**Coronoid process**

**External oblique ridge**

**Internal oblique ridge**

**Mylohyoid ridge**

**Mandibular canal**

**Submandibular fossa**

**Inferior border of the mandible**

**Mental foramen**

**Mental ridge**

**Mental fossa**

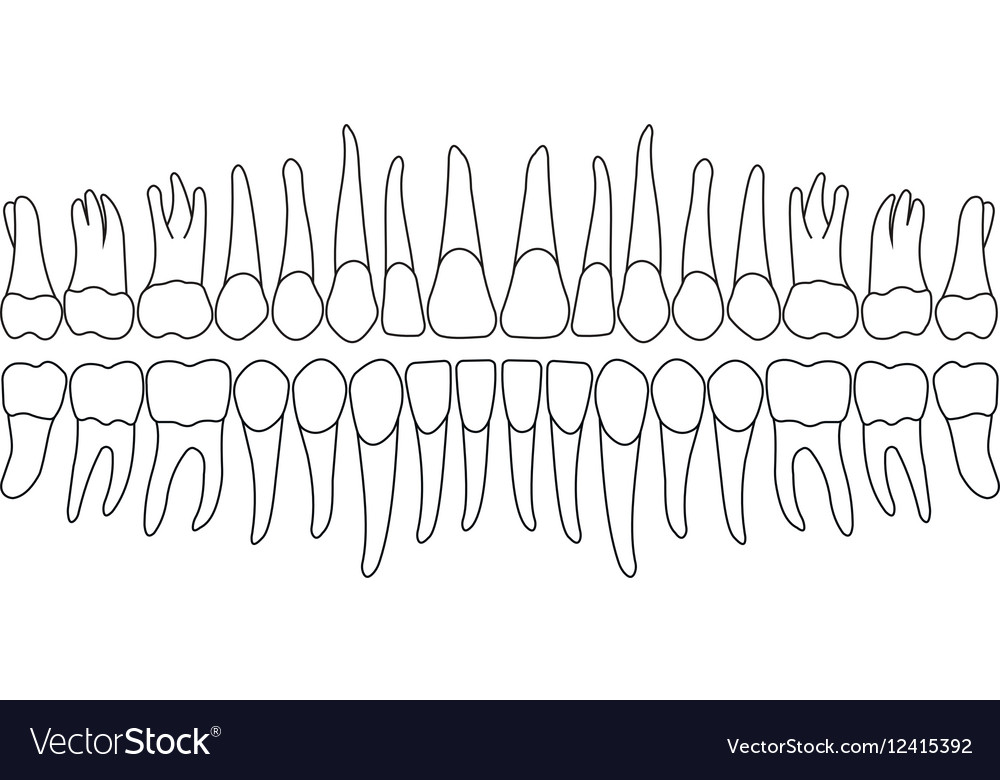
**Mental spine**

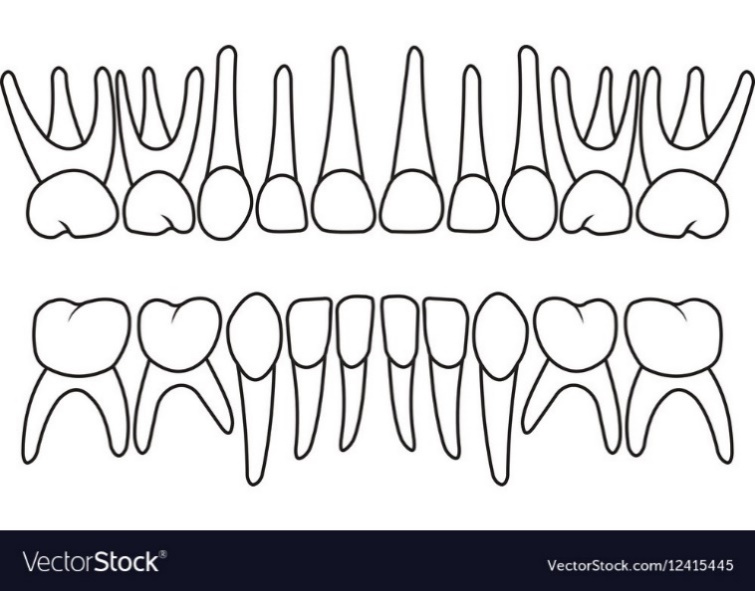
**Genial tubercles**

**Lingual foramen**

**\*\*\*If this form is not completed CORRECTLY upon submission, -10 points will be deducted from the student’s radiographic grade. This deduction will NOT affect quota unless the initial grade is below passing.**

**Dental Charting from Radiographs ONLY**





If this form is not complete CORRECTLY upon submission, -10 points will be deducted from the student’s radiographic grade. This deduction will not affect quota unless the initial grade is below passing.

|  |  |
| --- | --- |
| Fluoride Evaluation(Applying Topical Fluoride)Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 80%  DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*Fluoride Evaluation must be complete on a patient 10 years and/or older. |

1. Personal appearance: dress code is appropriate for clinical requirements.
2. Terminology: utilize appropriate dental hygiene terminology.
3. Professional behavior: be attentive, courteous, responsive, and professional to patient and instructor.
4. Asepsis: practice appropriate aseptic technique according to the criteria established for the procedure (prepare room and complete procedure according to infection control guidelines to prevent cross-contamination).
5. \_\_\_Select the most appropriate fluoride modality to apply based on the patient’s current oral status (caries risk) and history to give the patient maximum caries protection.
6. Assemble the proper armamentarium for method of application chosen.
7. \_\_\_Explain procedure to patient and instruct the patient not to swallow during the procedure.
8. For Varnish Application:
   1. The saliva ejector must NOT be used throughout this procedure.
   2. \_\_\_The patient is in the supine position.
   3. Using an applicator brush, mix fluoride varnish in well.
   4. Use ½ amount for deciduous only; ¾ amount for mixed; entire amount for permanent dentition.
   5. Lightly dry teeth and/or remove excess saliva with gauze square.
   6. Quickly apply varnish with applicator brush to 1) lingual, 2) buccal/facial, and 3) occlusal surfaces including recession and cervical third of teeth. This takes approximately 1-3 minutes.
   7. Instruct patient to gently move their tongue over the teeth.
   8. Instruct patient to refrain from brushing, flossing, and eating hot (soup or coffee) and/or crunchy foods for a minimum of 4-6 hours.
   9. Explain the procedure and provide pertinent, individuated education at the patient’s level of understanding, including other aspects of fluoride therapy.
   10. \_\_\_Document procedure and type of varnish used in note section on Patterson Eaglesoft.
9. Correctly adjust operator/patient chair position for procedure.
10. Remain aware of patient comfort throughout entire procedure (light, head direction, mirror use).

**19/19=100%**

**18/19=95%**

**17/19=89%**

**16/19=84%**

**15/19=79%**

**14/19=74%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

|  |  |
| --- | --- |
| Intraoral Camera Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*Perform this on your case study patient.  \*\*\*Take Before and After Pictures |

\*\*\*Students need to take pictures of their case studies patients mouth before they clean their teeth and after they clean their teeth. The purpose is to show the student the healing that occurs after removing biofilm.

1. Permission to take photograph and use for academic purposes.
2. Procedure explained to the patient.
3. Areas to be photographed determined and recorded in patient chart on Patterson Eaglesoft.
4. Computer turned on and information properly entered and saved.
5. Wand properly plugged into computer and turned on.
6. Appropriate infection control barriers.
7. Patient is positioned for best view.
8. Unit light turned off to reduce glare on image.
9. Teeth and gingiva dried (air or gauze) to prevent glare on image.
10. Subject or subject area centered on screen.
11. Subject area captured on screen (not blurry).
12. Student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective communication skills were used with this patient and instructor.

**12/12=100%**

**11/12=92%**

**10/12=83%**

**9/12=75%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

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| Mock Board 1 Competency Evaluation (Summer)  Three (3) clinical instructors needed for this evaluation. | |
| Student Name  Date  Patient Name  Instructor Name | DHY 083 Clinic I, 75%  \*\*\*The patient must be 18 years and/or older. |

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| **PERIODONTAL MEASUREMENTS**   * Instructors will pick the patients teeth for the student to probe. * One (1) anterior tooth and one (1) posterior tooth will be picked. * Probe readings should be performed after scaling or post-scaling. * Worth six (6) points per tooth = twelve (12) points for periodontal measurements.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | # | mm | | DF |  | | F |  | | MF |  | | DL |  | | L |  | | ML |  | | |  |  | | --- | --- | | # | Mm | | DF |  | | F |  | | MF |  | | DL |  | | L |  | | ML |  | | |

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| **CALCULUS DETECTION**   * Instructors will pick 12 teeth for the students to explore for calculus detection. There may or may not be calculus present on these assigned teeth. * Students explore each assigned surface and indicate the presence of subgingival calculus by recording a Y (Yes) or N (No) in the box below the assigned surface.  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Tooth Number  (Instructor) |  |  |  |  |  |  |  |  |  |  |  |  | | Yes or No  (Student)  (2 points each) | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |

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| **CALCULUS REMOVAL**   * **INSTRUCTORS** will pick the teeth and surfaces for the students to remove calculus. * Twelve (12) surfaces total, eight (8) surfaces on posterior teeth interproximal, four (4) surfaces on anterior teeth interproximal. * Students remove calculus from each assigned surface.  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Tooth Number  (Instructor) |  |  |  |  |  |  |  |  |  |  |  |  | | Yes or No  (Student)  (2 points each) | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |

**Grading Rubric**

Probe Measurements 12 points

Calculus Detection 24 points

Calculus Removal 60 points

Tissue Trauma 4 points

/100 points

* Self-Evaluation Student Initials
* Instructor Evaluation #1 Initials
* Instructor Evaluation #2 Initials
* Instructor Evaluation #3 Initials
* Instructor Comments

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

|  |  |
| --- | --- |
| Mock Board 2 Competency Evaluation (Fall)  Three (3) clinical instructors needed for this evaluation. | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 088 Clinic II, 80%  \*\*\*The patient must be 18 years and/or older. |

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| **PERIODONTAL MEASUREMENTS**   * Instructors will pick the patients teeth for the student to probe. * One (1) anterior tooth and one (1) posterior tooth will be picked. * Probe readings should be performed after scaling or post-scaling. * Worth six (6) points per tooth = twelve (12) points for periodontal measurements.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | # | mm | | DF |  | | F |  | | MF |  | | DL |  | | L |  | | ML |  | | |  |  | | --- | --- | | # | Mm | | DF |  | | F |  | | MF |  | | DL |  | | L |  | | ML |  | | |

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| **CALCULUS DETECTION**   * Instructor will pick 12 teeth for the students to explore for calculus detection. There may or may not be calculus present on these assigned teeth. * Students explore each assigned surface and indicate the presence of subgingival calculus by recording a Y (Yes) or N (No) in the box below the assigned surface.      |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Tooth Number  (Instructor) |  |  |  |  |  |  |  |  |  |  |  |  | | Yes or No  (Student)  (2 points each) | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |

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| **CALCULUS REMOVAL**   * **STUDENTS** will pick the teeth and surfaces with calculus present. * Twelve (12) surfaces total, eight (8) surfaces on posterior teeth interproximal, four (4) surfaces on anterior teeth interproximal. * Students remove calculus.  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Tooth  Number  (Student) |  |  |  |  |  |  |  |  |  |  |  |  | | Tooth Surfaces  (Student) | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | |  |  | | --- | --- | | MF |  | | F |  | | DF |  | | ML |  | | L |  | | DL |  | | | Yes or No  (Instructor)  (5 points each) |  |  |  |  |  |  |  |  |  |  |  |  | |

**Grading Rubric**

Probe Measurements 12 points

Calculus Detection 24 points

Calculus Removal 60 points

Tissue Trauma 4 points

/100 points

* Self-Evaluation Student Initials
* Instructor Evaluation #1 Initials
* Instructor Evaluation #2 Initials
* Instructor Evaluation #3 Initials
* Instructor Comments
* ***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

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| --- | --- |
| http://www.douglascountyil.com/images/125_bannerlogo.jpgLake Land Wordmark**Douglas County Health Department** | |
| Off-Campus Site Competency Evaluation Student Name  Date  Time in Time Out  Douglas County Initials | DHY 083 Clinic I, 90%  DHY 088 Clinic II, 95%  DHY 094 Clinic III, 100% |

* Students are required to travel to Douglas County Health Department to observe and/or treat scheduled patients. Times and days vary per semester.
* If Douglas County cancels, the student is required to come back to Lake Land’s Dental Hygiene clinic.
* If the student is going to miss or needs to reschedule with Douglas County, the student must inform the following people: Lake Land College Director, Lake Land College Administrative Assistant, Douglas County Director, and Douglas County Administrative Assistant.
* It is the student’s responsibility to reschedule and contact everyone involved.
* Students are required to stay the entire clinic at this agency.
* Students are not allowed to leave until they are dismissed by the agency instructor.
* Radiographs taken by students at Douglas County will be sent to Lake Land College for the dentist to grade and will count towards the student’s clinical quota.
* \*\*\*If a student misses their Douglas County clinical rotation 4% points will be taken off their final clinic grade.
* \*\*\*If a student is dismissed from their Douglas County clinical rotation for any circumstances, 4% points will be taken off their final clinic grade.
* \*\*\*If a student misses or is dismissed from their Douglas County clinical rotation, they are required to make up that clinic at that specific location unless they are not welcome back.

1. \_\_\_\_\_Student arrived 10 minutes early.

What did the student complete today?

1. \_\_\_\_\_Student was prepared for experience.
2. \_\_\_\_\_Student was professional with their patients.
3. \_\_\_\_\_Student was professional with their team.
4. \_\_\_\_\_Student asked appropriate questions.
5. \_\_\_\_\_Student followed the facilities infection control procedures.
6. \_\_\_\_\_Student was pro-active and took initiative.
7. \_\_\_\_\_Student took constructive criticism well.
8. \_\_\_\_\_Student displayed professional and appropriate behavior.
9. \_\_\_\_\_Student communicated effectively.
10. \_\_\_\_\_Student represented Lake Land College Dental Hygiene Program respectfully and professionally.
11. \_\_\_\_\_Student represented Lake Land Colleges Mission Statement as well as the Vision and Values Statement (Caring, Communication, Teamship, Innovation, and Excellence).

**12/12 = 100%, 11/12 = 91%, 10/12 = 83%, 9/12 = 75% (Redo) If the students fails, they need to make up their time with the facility. It is the student’s responsibility to make up this time and inform all parties listed above.**

Douglas County Comments

**Douglas County – Please fill out this form on each student, at every visit, and scan and email this form back within 24-48 hours to** [**ahomann4557@lakelandcollege.edu**](mailto:ahomann4557@lakelandcollege.edu) ***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

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| --- | --- |
| Lake Land WordmarkEdgar County Public Health Department Logo | |
| Off-Campus Site Competency Evaluation Student Name  Date  Time in Time out  Edgar County Initials | DHY 083 Clinic I, 90%  DHY 088 Clinic II, 95%  DHY 094 Clinic III, 100% |

* Students are required to travel to Edgar County Health Department to observe and/or treat scheduled patients. Times and days vary per semester.
* If Edgar County cancels, the student is required to come back to Lake Land’s Dental Hygiene clinic.
* If the student is going to miss or needs to reschedule with Edgar County, the student must inform the following people: Lake Land College Director, Lake Land College Administrative Assistant, Edgar County Dental Director, and Edgar County Student Coordinator.
* It is the student’s responsibility to reschedule and contact everyone involved.
* Students are required to stay the entire clinic at this agency.
* Students are not allowed to leave until they are dismissed by the agency instructor.
* Radiographs taken by students at Edgar County will be sent to Lake Land College for the dentist to grade and will count towards the student’s clinical quota.
* \*\*\*If a student misses their Edgar County clinical rotation 4% points will be taken off their final clinic grade.
* \*\*\*If a student is dismissed from their Edgar County clinical rotation for any circumstances, 4% points will be taken off their final clinic grade.
* \*\*\*If a student misses or is dismissed from their Edgar County clinical rotation, they are required to make up that clinic at that specific location unless they are not welcome back.

1. \_\_\_\_\_Student arrived 10 minutes early.

What did the student complete today?

1. \_\_\_\_\_Student was prepared for experience.
2. \_\_\_\_\_Student was professional with their patients.
3. \_\_\_\_\_Student was professional with their team.
4. \_\_\_\_\_Student asked appropriate questions.
5. \_\_\_\_\_Student followed the facilities infection control procedures.
6. \_\_\_\_\_Student was pro-active and took initiative.
7. \_\_\_\_\_Student took constructive criticism well.
8. \_\_\_\_\_Student displayed professional and appropriate behavior.
9. \_\_\_\_\_Student communicated effectively.
10. \_\_\_\_\_Student represented Lake Land College Dental Hygiene Program respectfully and professionally.
11. \_\_\_\_\_Student represented Lake Land Colleges Mission Statement as well as the Vision and Values Statement (Caring, Communication, Teamship, Innovation, and Excellence).

**12/12 = 100%, 11/12 = 91%, 10/12 = 83%, 9/12 = 75% (Redo) If the students fails, they need to make up their time with the facility. It is the student’s responsibility to make up this time and inform all parties listed above.**

Edgar County Comments

**Edgar County – Please fill out this form on each student, at every visit, and scan and email this form back within 24-48 hours to** [**ahomann4557@lakelandcollege.edu**](mailto:ahomann4557@lakelandcollege.edu)

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

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| Sarah Bush Lincoln: Trusted Compassionate CareLake Land Wordmark | |
| Off-Campus Site Competency Evaluation Student Name  Date  Time in Time out  Sarah Bush Dental Initials | DHY 083 Clinic I, 90%  DHY 088 Clinic II, 95%  DHY 094 Clinic III, 100% |

* Students are required to travel to Sarah Bush Lincoln Dental Services to observe and/or treat scheduled patients. Times and days vary per semester.
* If Sarah Bush Lincoln Dental Services cancels, the student is required to come back to Lake Land’s Dental Hygiene clinic.
* If the student is going to miss or needs to reschedule with Sarah Bush Lincoln Dental Services, the student must inform the following people: Lake Land College Director, Lake Land College Administrative Assistant, Sarah Bush Lincoln Dental Services Director, and Sarah Bush Lincoln Dental Services Administrative Assistant.
* It is the student’s responsibility to reschedule and contact everyone involved.
* Students are required to stay the entire clinic at this agency.
* Students are not allowed to leave until they are dismissed by the agency instructor.
* Radiographs taken by students at Sarah Bush Lincoln Dental Services will be sent to Lake Land College for the dentist to grade and will count towards the student’s clinical quota.
* \*\*\*If a student misses their Sarah Bush Lincoln Dental Services Experience 4% points will be taken off their final clinic grade.
* \*\*\*If a student is dismissed from their Sarah Bush Lincoln Dental Services clinical rotation for any circumstances, 4% points will be taken off their final clinic grade.
* \*\*\*If a student misses or is dismissed from their Sarah Bush Lincoln Dental Services clinical rotation, they are required to make up that clinic at that specific location unless they are not welcome back.

1. \_\_\_\_\_Student arrived 10 minutes early.

What did the student complete today?

1. \_\_\_\_\_Student was prepared for experience.
2. \_\_\_\_\_Student was professional with their patients.
3. \_\_\_\_\_Student was professional with their team.
4. \_\_\_\_\_Student asked appropriate questions.
5. \_\_\_\_\_Student followed the facilities infection control procedures.
6. \_\_\_\_\_Student was pro-active and took initiative.
7. \_\_\_\_\_Student took constructive criticism well.
8. \_\_\_\_\_Student displayed professional and appropriate behavior.
9. \_\_\_\_\_Student communicated effectively.
10. \_\_\_\_\_Student represented Lake Land College Dental Hygiene Program respectfully and professionally.
11. \_\_\_\_\_Student represented Lake Land Colleges Mission Statement as well as the Vision and Values Statement (Caring, Communication, Teamship, Innovation, and Excellence).

**12/12 = 100%, 11/12 = 91%, 10/12 = 83%, 9/12 = 75% (Redo) If the students fails, they need to make up their time with the facility. It is the student’s responsibility to make up this time and inform all parties listed above.**

Sarah Bush Lincoln Dental Services Comments

**Sarah Bush Lincoln Dental Services – Please fill out this form on each student, at every visit, and email this form back within 24-48 hours to** [**ahomann4557@lakelandcollege.edu**](mailto:ahomann4557@lakelandcollege.edu)

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

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| Oral Inspection Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 80%  DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%   * Must be complete on a patient 18 years and/or older. * Performed on every patient, a recall patient, or a new patient. * Updated at every appointment for return patients (example, patient was just here 1 week prior). |

1. Overall appraisal of patient.
   * posture, gait, general health status; size, hair, scalp, breathing, state of fatigue, voice, cough, hoarseness.
2. Face .
   * expression, evidence of fear or apprehension, shape, twitching, paralysis, jaw movements during speech, injuries, signs of abuse.
3. Skin .
   * color, texture, blemishes, traumatic lesions, eruptions, swellings, growths, scars, moles.
4. Eyes .
   * size of pupils, color of sclera, eyeglasses (corrective), protruding eyeballs.
5. Nodes, palpate pre and postauricular, occipital, submental, submandibular, cervical chain, supraclavicular.
   * adenopathy; lymphadenopathy, induration, or pain.
6. Glands, palpate, parotid, submental, submandibular.
   * Enlargement or pain, induration longer than 2 weeks.
7. Temporomandibular joint, palpate.
   * Trismus, fremitus, noises, clicking, popping, grating.
8. Lips, observe closed, then open, palate.
   * Color, texture, size, cracks, angular cheilosis, blisters, ulcers, traumatic lesions, irritation from lip-biting, limitation of opening; muscle elasticity; muscle tone, evidences of mouth breathing, induration.
9. Breath odor.
   * Severity, relation to oral hygiene, gingival health.
10. Labial and buccal mucosa, left and right examined systematically, vestibule, mucobuccal folds, frena, opening of Stensen duct, palpate cheeks.
    * Color, size, texture, contour, abrasions, traumatic lesions, cheek bite, effects of tobacco use, ulcers, growths, moistness of surfaces, relation of frena to free gingiva, induration.
11. Tongue, vestibule, dorsal, lateral borders, base of tongue, deviation on extension.
    * Shape, normal asymmetric, color, size, texture, consistency, fissures; papillae, coating, lesions, elevated, depressed, flat, induration.
12. Floor of mouth, ventral surface of tongue, palpate, duct openings, mucosa, frena, tongue action.
    * Varicosities, lesions, elevated, flat, depressed, traumatic, induration, limitation or freedom of movement of tongue, frena; tongue-tied.
13. Saliva.
    * Quantity, quality, thick, ropy, evidence of dry mouth, lip wetting, tongue coating.
14. Hard palate.
    * Height, contour, color, appearance of rugae, tori, growths, ulcers.
15. Soft palate, uvula.
    * Color, size, shape, petechiae, ulcers, growths.
16. Tonsillar region, throat.
    * Tonsils, size and shape, color, size surface characteristics, lesions, trauma.
17. Morphology.
    * Number of teeth, size, shape, arch form, position of individual teeth (diastema), injuries, fractures of the crown or root.
18. Development.
    * Anomalies and developmental defects, pits and white spots.
19. Eruption.
    * Sequence of eruption, normal, irregular, unerupted teeth observed.
20. Deposits, food debris, biofilm, calculus, supragingival, subgingival.
    * Overall evaluation of oral self-care and biofilm control measures, relation of appearance of teeth to gingival health, extent and location of biofilm, debris, and calculus.
21. Stains, extrinsic, intrinsic.
    * Extrinsic colors relate to causes, intrinsic dark grayish, and tobacco stain.
22. Noncarious lesions.
    * Attrition, primary and permanent, abrasion, physical agents that may be a cause, erosion.
23. Exposed cementum.
    * Relation to gingival recession, pocket formation, areas of narrow attached gingiva, hypersensitivity.
24. Dental caries.
    * Areas of demineralization, stages of carious lesions, proximal lesions observe in radiographs, arrested caries, root caries.
25. Restorations.
    * Contour of restorations, overhangs, proximal contact, surface smoothness, staining.
26. Factors related to occlusion.
    * Health of supporting structures; observation of radiographs for signs of trauma from occlusion.
27. Tooth wear.
    * Faces; worn down cusps tips.
28. Proximal contact.
29. Mobility.
    * Degree comparison of chartings.
30. Classification.
    * Position of teeth.
    * Angle’s classification.
31. Habits.
    * Nail or object biting; lip or cheek biting, observe effects on lip, cheek, teeth, tongue thrust; reverse swallow.
32. Edentulous area.
    * Impacted, unerupted teeth, supernumerary teeth, retained root tips, other deviations from normal.
33. Replacement for missing teeth, dentures, partial dentures, implants.
    * Teeth and tissue that support a prosthesis, cleanliness of a prosthesis, factors that contribute to food and debris retention.
34. Saliva.
    * Amount and consistency, dryness of mouth.

**34/34=100%, 33/34=97%, 32/34=94%, 31/34=91%, 30/34=88%, 29/34=85%, 28/34=82%, 27/34=79%**

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials \_\_\_\_\_\_\_
* Instructor Comments

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

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| **Panoramic Radiograph- Errors Identification** | |
| Student Name  Date  Patient Initials  Instructor Name | \*\*\*Student must answer all of the following even if they do not apply to their panoramic radiograph.  Freshmen - Spring 85%  Senior - Summer 90%, Fall 90% |

Is this panoramic radiograph of diagnostic quality and interpretation?

* 1. Yes, Explain
  2. No, Explain

**Match the following Panoramic Radiograph Errors**

|  |  |
| --- | --- |
| 1. Ghost image | Instruct the patient to remove all radiodense objects in the head and neck region before exposure (example, earrings).\_\_\_\_\_\_\_\_\_\_ |
| 1. Lead apron artifact | Instruct the patient to swallow, place and hold tongue to their palate, and close their lips around the bite block.\_\_\_\_\_\_\_\_\_\_ |
| 1. Lips and tongue | Use a lead apron without the thyroid collar and place the lead apron low around the neck of the patient.\_\_\_\_\_\_\_\_\_\_ |
| 1. Reverse smile line | Position the patient such that the Frankfort plane is parallel to the floor. Place the maxillary occlusals parallel to the floor. Instruct the patient to drop their chin down.\_\_\_\_\_\_\_\_\_\_ |
| 1. Exaggerated smile line | Position the patient such that the Frankfort plane is parallel to the floor. Place the maxillary occlusals parallel to the floor. Instruct the patient to raise their chin upward.\_\_\_\_\_\_\_\_\_\_ |
| 1. Anterior teeth too close to the focal trough and appear skinny | Position the patient in the most upright position possible or if slouching, ask to stand up as straight as possible.\_\_\_\_\_\_\_\_\_\_ |
| 1. Anterior teeth too far away from the focal trough and appear fat | Patients anterior teeth are too far forward on the bite-block, instruct the patient to move teeth back until they are in the bite-block, groove.\_\_\_\_\_\_\_\_\_\_ |
| 1. Patients head is not centered; ramus and posterior teeth appear unequally magnified | Patients anterior teeth are too far back on the bite-block, instruct the patient to move teeth forward until they are in the bite-block groove.\_\_\_\_\_\_\_\_\_\_ |
| 1. Patient is not or cannot stand or sit with their spine straight | Position the patients head so that the midline is centered on the bite-block.\_\_\_\_\_\_\_\_\_\_ |
| 1. Other |  |

**Oral Inspection: Landmarks to be identified on a Panoramic Radiograph**

Operator Name:

Patient Name:

Date of Exposure:

1. Number of teeth:

2. Condition of oral mucosa:

3. Abnormalities of tongue:

Instructor Signature:

4. Prosthesis present/Type:

5. Condition of gingiva:

Stippled:

Red & Inflamed:

Recessed:

Circle Yes or No if the landmark is or is NOT present. Circle Radiopaque or Radiolucent for EACH landmark.

Mastoid Process Yes No Radiopaque Radiolucent

Styloid Process Yes No Radiopaque Radiolucent

External Auditory Meatus Yes No Radiopaque Radiolucent

Glenoid Process Yes No Radiopaque Radiolucent

Articular Eminence Yes No Radiopaque Radiolucent

Lateral Pterygoid Plate Yes No Radiopaque Radiolucent

Pterygomaxillary Fissure Yes No Radiopaque Radiolucent

Maxillary Tuberosity Yes No Radiopaque Radiolucent

Infraorbital Foramen Yes No Radiopaque Radiolucent

Orbit Yes No Radiopaque Radiolucent

Incisive Foramen Yes No Radiopaque Radiolucent

Anterior Nasal Spine Yes No Radiopaque Radiolucent

Nasal Cavity/Nasal Fossa Yes No Radiopaque Radiolucent

Nasal Septum Yes No Radiopaque Radiolucent

Hard Palate Yes No Radiopaque Radiolucent

Maxillary Sinus Yes No Radiopaque Radiolucent

Floor of Maxillary Sinus Yes No Radiopaque Radiolucent

Zygomatic process of the Maxilla Yes No Radiopaque Radiolucent

Zygoma Yes No Radiopaque Radiolucent

Hamulus Yes No Radiopaque Radiolucent

Mandibular Condyle Yes No Radiopaque Radiolucent

Coronoid Notch Yes No Radiopaque Radiolucent

Coronoid Process Yes No Radiopaque Radiolucent

Mandibular Foramen Yes No Radiopaque Radiolucent

Mandibular Canal Yes No Radiopaque Radiolucent

Mental Foramen Yes No Radiopaque Radiolucent

Mental Ridge Yes No Radiopaque Radiolucent

Mental Fossa Yes No Radiopaque Radiolucent

Lingual Foramen Yes No Radiopaque Radiolucent

Genial Tubercles Yes No Radiopaque Radiolucent

Inferior Border of the Mandible Yes No Radiopaque Radiolucent

External Oblique Ridge Yes No Radiopaque Radiolucent

Internal Oblique Ridge Yes No Radiopaque Radiolucent

Mylohyoid Yes No Radiopaque Radiolucent

Submandibular Gland Fossa Yes No Radiopaque Radiolucent

Angle of the Mandible Yes No Radiopaque Radiolucent

Hyoid Bone Yes No Radiopaque Radiolucent

Spinal Column Yes No Radiopaque Radiolucent

Palatalglossal Air Space Yes No Radiopaque Radiolucent

Nasopharyngeal Air Space Yes No Radiopaque Radiolucent

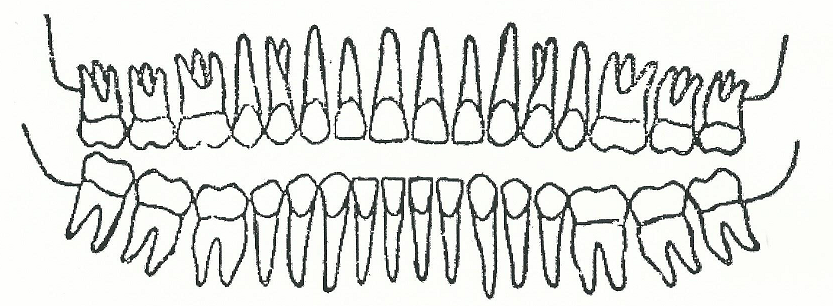
Glossopharyngeal Air Space Yes No Radiopaque Radiolucent

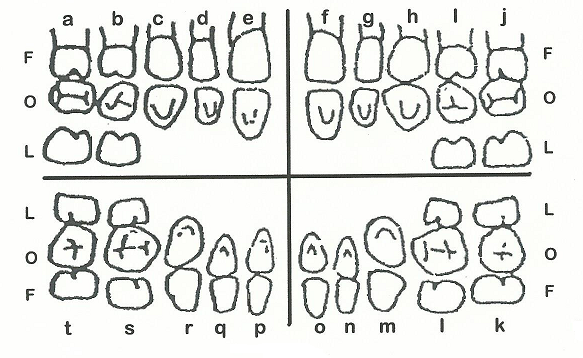
Other

**Dental Charting from a Panoramic Radiograph**

**Student Name Patient Name Instructor Initials**

Example: #3 MOD Composite, #4 Impacted, #5 DO Amalgam, #9 Root Canal, #19 Abscess, Cysts, #30 MO Decay, K-retained primary tooth, etc.





**Panoramic Radiograph Grading Rubric**

Students Name: Date:

Patients Name: Instructor:

**Panoramic Radiograph**

/70 points, Panoramic radiograph is of diagnostic quality and interpretation.

/55 points, Student had to retake panoramic radiograph for any circumstances.

/45 points, Student attempted twice, NOT of diagnostic quality or interpretation.

**Error Identification on a panoramic radiograph**

/10 points, No panoramic radiograph errors.

/5 points, Panoramic radiograph error present, but does not affect the diagnostic quality of the image.

/0 points, Not of diagnostic quality and interpretation.

**Oral Inspection: Landmarks to be identified on a panoramic radiograph**

/5 points, All landmarks were correctly identified on panoramic radiograph.

/5 points, All landmarks were correctly determined to be radiopaque or radiolucent

**Dental charting from a panoramic radiograph**

/10 points, Each tooth was properly charted from the panoramic radiograph.

/5 points, 1-3 teeth were not charted correctly from the panoramic radiograph.

/0 points, 4 or more teeth were not charted correctly from the panoramic radiograph.

/100 Total Points

100/100 = 100%

99/100 = 99%

98/100 = 98%

97/100 = 97%

96/100 = 96%

95/100 = 95%

94/100 = 94%

93/100 = 93%

92/100 = 92%

91/100 = 91%

90/100 = 90%

89/100 = 89%

88/100 = 88%

87/100 = 87%

86/100 = 86%

85/100 = 85%

84/100 = 84% (Redo)

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| Patient Specific Dental HygieneCare Plan Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 80%  DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*Must be complete on a patient 18 years and/or older. |

1. The written care plan includes a summary of the following…
   1. Assessment findings.
      1. Medical, Social, and Dental History.
      2. ASA classification, systemic diseases and conditions: current and past, medications, health behaviors, cultural factors, and functional assessment.
   2. Modifiable risk factors.
      1. Risk for increased oral disease, increased risk of systemic disease due to oral infection, and potential for compromised treatment outcomes.
   3. Dental hygiene diagnosis (examples below). This is based on interpretation and analysis of the assessment data.
      1. Hypersensitivity, Related to: gingival recession resulting in exposed root surfaces.
      2. Gingival bleeding, Related to: biofilm accumulation causing inflammation.
      3. Increased caries risk (CAMBRA), Related to: previous history of dental caries and consumption of sugar-sweetened averages frequently throughout each day.
      4. Biofilm control, Related to: limited ability to perform oral self-care tasks.
      5. Inflamed tissue, Related to: biofilm accumulation causing inflammation.
      6. Decreased saliva flow/xerostomia, Related to: side effect of medication.
      7. Red patchy tissue on palate appears to nicotine stomatitis, Related to: regular tobacco use.
      8. Generalized Periodontitis, Related to: inadequate biofilm control, lack of regular professional dental care, radiographic evidence of interdental clinical attachment loss.
   4. Planned dental hygiene interventions.
      1. Clinical treatments.
      2. Preventive measures.
      3. Education and counseling topics.
      4. Individualized oral hygiene instructions.
   5. Expected outcomes based on patient centered goals.
      1. Short term goals.
      2. Long term goals.
      3. Realistic time frame for measuring success of treatment goal outcomes.
   6. An appointment plan that sequences treatment procedures.
      1. An appointment plan for multiple appointments.
      2. Outlines a sequence of interventions.
      3. Properly prioritized and sequenced treatment and education interventions.
   7. Education interventions for each appointment.
   8. Section for patient signature indicating informed consent for the planned care.

**21/21=100%**

**20/21=95%**

**19/21=90%**

**18/21=86%**

**17/21=81%**

**16/21=76%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

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| **Patient Education Competency Evaluation**  (Oral Health Instruction- OHI) | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 80%  DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*Must be completed on a patient 18 years and/or older. |

1. Assesses patient’s knowledge level of oral health and disease factors. Asks specifically about soft drinks, sports drinks, juices, and all acidic drinks. Discusses PH balance and how the drinks can harm the teeth.
2. Student reviewed the patient’s CAMBRA form.
3. Discusses patient’s present oral status in relationship to oral health/disease factors (use plaque and bleeding indices and oral examination information). Shows patient areas of plaque
4. Supplements patient’s present knowledge of oral health and disease factors. Includes accurate information on plaque, calculus, stain, gingivitis, and periodontal disease and the decay process.
5. Uses visual aids effectively including areas of plaque disclosing solution, and ay written material or visual display/gives pamphlets, etc.
6. Presents information which is designed for the patient’s needs, attitudes, and understanding level.
7. Discusses the benefits of xylitol and incorporating it into the patient’s diet or product usage.
8. Allows a patient to demonstrate and explain their present oral hygiene methods.
9. **Toothbrush** 
   * Explains why brushing our teeth is important.
   * Explains the advantages/disadvantages of using powered toothbrushes.
   * Explains advantages/disadvantages of a manual toothbrush.
   * Identifies need for new or modified methods and explains to patient reasons of the change. Points out to patient area of concerns within the oral cavity.
   * Selects appropriate toothbrush, tooth brushing technique, and auxiliary aids when indicated.
   * Explains differences in hard bristle vs. medium bristle vs. soft bristle.
   * Explains and advises proper time and amount of brushing for the patient.
   * Instructs patient in proper grasp when necessary.
   * Demonstrates and explains correct placement/angulation of bristles when necessary in the patient’s own mouth.
   * Demonstrates and explain tooth brushing strokes per surface correctly when necessary.
   * Allows patient to demonstrate the procedure thoroughly in the patient’s own mouth.
   * Instructs patient as to proper care of toothbrushes.
   * Instructs patient as to approximate life expectancy of toothbrushes and selected auxiliary aids.

* Tell-show-do the Bass and Modified Bass Methods.
* Tell-show-do the Stillman and Modified Stillmans Method.
* Tell-show-do the Charters methods.
* Tell-show-do the Fones (or circular method).
* Tell-show-do the Leonards (or vertical) method.
* Explain tongue brushing.
* Explain types of tongue cleaners and scrapers.

1. **Toothpaste**
   * Identifies appropriate dentifrice for patient.

* Explains the purpose of toothpaste.
* List the active ingredients provided in dentifrices.
* Amount of toothpaste to be used.

1. **Interdental Cleaning** 
   * Explains the reason for using interproximal biofilm removal products.
   * Demonstrates and explains correct methods of grasping dental floss/product.
   * Demonstrates and explains correct insertion and removal of dental floss/interproximal products.
   * Allows patient to demonstrate the procedure thoroughly in the patient’s own mouth.
   * Identifies method and purpose of self-evaluation techniques.

* Explains the difference between waxed and unwaxed floss.
  + Explains aids for flossing such as; floss threader, tufted dental floss, power flossers, single-tuft brush (end-tuft brush), interdental tip, toothpick in holder, wooden interdental cleaner.

1. Water Pik

* Explains the benefits of the Water Pik.

1. **Fluoride**
   * Explains the purpose and value of water fluoridation and/or home fluoride use.

* Demonstrates and explains use of additional auxiliary aids when indicated.
* Places emphasis on difficult to cleanse areas, including malocclusions.
* Answers patient’s questions courteously and correctly.

1. **Mouth Rinses** 
   * Discusses fallacies and benefits of mouth washes and mouth rinses.

* Describes all the different mouth rinses.
  + Explains contraindications of mouth rinse.
* Instructs patient to rinse with water after drinking acidic drinks or vomiting. The water will get fluoride to the tooth to help attack calcium back to the tooth.

**48/48=100%**

**41/48= 85%**

**38/48= 79%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

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| **Periodontal Debridement Competency**  **Evaluation**  Scaling and Root Planing (SRP) | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*Must be completed on a patient 18 years and/or older.   * Completed on a Class II or III Calculus patient * Patient must have bone loss, inflammation, bleeding, soft and hard deposits, and at least 3 or more 5mm pockets with calculus in one quad. * Students can use ultrasonic prior to root debridement, straight, right and/or left tips. |

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| PROFESSIONALISM – Student demonstrated the following during evaluation:  **(**2 points for acceptable, 1 point for improvements needed, and 0 points for unacceptable) | | |  | |  |
| 1. PERSONAL APPEARANCE – Dress code is appropriate for clinical requirements as stated in student manual. | 2 | 1 | | 0 | |
| 1. TERMINOLOGY – Utilize appropriate dental hygiene terminology. | 2 | 1 | | 0 | |
| 1. PREPAREDNESS – Set up required armamentarium for use during session. | 2 | 1 | | 0 | |
| 1. \*PROFESSIONAL BEHAVIOR - Be attentive, courteous, responsive, and professional to patient and instructor. | 2 | -- | | 0 | |
| 1. \*ASEPSIS - Practice appropriate aseptic technique according to the criteria established for the procedure (prepare room and complete procedure according to infection control guidelines to prevent cross-contamination). | 2 | -- | | 0 | |
| Comments: | TOTAL \_\_\_\_\_/10 | | | | |

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| **Student demonstrated the proper general procedures to instructor during evaluation:**  **(**2 points for acceptable, 1 point for improvements needed, and 0 points for unacceptable) | | | | | |
| 1. Correctly adjust operator/patient chair position for instrumentation and procedure. | 2 | | 1 | 0 | |
| 1. Remain aware of patient comfort through entire procedure (light, head direction, mirror use). | 2 | | 1 | 0 | |
| 1. Position self correctly for instrumenting/procedure in designated sextants. | 2 | | 1 | 0 | |
| 1. Illuminate treatment area with the light. | 2 | | 1 | 0 | |
| 1. Operator does not obstruct light. | 2 | | 1 | 0 | |
| 1. Use the mirror for indirect vision, illumination and retraction as needed. | 2 | | 1 | 0 | |
| 1. \*Did not cause unnecessary tissue trauma. Causing unnecessary tissue trauma is automatic failure of evaluation. | 2 | -- | | | 0 |
| Comments: | TOTAL\_\_\_\_\_\_/14 | | | | |

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| PERIODONTAL SKILLS – Student demonstrated the following during evaluation:  **(**2 points for acceptable, 1 point for improvements needed, and 0 points for unacceptable) | | |  | |  |
| 1. Procedure explained to the patient. | 2 | 1 | | 0 | |
| 1. Indications for root debridement stated. | 2 | 1 | | 0 | |
| 1. Instruments are sharp and were evaluated for sharpness. | 2 | 1 | | 0 | |
| 1. Patient’s need for pain control was assessed and provided if needed. | 2 | -- | | 0 | |
| 1. Teeth and root surfaces were dried with air or gauze throughout procedure. | 2 | -- | | 0 | |
| 1. Used root debridement stokes and multidirectional strokes. | 2 | 1 | | 0 | |
| 1. Strokes were on root surfaces (whether it was for detoxifying surfaces, removing calculus, removing plaque but root cementum still remained) | 2 | 1 | | 0 | |
| 1. Irrigated surfaces and/or rinsed with CHX or Listerine after procedure. | 2 | 1 | | 0 | |
| 1. POST-OP INSTRUCTIONS: Post-operative instructions given to patient for root debridement and pain control procedures AND post-treatment sensitivity discussed with patient. | 2 | 1 | | 0 | |
| Comments: | TOTAL \_\_\_\_\_/18 | | | | |

You will need to use three (3) specialty instruments of your choice for this evaluation. The instructor will observe the use of each specialty instrument. Each criterion is worth 2 points (2 points for acceptable, 1 point for improvements needed, and 0 points for unacceptable).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Instrument | Grasp | Fulcrum | Correct End\* | Insertion | Angulation | Activation | Adaptation | Wrist Motion |
| Specialty Instrument #1 |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_\_/16 | | | | | | | |
| Specialty Instrument #2 |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_\_/16 | | | | | | | |
| Specialty Instrument #3 |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_\_/16 | | | | | | | |
| Total | \_\_\_\_\_\_\_/48 | | | | | | | |

TOTAL from all 4 sections: \_\_\_\_\_\_\_\_\_\_\_\_\_/90 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% DHY 088 Clinic II, 85%: 77/90 or higher DHY 094 Clinic III, 90%: 81/90or higher ***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials

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| PERMISSION FORM **(Under the age of 18)** | |
| Student Name  Date Signed  Instructor Name | Lake Land College  5001 Lake Land Blvd.  Mattoon, IL 61938  (217) 234-5249 |

I (Parent or Guardian Signature) give my permission for a Lake Land College Dental Hygiene student to perform dental hygiene care for my minor child. I understand that all dental hygiene treatment will be performed under the direction of a supervisory dentist and dental hygienist. I give my authorization for all dental treatment including routine procedures (x-rays, sealants, fluoride, dental cleaning, exam, etc.) that may be required during my absence.

Child’s Name

Child’s Age

Printed Name of Parent or Guardian

Signature of Parent or Guardian

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| --- | --- |
| Stain (Extrinsic) Removal CompetencyEvaluation (Polishing) | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 80%  DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*Patient must be 16 years and/or older or fully erupted adult dentition. |

1. Review medical history.
2. Contraindications.
   1. Respiratory problems: (asthma, emphysema, cystic fibrosis, lung cancer, patients requiring oxygen, or breathing problems).
   2. Tooth sensitivity: no polishing of dentin and cementum.
   3. Restorations: restorations and titanium implants may be scratched by abrasive prophylaxis polishing pastes.
   4. Tooth colored restorations need to be polished with a cleaning agent.
   5. Communicable disease
3. Review intraoral charting and radiographs to locate all restorations.
4. Complete scaling, root debridement, and overhang removal.
5. Inform the patient that polishing is a cosmetic procedure, not a therapeutic one.
6. Explain the difference between cleaning and polishing agents.
7. Check all restorations to ensure that the correct polishing agent has been selected.
8. Describe the noise, vibration, and grit of the polishing paste.
9. Explain the frequent use of rinsing and evacuation with the saliva ejector.
10. Safety glasses worn to prevent eye injury or infection from the prophy paste.
11. Fluid resistant drape over patient to keep moisture from skin and clothing.
12. Patient is positioned for maximum visibility.
13. Apply the polishing agent only where it is need.
14. Modified pen grasp.
15. Finger rest: establish a fulcrum firmly on tooth structure or use an exterior rest, use a wide rest area when practical to aid in the balance of the large instrument, avoid use of mobile teeth as finger rests.
16. Speed of Hand piece: use lowest available speed to minimize frictional heat.
17. Use of Rheostat: apply steady pressure with foot to produce an even, low speed.
18. Fill rubber cup with polishing agent, and distribute agent over tooth surfaces to be polished before activing the power.
19. Establish finger rest and bring rubber cup almost in contact with tooth surface before activing power source.
20. Using slowest rpm, apply revolving cup at a 90 degree angle light to tooth surfaces for 1 to 2 seconds.
21. Use light pressure so that the edges of the rubber cup flare slightly.
22. The rubber cup needs to flare slightly underneath the gingival margin and onto the proximal surfaces.
23. Move cup to adjacent area on tooth surface, use a patting or brushing motion.
24. Replenish supply of polishing agent frequently.
25. Turn hand piece to adapt rubber cup to fit each surface of the tooth, including proximal surfaces and gingival surfaces of fixe partial dentures.
26. Start with the distal surface of the most posterior tooth of a quadrant and move forward toward the anterior; polishing only the teeth that require stain removal.
27. For each tooth, work from the gingival third toward the incisal third of the tooth.
28. When two polishing agents of different abrasiveness are to be applied, use a separate rubber cup for each.
29. Rubber cups, polishing points, and polishing brushes cannot be sterilized and are used only for on patient and then discarded.

**29/29=100%**

**28/29= 96%**

**27/29= 93%**

**26/29= 89%**

**25/29= 86%**

**24/29= 82%**

**23/29= 79%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

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| --- | --- |
| Quality Assurance Chart Audit Report Patient Care Services | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, Complete  DHY 088 Clinic II, Complete  DHY 094 Clinic III, Complete   * It needs to be completed on five (5) different patients that the student has worked on with their clinical advisor. |

\*\*\*The Dental Hygiene Programs Quality Assurance Plan informs patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facility. This form must be complete on five (5) different patients that you have worked on by the end of each semester. Go through the patients files on Patterson Eaglesoft and/or hard copies with your clinic advisor to make sure each of the components below are addressed appropriately.

* Policy: The Lake Land College Dental Hygiene Program provides patients with timely and appropriate dental hygiene care through use of the Dental Hygiene Process Care Plan.
* Purpose: The quality assurance mechanism examines the actual quality of care delivered. The findings of the audit are used to:
  + Confirm utilization of the Dental Hygiene Process Care Plan.
  + Examine the quality of care delivered.
  + Identify areas in which the Dental Hygiene Process Care Plan can be improved.
* The findings are analyzed by the Program Director and the Dental Hygiene Program Faculty, and areas needing improvement are identified.
* A plan is developed to address specific areas needing improvement.
* Changes are made in the Dental Hygiene Clinic in order to improve patient care.

1. Assess (Data Collection) – Circle what is missing below and why is it missing?
   1. Medical history
   2. Oral inspection
   3. Dental history chart
   4. Plaque control record
   5. Calculus chart
   6. Full mouth periodontal probe
   7. Dental radiographs
   8. CAMBRA
   9. Bleeding points
   10. Tobacco survey
   11. Nutritional counseling survey
2. Dental Hygiene Diagnosis/Interpretation (Problem identification) – Circle what is missing below and why is it missing?
   1. Stated on Dental Hygiene Care Plan
3. Plan (Selection of interventions) – Circle what is missing below and why is it missing?
   1. Consent for use and disclosure of health information
   2. Acknowledgement of receipt of notice of privacy practices
   3. Patient bill of rights
   4. Treatment plan signed by patient, instructor, dentist, and student
4. Implement (Activating the plan) – Circle what is missing below and why is it missing?
   1. Pain control informed consent
   2. Treatment plan carried out
5. Evaluate (Feedback on effectiveness) – Circle what is missing below and why is it missing?
   1. Patient progress record
   2. Referral documented
6. Document (comprehensive record-keeping) – Circle what is missing below and why is it missing?
   1. Progress note complete
   2. Dental hygiene patient survey complete

Deficiencies Noted by student:

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

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| Receptionist Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 90%  DHY 088 Clinic II, 95%  DHY 094 Clinic III, 100%   * Students arrives 35 minutes early for these duties. * Students are required to complete forms for each of these duties for a completion grade. * Each student will be scheduled for duties at least 3-5 times a semester. |

1. Arrives 35 minutes before clinic starts.
2. Greets patients and speaks to patients with a positive and enthusiastic persona.
3. Check voicemails and return calls throughout clinic.
4. Manage the Patterson eagle soft schedule.
5. Manage patient arrival correspondence (yellow, green, red).
6. Completes tasks asked by the Administrative Assistant.
7. Calls and confirms next day appointments.
8. Relays messages from reception area to/from student and faculty.
9. Completes patient recall list.
10. Make sure there are plenty of copies of papers in reception office (blood pressure, premedication, etc.)
11. Scan patient files as needed. Once scanned, shred file.
12. Complete any other duties as assigned by instructors or administrative assistant.
13. \_\_\_Student is professional and uses appropriate behavior with patients, classmates, and faculty.
14. Wipes down reception office, waiting room, and room 056 computer lab.
15. Turns off lights and locks reception office, waiting room, and room 056 computer lab.

**15/15=100%**

**14/15=93%**

**13/15=87%**

**12/15=80%**

**11/15=73%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

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| Remediation Form | |
| Student Name  Date \_\_\_\_\_\_\_\_\_\_\_\_  Instructor Name | \*\*\*Clinical Advisors and Students will complete this form each semester.  \*\*\*If the student still does not pass after the 3rd attempt, they will be dismissed from the program. |

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| Evaluation | 1st attempt | 2nd attempt | Remediation | 3rd attempt |
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| Request for consideration of ProphylacticAntibiotics prior to dental treatment | |
| Patient’s Name:  Patient’s Address:  Patient’s Date of Birth: | Dental Hygiene Clinic  Allied Health Division  Lake Land College  5001 Lake Land Blvd.  Mattoon, IL 61938  Phone: 217-234-5201  Fax: 217-234-5248 |

I, the undersigned, grant permission to any physician, dentist, clinic, or hospital to release to the Lake Land College Dental Hygiene Clinic all information concerning my present and/or past medical or dental condition and treatments.

Patient or guardian signature: Date:

Dear Doctor or Hospital:

Mr. Mrs. Ms. reported to the Lake Land College Dental Hygiene Clinic on \_\_\_\_\_\_\_\_\_ for dental hygiene care which included periodontal procedures (subgingival scaling/root planning) that will create bacteremia. The patient’s review of medical history indicates that one or more of the below listed conditions now exist or existed at one time:

\_\_\_\_\_Prosthetic cardiac valves

\_\_\_\_\_Unrepaired cyanotic congenital heart disease including those with shunts/conduits

\_\_\_\_\_Completely repaired congenital heart disease with prosthetic material or device

\_\_\_\_\_Cardiac transplantation with valvular disease

\_\_\_\_\_Immunocompromised/Immunosuppressed

\_\_\_\_\_Previous bacterial endocarditis

\_\_\_\_\_Repaired congenital heart disease with residual heart defects

\_\_\_\_\_Surgically constructed systemic pulmonary shunts or conduits (during the 1st 6 months after)

\_\_\_\_\_Joint replacement

\_\_\_\_\_Other (please specify)

We are requesting a professional explanation of this patient's condition(s) and for your consideration of the need for prophylactic antibiotics prior to dental treatment.  If antibiotics are recommended prior to dental treatment, we ask that you would prescribe the appropriate antibiotic regimen and advise this patient on the proper administration of this medication.  Any further recommendations you may contribute to assist in the dental treatment of this patient are greatly appreciated. Thank you.

Medical Findings, recommendations, and antibiotic regimen if prescribed:

|  |
| --- |
| Printed name of physician:  Phone number: Fax number: |

Physician’s Signature: Date:

|  |  |
| --- | --- |
| Scaling Competency Evaluation(Hand Scaling) | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 80%: 134/168 or higher  DHY 088 Clinic II, 85%: 142/168 or higher  DHY 094 Clinic III, 90%: 151/168 or higher  This needs to be done on a patient with calculus (Class II or III).  \*Failure of starred item/critical error results in automatic failure of this evaluation |

The instructor(s) will observe the use of each instrument in at least one maxillary sextant/quad and one mandibular sextant/quad. Each criterion is worth 2 points (2 points for acceptable, 1 point for improvements needed, and 0 points for unacceptable). This evaluation should be done on different patients, on different days, and with different instructors.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Instrument | Instructor Initials | Date | Sextants Evaluated | Grasp | Fulcrum | Correct End\* | Insertion | Angulation | Activation | Adaptation | Wrist Motion |
| Explorer 11/12 |  |  |  |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_/16 | | | | | | | | | | |
| 204S |  |  |  |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_/16 | | | | | | | | | | |
| Anterior Nevi |  |  |  |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_/16 | | | | | | | | | | |
| McCall 13/14 |  |  |  |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_/16 | | | | | | | | | | |
| Nevi 4 |  |  |  |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_/16 | | | | | | | | | | |
| Gracey ½ |  |  |  |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_/16 | | | | | | | | | | |
| Gracey 7/8 |  |  |  |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_/16 | | | | | | | | | | |
| Pattison 11/12 |  |  |  |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_/16 | | | | | | | | | | |
| Gracey 13/14 |  |  |  |  |  |  |  |  |  |  |  |
| Comments | \_\_\_\_\_\_/16 | | | | | | | | | | |
| Total | \_\_\_\_\_\_\_/144 | | | | | | | | | | |

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| **Student demonstrated the proper general procedures to instructor during evaluation:** | | | | | |
| 1. Correctly adjust operator/patient chair position for instrumentation and procedure.   *Comments:* | 2 | 1 | | 0 | |
| 1. Remain aware of patient comfort through entire procedure (light, head direction, mirror use).   *Comments:* | 2 | 1 | | 0 | |
| 1. Position self correctly for instrumenting/procedure in designated sextants.   *Comments:* | 2 | 1 | | 0 | |
| 1. Illuminate treatment area with the light.   *Comments:* | 2 | 1 | | 0 | |
| 1. Operator does not obstruct light.   *Comments:* | 2 | 1 | | 0 | |
| 1. Use the mirror for indirect vision, illumination and retraction as needed.   *Comments:* | 2 | 1 | | 0 | |
| 1. \*Did not cause unnecessary tissue trauma. Causing unnecessary tissue trauma is automatic failure of evaluation.   *Comments:* | 2 | -- | | 0 | |
| TOTAL | \_\_\_\_\_\_/14 | | | | |
| PROFESSIONALISM – Student demonstrated the following during evaluation: | | |  | |  |
| 1. PERSONAL APPEARANCE – Dress code is appropriate for clinical requirements as stated in student manual.   *Comments:* | 2 | | 1 | | 0 |
| 1. TERMINOLOGY – Utilize appropriate dental hygiene terminology.   *Comments:* | 2 | | 1 | | 0 |
| 1. PREPAREDNESS – Set up required armamentarium for use during session.   *Comments:* | 2 | | 1 | | 0 |
| 1. \*PROFESSIONAL BEHAVIOR - Be attentive, courteous, responsive, and professional to patient and instructor.   *Comments:* | 2 | | -- | | 0 |
| 1. \*ASEPSIS - Practice appropriate aseptic technique according to the criteria established for the procedure (prepare room and complete procedure according to infection control guidelines to prevent cross-contamination).   *Comments:* | 2 | | -- | | 0 |
| TOTAL: | \_\_\_\_\_/10 | | | | |

TOTAL from all 3 sections: \_\_\_\_\_\_\_\_\_\_\_\_\_/168 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

**\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.**

**Student completed a self-evaluation: Yes or No Student initials after self-evaluation: \_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| School and/or Work Excused Absence Form | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient’s Name: \_\_\_\_\_ | Dental Hygiene Clinic  Allied Health Division  Lake Land College  5001 Lake Land Blvd.  Mattoon, IL 61938  Phone: 217-234-5201  Fax: 217-234-5248 |

To Whom It May Concern:

This letter is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ had an appointment at the Lake Land College Dental Hygiene Clinic on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Treatment and services were provided by a student dental hygienist under the supervision of our clinic dentist and staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lake Land College Dental Hygiene Faculty

Lake Land College Dental Clinic

|  |  |
| --- | --- |
| Sealant Competency Evaluation **(Applying Dental Sealants)** | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 094 Clinic III, 90%  \*\*\*This can be complete on any age patient.  Surfaces must be approved by a dentist.  Student must perform six (6) sealants. Does not have to be completed on one (1) patient. These 6 sealants can be completed on multiple patients. |

1. Set up appropriate instruments and supplies.
2. Cleaned teeth with pumice.
3. Established and maintained isolation.
4. Etched enamel for appropriate time.
5. Applied sealant and adequately covered pits and fissures.
6. Cured sealant material for appropriate length of time.
7. Checked sealants for retention and porosity.
8. Checked occlusion.
9. Checked contacts with floss for blockage.
10. Informed patient or parent of importance of periodic maintenance visits.

**10/10=100%**

**9/10=90%**

**8/10=80%**

**7/10=70%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

|  |  |
| --- | --- |
| Sterilization Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 90%  DHY 088 Clinic II, 95%  DHY 094 Clinic III, 100%   * Students arrive 30 minutes early for these duties. * Students are required to complete forms for each of these duties for a completion grade. * There are evaluation forms for these 2 duties that must be turned into their advisor. * Each student will be scheduled for duties at least 3-5 times a semester. |

1. Assist the clinic instructors in biological monitoring of the autoclaves. Run vials through each autoclave and place in the incubator (Tuesdays).
2. Check supply room to see if we need/out of something. Write in down in the supply need book and put a note on the Directors door.
3. If you are in clinic and the sterilizer was not ran before you left, you must come in the next day or morning and start the sterilizer.
4. Check/renew supplies in sterilization area.
5. Check and restock clinic cabinets and x-ray.
6. Assist students exposing radiographs.
7. Keep clinic and x-ray rooms tidy. Wipe all shelves, cabinets, drawers, carts down.
8. Prepare containers and solutions for prosthetic appliances.
9. Assist students in special procedures.
10. Prepare instruments for autoclave.
11. Operate autoclaves.
12. Prepare and use ultrasonic cleaner.
13. Clean sterilization area, darkroom, x-ray rooms, locker room, and plaster room.
14. Organize equipment.
15. Wash, dry, and fold laundry.
16. Turn off all unit suctions vales.
17. Turn off air compressor and suction switches.
18. Turn off x-ray units.
19. Turn off automatic processor.
20. Unplug autoclaves and sanitize ultrasonic.
21. Turn off safe lights.
22. \_\_\_Turn off clinic lights.
23. \_\_\_Student was professional, communicative, and used appropriate behavior.

**23/23=100%, 22/23=96%, 21/23=91%, 20/23=87%, 19/23=83%, 18/23=78%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

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| --- |
| Student Make-Up Time Sheet Student Name  Semester and Year |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Absent** | **Clinic**  **Missed** | **# of Hours Missed** | **MAKE-UP Date** | **# of MAKE-UP Hours** | **Administrative Assistant Initials** |
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| Study Model (Teeth Only) CompetencyEvaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 80%  DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%   * Study model (teeth poured up into dental stone/no base) * This can be performed on a patient 18 and older, or approved by an instructor. |

1. Mixing gypsum products
   1. Set up appropriate instruments and supplies.
   2. Measured recommended amount of water and gypsum.
   3. Sifted the powder gradually into the water.
   4. Mixed the material vigorously for 60 seconds until all the material was smooth and incorporated.
   5. Vibrated the material to remove all air incorporated while mixing.
   6. Mixing procedure complete din no more than 2 minutes.
   7. Cleaned all equipment.
2. Pouring up the maxillary and mandibular negative reproductions.
   1. Set up appropriate instruments and supplies.
   2. Used appropriate protection.
   3. Rinsed impression of all disinfecting solution.
   4. Placed a small increment of gypsum in the most posterior area of the impression.
   5. Added successive increments and allowed them to flow into individual tooth indentations.
   6. Tilted the tray to move the gypsum forward across the anterior portion of the impression.
   7. Tilted the tray to allow the gypsum to move to the outer end of the impression.
   8. Filled impression slightly higher than the periphery of the impression tray.
   9. Set impression upright on a tile or paper towel to thicken.
   10. Cleaned all equipment.
3. Separating the alginate impression from the gypsum products.
   1. Set up all appropriate instruments and supplies.
   2. Used appropriate protection.
   3. Removed model from tile or paper towel.
   4. Used laboratory knife to remove all excess gypsum from tray.
   5. Used laboratory knife to carefully loosen tray from impression material by prying apart in several areas.
   6. Used upward motion to lift tray, using laboratory knife or plastic nippers as needed to remove any obstructions.
4. Trimming.
   1. Set up appropriate instruments and supplies.
   2. Used appropriate protection.
   3. Soaked base in water for 5 minutes.
   4. Working table of model trimmer secured and at a 90 degree angle to the trimming wheel.
   5. Water flow adjusted to allow for sufficient cleaning of the cutting wheel.
   6. Excess gypsum cut from models.
   7. Models labeled with the patient’s name and date.

**30/30=100%**

**29/30=97%**

**28/30=93%**

**27/30=90%**

**26/30=87%**

**25/30=83%**

**24/30=80%**

**23/30=77%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

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| --- | --- |
| Tobacco Cessation Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%  \*\*\*Must be completed on a patient 16 years and/or older. |

1. The tobacco use survey was reviewed and discussed with the student’s instructor.
2. The type, amount, and frequency of use was identified.
3. The stage of change was correctly identified.
4. A periodontal screen and tissue assessment was performed.
5. An oral cancer screening was performed.
6. Intraoral signs of tobacco were shown to the patient and was related to the patient.
7. **Ask**: Ask patients about tobacco use. Confirms what the patient marked on the Tobacco Use Survey.
   1. Health History.
   2. Present questions carefully.
   3. Obtain patient’s confidence.
8. **Advise**: Advise patients to quit. In a clear, unambiguous way, advises the patient to quit using tobacco, this includes Vap or chew.
   1. Never Users/Former Users.
      1. Praise.
      2. Reinforce.
   2. Current Users: Stop-Look-Listen Approach.
      1. Stop now.
      2. Show.
      3. Listen.
9. **Assess**: Assess the patient’s willingness to quit. Promote motivation to quit (motivational interviewing). Confirms level of readiness to make a quit attempt.
   1. Ask the patient: “Are you ready to quit?” if no, go through the 5R’s
   2. Relevance.
   3. Risks.
   4. Rewards.
   5. Roadblocks.
   6. Repetition.
10. **Assist**: Assist the patient with quitting. Appropriate resource materials were selected, referral options were discussed.
    1. Establish a quit plan.
    2. Provide practical counseling.
    3. Pharmacotherapy. (ex: Wellbutrin, nicotine replacement therapies, Chantix, etc.)
    4. Provide educational information.
11. **Arrange**: Arrange for a follow-up with the patient at next visit.
    1. Follow-up offered for next recall.
    2. Discuss what actions the patient took in between appointments.
12. The student used open ended questions.
13. Active listening was utilized by the student.
14. The intervention was provided with empathy and sensitivity.
15. The intervention was presented with confidence.
16. Effective communication skills were used with the patient and instructor.

**36/36=100%**

**35/36=97%**

**34/36=94%**

**33/36=92%**

**32/36=89%**

**31/36=86%**

**30/36=83%**

**29/36=81%**

**28/36=78%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments

|  |  |
| --- | --- |
| Treatment Summary Form AndPatient Dental Hygiene Screening | |
| Date  Patient Initials | Please call 217-234-5249 to schedule your next visit ☺  Month Year |

**Fill the form out below by answering each area that applies to patient screening or treatment.**

**Medical History Review**

* Blood Pressure
* Pulse
* Respiration
* Temperature

**Intraoral & Extraoral Screening**

* Completed
* Incomplete

**Dental Charting/Screening**

* Completed
* Incomplete

**Oral Health Education**

* Completed
* Incomplete

**Periodontal Assessment**

* Completed
* Incomplete

**Radiographic Images**

* FMX
* BWX
* Pano
* Periapical(s)

**Hard & Soft Deposit Removal**

* Completed
* Incomplete

**Periodontal Debridement**

* Completed
* Incomplete

**Arestin**

* Completed
* Incomplete

**Fluoride Treatment**

* Fluoride Gel
* Fluoride Varnish

**Dental Sealants**

* Completed
* Incomplete

**Nutritional Counseling**

* Completed
* Incomplete

**Tobacco Cessation Counseling**

* Completed
* Incomplete

**Pain Control Options**

* Local Anesthetic
* Topical

**Dental Hygiene Assessment & Treatment Plan**

* Completed
* Incomplete

|  |  |
| --- | --- |
| **A preliminary screening suggests the possibility of the following condition(s):**  Carious lesions, Yes or No  Oral lesion, Yes or No  TMJ Dysfunction, Yes or No  Periodontal Surgery, yes or No  Malocclusion, Yes or No  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Personal Recommendations**  Brush\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Floss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Toothpaste\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Oral Rinse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Special Cleaning Devices\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tobacco Cessation Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Diet/Nutritional Modifications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please make an appointment to see your personal dentist for evaluation, Yes or No**  **Student Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Instructor Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Recall dental hygiene appointments at Lake Land College (circle below)**  3 month  4 month  6 month |

|  |  |
| --- | --- |
| Ultrasonic Competency Evaluation | |
| Student Name  Date  Patient Initials  Instructor Name | DHY 083 Clinic I, 80%  DHY 088 Clinic II, 85%  DHY 094 Clinic III, 90%   * Ultrasonics (straight tips)   + Completed on patients 18 year olds or older. Can be completed on a younger patient (14-17 yrs.), at the discretion of a zone instructor.   + Patients must be suitable and be free from contraindications for use of the ultrasonic equipment. Example COPD or systemic issues. * Right and left ultrasonic tips   + Completed on a minimum of two (2) patients. |

1. Student identifies that an ultrasonic power driven scaling device converts high frequency electrical energy into mechanical energy in the form of rapid vibrations.
2. Student explains the Ultrasonic Modes of action.
   1. Mechanical vibration: power driven scaling devices convert electrical energy (ultrasonic) or air pressure (sonic) into high frequency sounds waves. Sounds waves produce rapid mechanical vibrations in the specially designed scaling tips.
   2. Cavitation: when water meets the vibrating tip, cavitation, or the formation of microscopic bubbles, occurs. When the bubbles collapse, they release energy that creates adverse conditions of pressure and temperature that destroy bacterial cell walls.
   3. Irrigation: water is required to dissipate the heat produced by the vibrating tip. The water spray also creates a lavage that penetrates to the base of the pocket to provide a continuous flushing of blood, debris, microorganisms, and endotoxins. Oscillation of the ultrasonic tip causes acoustic turbulence, which has a disruptive effect on surface bacteria.
3. Student explains indications for use.
   1. Removal of dental biofilm, extrinsic stain, supra and subgingival calculus, periodontal debridement, reduction of bacterial load in the periodontal pocket, debridement of furcation areas.
4. Student describes contraindications.
   1. Communicable disease (tuberculosis).
   2. Susceptibility to infection (chemotherapy, uncontrolled diabetes, organ transplant)
   3. Respiratory risk (COPD, asthma, emphysema, cystic fibrosis).
   4. Difficulty swallowing (amyotrophic lateral sclerosis, muscular dystrophy, Parkinson’s disease, paralysis, multiple sclerosis, stroke).
   5. Cardiac pacemaker (shielded/unshielded cardiac devices, MEDICAL CLEARANCE PRIOR to use).
   6. Demineralized areas.
   7. Exposed dentinal surfaces.
   8. Thermal injury.
   9. Children.
   10. Restorations.
   11. Titanium implant abutments.
5. Identifies the types of scalers.
   1. Sonic scalers: are driven by compressed air from the dental unit rather than electrical energy.
   2. Ultrasonic scalers:
      1. Magnetostrictive: driven by electrical currents.
         1. Utilize inserts, or longitudinal stack of metal strips in the hand piece.
         2. Tip movement is elliptical pattern.
         3. Active tip, all surfaces of the tip are active.
         4. Flush lines for 2 minutes.
         5. Hold hand piece upright as it is filled with water.
         6. Fill completely with water before seating the insert to eliminate trapped air bubbles and reduce heat.
      2. Piezoelectric: drive by electrical currents.
         1. Uses a ceramic rod and crystal transducers housed in the hand piece to activate the tip.
         2. Tip movement is linear, forward and backward.
         3. Active tip, only the lateral surfaces of the tip are active.
         4. Flush lines for 2 minutes.
         5. Securely screw the tip onto the hand piece using the tip wrench
6. Standard-diameter tips: used for moderate to heavy calculus removal
7. Thin-diameter tips: used for biofilm debridement and light calculus removal. Also, ideal for accessing deep periodontal pockets.
8. Shape
   1. Straight design: has a simple shank and is used universally on all tooth surfaces.
   2. Complex design: has multiple bends in the shank to allow easy access to line angles and proximal surfaces.
   3. Left/right contra-angled inserts: complimentary inserts have shanks that are curved to the left/right to better adapt to root concavities (furcation) and proximal surfaces of posterior teeth.
   4. Beavertail design: has a flat and wide working end; ideal for use on supragingival surfaces for the removal of heavy calculus, stain, and orthodontic cement.
9. Power setting.
   1. Lower to medium power: used with thin diameter tips, ideal for removal of biofilm, soft deposits, and light to moderate calculus.
   2. Medium to high power: used with standard diameter tips, ideal for removal of moderate to heavy calculus.
10. Water setting: halo of fine mist at the tip of the instrument with or without drips of water.
11. Grasp: lighter grasp further away from the working end.
12. Activation (stroke): keep instrument tip moving at a moderate to slow pace with a feather light touch at all times with overlapping strokes.
13. Used the straight ultrasonic tip correctly.
14. Used the right ultrasonic tip correctly.
15. Used the left ultrasonic tip correctly.

**43/43=100% 42/43=98% 41/43=95% 40/43=93% 39/43=91% 38/43=88% 37/43=86% 36/43=84% 35/43=81% 34/43=79%**

***Pass or Fail:*** *The student exhibited critical thinking skills and devised a valid treatment plan for this clinical situation. Effective health communication skills were used with this patient, classmate, and instructor(s).*

***\*\*\*If the student does not pass this evaluation on the second attempt, remediation must occur with the student’s clinical advisor before a third attempt can be made by the student.***

* Self-Evaluation Student Initials
* Instructor Evaluation Initials
* Instructor Comments