

***Dental Hygiene  
Student Handbook***  
**2017 – 2018**



**UTHealth<sup>®</sup>** |

**School of Dentistry**

**The University of Texas  
Health Science Center at Houston**

## PREFACE

This Dental Hygiene Program Student Handbook should serve you well during your tenure as a student. It provides general student and professional information as well as general clinic information and clinical procedures. You will want to keep the Handbook close at hand at all times.

In a desire to live by our philosophy to aspire to be the model Dental Hygiene Program for the 21st century, dedicated to advancing the health of the people of the State of Texas, the nation, and our global community through educating compassionate health care professionals and innovative scientists and through discovering and translating advances in the social and biomedical sciences to treat, cure, and prevent disease now and in the future” our goals are as follows:

- ❑ Recruit well-qualified, diverse students and educate them to be qualified oral health care professionals in their chosen field of dental hygiene by preparing them for future practice in a highly-technologic world—amid a population that is aging, ethnically diverse and consumer-oriented.
- ❑ Graduate clinically competent students who can provide comprehensive patient care.
- ❑ Educate students to provide patient care in adherence to guidelines of a comprehensive quality assurance and risk management program.
- ❑ Provide service learning, research and community outreach experiences that enrich students’ professional development and reinforce their clinical education.

In addition to the faculty being committed to providing the best education as possible, the Houston area dental community is involved with the process as well. Via the Dental Hygiene Community Liaison Council, interaction is conducted between the dental hygiene faculty and local dentists and dental hygienists. Following is the Mission Statement of the Community Liaison Council with the stated roles of the members:

*“In compliance with and at the suggestion of the 1998 American Dental Association Commission on Dental Accreditation, the Dental Hygiene Community Liaison Council was formed. The Council will act as a more active liaison between the dental hygiene program and the dental and dental hygiene professions in the community, as well as to provide information on current trends in dental and dental hygiene practice; and to assist in determining community health and dental hygiene employment needs. To develop an active liaison with more of an advisory role to the program, the dental hygiene administrator and faculty selected eight dental professionals and a second-year dental hygiene student. Members will be practicing dental hygienists, general practice and specialty dentists from the Houston metropolitan area. The Council will hold two meetings, once in the fall and once in the spring of each year.”*

Students are encouraged to maintain close communication with their assigned facilitators and advisors, and other faculty in order to make their education as smooth as possible. If faculty feels the student would benefit from counseling, they may recommend the University of Texas Student Counseling Center or you may make an appointment on your own by calling 713-500-3327. Counselors are available to provide counseling in regards to personal and/or academic issues.

Please refer to the School of Dentistry Catalog for more information about the Americans with Disability Act (ADA) if you feel that you may require any disability accommodations. The Catalog will also provide additional information on life at the UT-Houston, School of Dentistry.

Donna Warren Morris, R.D.H., M.Ed.  
Professor and Program Director  
Department of Periodontics & Dental Hygiene

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# **SECTION A**

## **STUDENT INFORMATION**

## ADMINISTRATION

John A. Valenza, DDS	Dean and William N. Finnegan III Distinguished Teaching Professor in the Dental Sciences
Robert D. Spears, MS, PhD	Associate Dean for Student & Academic Affairs; Professor
Kimberly S. Ruona, DDS	Interim Associate Dean for Patient Care; Assistant Professor
Muhammad F. Walji, MS, PhD	Associate Dean for Technology Services & Informatics; Professor
Harold Henson, RDH, MEd, PhD	Interim Associate Dean for Professional Development & Faculty Affairs; Professor
Arthur H. Jeske, DMD, PhD	Associate Dean for Strategic Planning; Professor
Jacqueline T. Hecht, MS, PhD	Associate Dean for Research; Professor
Joe Morrow, BBA	Associate Dean for Management
Nikola Angelov, DDS, MS, PhD	Chair, Department of Periodontics & Dental Hygiene; Professor
Donna Warren Morris, RDH, MEd	Director, Dental Hygiene Program; Professor

### UTHealth School of Dentistry Vision and Mission:

#### Vision

To be a leader in dental education by enriching the lives and health of our community and the world through patient care and research - our foundation in the pursuit of excellence in education.

#### Mission

To advance human health by providing high-quality education, patient care, and research in oral health for Texas, the nation and the world.

## GENERAL GUIDELINES

The University of Texas Health Science Center at Houston uses email as its primary and official method of communication. This is the policy of the Dental Hygiene Program and is done in the interest of the student. It is your responsibility to monitor your official UT email on a daily basis.

A change in your name, address or telephone number should be reported promptly to the secretary of the Dental Hygiene Program. Summer addresses and telephone numbers are to be reported at the end of the school year.

Permission of the Director and Office of Student Affairs is to be obtained before soliciting funds or conducting any type of campaign in the school.

Smoking is not permitted on the UTHSC premises. Smoking in public while in scrubs is considered unprofessional.

Dental Hygiene students are permitted in the clinic and laboratory only for officially scheduled activities or when such facilities are not being used by authorized groups.

The school is unable to provide secretarial services for students.

Students are expected to clear seminar rooms and cubicles by 4:50 p.m. each day. Students are not permitted in these areas on weekends or holidays.

A dental supply store is located on the 2<sup>nd</sup> floor to allow students to purchase the necessary instruments and supplies as specified in the Student Instrument List. Textbooks are also available for purchase.

NOTE: Rules and regulations formulated for The University of Texas School of Dentistry at Houston, will also apply to Dental Hygiene students.

## DENTAL HYGIENE COMMUNITY LIAISON COUNCIL

The Dental Hygiene Program has a good relationship with the Houston area dentists and dental hygienists. A formal active liaison exists among these professional groups by way of the Dental Hygiene Community Liaison Council. Members of the Council meet twice a year to discuss current trends in dental and dental hygiene practice; and to assist in determining community health and dental hygiene employment needs. Eight dental professionals, a second-year dental hygiene student, and the dental hygiene faculty serve on the council.

## DISABILITY ACCOMMODATION

The University of Texas Health Science Center at Houston (UTHSC-H) ensures equal educational opportunity for all disabled individuals who are otherwise qualified, with or without reasonable accommodation.

If any student has questions about a disability or accommodation, or feels that he or she has been discriminated against on the basis of a disability, he or she should contact the UTHSC-H Office of Equal Opportunity and Diversity. Policies and procedures regarding disability accommodation can be found online at <http://www.uthouston.edu/hoop/policy.htm?id=1448050>

### **If you believe you have a disability requiring an accommodation, please contact:**

Dr. Robert Spears  
Associate Dean for Academic Affairs  
504 Disability Coordinator for UTSD  
713-486-4166

### **For additional information, please contact:**

Claudia Madrigal  
Director of Employee Relations and Equal Opportunity  
713-500-3193 (if no answer dial 713-500-3130)



## **REQUIRED NOTICE OF OPPORTUNITY AND PROCEDURE TO FILE COMPLAINTS WITH THE COMMISSION ON DENTAL ACCREDITATION**

As an entering student into the Dental Hygiene Program, you were asked to read and sign the following policy. If you believe that you have not done so, please contact the Secretary of the Office of Dental Hygiene and she will see that one is on file for you.

“The Commission on Dental Accreditation will review complaints that relate to the program’s compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission’s policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.”

I have read and I understand that I have the right to contact the Commission on Dental Accreditation if I so desire.

Print name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

### **ADVISORY SYSTEM**

The Advisory System allows development of student/faculty relationships and provides a faculty counselor that the student can contact for assistance. Each advisor is assigned a group of students at random from each dental hygiene class. The advisory groups remain fixed for the entire year, except where an unproductive relationship exists between the advisor and student. It is then the prerogative of the Director to transfer the student to another advisor.

The purposes of the advisory system are:

1. To allow faculty to facilitate, monitor, and assist in the attainment of students’ individual goals;
2. To allow students the opportunity to discuss academic and clinical progress with a faculty member;
3. To encourage students to direct questions to a faculty member or share problems that may affect scholastic performance; the advisor may refer the student to outside agencies for additional assistance; and
4. To allow the advisor to monitor the students’ progression or regressions in their professional development and to plan remedial or enrichment work accordingly.

### **PROTOCOL FOR RESOLUTION OF STUDENT CONCERNS**

In the event a student has a concern with a dental hygiene faculty member, the following protocol must be followed:

- The student must make an appointment with the faculty member during their posted office hours and discuss their concern/s;
- If after the appointment with the faculty the student feels the concern has not been adequately addressed, the student must email Prof. Morris requesting her to meet with the faculty member about the concern/s;
- After Prof. Morris meets with the faculty, she will provide the student an opportunity to meet with both the faculty and herself to discuss and resolve the concern/s.

In the event a student goes to a faculty member about a concern with another faculty member, faculty will not discuss the concern with the student but rather refer the student to this required department protocol.

## ***The University of Texas-Houston, Dental Hygiene Program Mutual Pact for High Expectations***

The faculty members of the Dental Hygiene Program have high expectations of themselves, the students, and for the program. In order to reach and maintain these expectations, students and faculty have obligations to each other. A few of the expectations are as follows.

Students will:

- Treat everyone (fellow-students, staff, faculty, and patients) with the respect due to all human beings.
- Attend every class and clinic, giving full attention to the material and conduct yourself in an appropriate manner.
- Agree to do the work outlined in each syllabus on time.
- Not plagiarize or otherwise steal the work of others.
- Not make excuses for failure to do what is necessary to succeed.
- Accept the consequences—good and bad – of one’s actions.

Dental Hygiene Faculty will:

- Treat students, fellow-faculty, staff, and patients with the respect due to all human beings.
- Treat each student as an individual.
- Manage the classroom and clinic in a professional manner.
- Prepare carefully for each class and clinic session.
- Begin and end class on time.
- Pursue the maximum punishment for plagiarism, cheating, and other violations of academic integrity.
- Investigate every excuse for nonattendance of classes and non-completion of assignments.
- Make themselves available to students for advising.
- Maintain appropriate confidentiality concerning student performance.
- Provide students with professional support and role models for professional behavior.
- Be honest and fair with the students and adhere to the ADHA Code of Ethics.

It is the hope of the Dental Hygiene Program that the faculty and students will rise to high expectations with the results of producing the best dental hygienists possible.

## **ETHICS AND PROFESSIONALISM**

Ethics is the part of philosophy that deals with moral conduct and judgment. There are several principles that health care professionals must be aware of in the practice of their profession. The major principles are:

- *Autonomy* – self-determination in a person; the right to participate in and decide on a course of action without undue influence
- *Beneficence* – promoting good or well-being
- *Nonmaleficence* – the duty to avoid harming the patient, summarized by the phrase “do no harm”
- *Confidentiality* – the precept by which information shared by a patient during the course of receiving health care is kept in confidence by the health care provider
- *Veracity* – a duty to tell the truth when information is disclosed to patients about treatment
- *Societal Trust* – maintaining a bond of trust in the relationships between healthcare professionals, patients, and the public`
- Professionalism is defined as “the conduct, aims, or qualities that characterize or mark a profession or a professional person”. While these characteristics may vary from profession to profession, the practice of dental hygiene requires professionalism which goes far beyond basic honesty and integrity.

While you will be evaluated on the basis of your ethical behavior, professionalism and intellectual and psychomotor abilities, you are also required to be exemplary in your grooming, personal conduct, and relationships with faculty, peers, and patients.

The students’ responsibilities at UTSD may be classified in five broad areas, which are as follows:

- Academic performance

- Academic integrity
- Professional conduct
- Conduct associated with the university, but not directly related to academic or professional training of the student
- Off-campus conduct, not associated with the university, which may reflect adversely on the image and reputation of the University, including the student's social media activity.

The faculty and administration are dedicated to the development of professionalism in all School of Dentistry students. The aim of the institution is to create a learning environment which offers students the opportunity to develop standards of excellence which will sustain them throughout their professional careers.

## **DENTAL HYGIENE LICENSURE ELIGIBILITY**

According to Laws of the State of Texas and the Texas State Board of Dental Examiners a person applying for initial licensure to practice Dental Hygiene in the State of Texas may be ineligible for licensure due to a previous conviction or deferred adjudication for a felony or misdemeanor offense. Reference rule 103.8.

## **ACADEMIC INTEGRITY**

It is imperative that students maintain high standards of integrity in their scholastic endeavors. It is the responsibility of the faculty to see that such standards are maintained. Scholastic dishonesty is the submission, as one's own, of material that is not one's own. As a general rule, it involves, but is not limited to, one of the following acts: cheating, plagiarism, and collusion.

**Cheating** is defined as receiving unauthorized aid on an examination, quiz, paper, clinic or laboratory experience or course project such as:

- Copying from another student's test paper or laboratory project.
- Using unauthorized materials during a test (pagers, cell phones, iPods or laptops).
- Possession of unauthorized material during a test such as class notes, crib notes, etc. The presence of textbooks and/or other course material such as class notes, crib notes, etc. is prohibited for that test unless explicitly allowed by the Course Director.
- Knowingly using, buying, stealing, transporting, or soliciting, in whole or in part, the contents of an unreleased test.
- Collaborating with or seeking unauthorized aid from another student during a test or graded lab/clinical procedure.
- Substituting for another person, or permitting another person to substitute for oneself, when taking a test or performing a laboratory procedure, managing clinical patient records, signing class attendance records or requisitions for supplies and materials.
- Bribing another person to obtain an unreleased test or information about an unreleased test.
- Taking online exams or quizzes outside the classroom without permission from the course director.
- Forging another person's signature or initials.
- Lying about attendance, absences, clinical performance, or other activities related to school.

**Plagiarism** means the appropriating, buying, receiving as a gift or obtaining by any means, another's work and the unacknowledged submission or incorporation of it into one's own written work and offered for credit.

**Collusion** means the unauthorized collaboration with another person in preparing academic assignments which are offered for credit. This includes organized efforts to collect test questions from exams that are not normally released and / or the use of other students Automated Response System (ARS) for the expressed purpose of taking exams, test, or quizzes.

The penalty for scholastic dishonesty, as described in the Board of Regents' Rules and Regulations, can be: disciplinary probation, withholding of transcript or degree, barring against readmission, failing grade, denial of degree, suspension from the institution for a period of time not to exceed one calendar year, or expulsion from the institution for a specific period of

time not less than one year or dismissal from the institution. Suspected breaches of academic integrity will be reported to the Associate Dean of Student Affairs. If such charges are found to have merit, disciplinary proceedings will commence as described in the Student Guide to Academic Studies. More detailed information about Professionalism and Academic Integrity can be found in the Student Guide to Academic Studies.

## PROFESSIONAL CONDUCT

Students are expected to perform in a professional and ethical manner in all aspects of the delivery of patient care. The School of Dentistry responds to inappropriate clinic performance or behavior (“infractions”) by students through academic corrective action. Infractions which are deemed more serious in nature (“cardinal”) may be referred to the appropriate Student Evaluation & Promotion Committee or the Associate Dean for Student Affairs. Investigation and, if indicated, appropriate action taken will be in accordance with policies described in the Student Guide to Academic Studies and/or the Board of Regents’ *Rules and Regulations*, Part One, Chapter VI, Section 3 (available in the Office of the Dean and through the Health Science Center world wide web site, <http://www.utsystem.edu>, or the University of Texas Health Science Center at Houston Handbook of Operating Procedures (available at <http://www.uthouston.edu/hoop/>). All students are responsible for knowing and observing these regulations as well as state and federal law and the policies of both the Health Science Center and the School of Dentistry. A complete copy of School of Dentistry policy may be found in the school’s *Student Guide to Academic Studies* <https://dentistry.uth.edu/students/docs/student-guide-academic-studies-17-18.pdf>.

### Professionalism

Attendance is required at all scheduled lectures/abs. Attendance will be taken at each lecture. As a matter of courtesy to the speaker and to get maximum benefit from the lecture, you should make every reasonable effort to arrive to class before the speaker begins the lecture. As a courtesy to your colleagues and to the speaker, unprofessional behavior will not be tolerated. **The first occurrence will result in a warning and deduction of 5 points. The second or subsequent occurrence will result in your being dismissed from the class session and deduction of 10 points.** Examples of unprofessional behavior include, but are not limited to:

- Audible signals emitting from devices or cellular phones
- Use of cellular phones or web devices for other than class activities during class
- Leaving class after the presenter has started or before the presenter has concluded.
- Engaging in audible conversations with colleagues during class presentations
- Failure to adhere to the dress code as defined in the current *Dental Hygiene Program Handbook*
- Unprofessional behavior, attitude or language (rudeness, profanity, etc.)
- Intentional physical destruction of equipment or building facility

### Corrective Action

The Associate Dean for Patient Care and the Director of Predoctoral Clinical Education are responsible for executing UT-Houston/UTSD policies as they relate to the clinical academic program and patient care. As all clinical faculty share responsibility for student compliance of clinic policy and procedure, most minor clinical infractions may be resolved by an attending faculty member. However, in those instances where, in the judgment of a faculty or appropriate staff member, referral to clinic administration for assessment, investigation and possible corrective action is indicated, the following persons will be responsible for determining the appropriate actions as follows:

For infractions involving a dental hygiene student, the Director of the Dental Hygiene Program is to be contacted immediately. Further referral, if indicated, would be to the Dental Hygiene Student Evaluation & Promotion Committee or the Associate Dean for Student Affairs.

Faculty, students or staff may report infractions by completing a *Clinic Incident Report*, which is available from the Dental Hygiene Office. Reports should be completed and returned as noted above.

CLINICAL INCIDENT REPORT

Date of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Student(s) Involved: \_\_\_\_\_

Name of Faculty or Staff Member(s) Reporting Incident: \_\_\_\_\_

Reason for Report:

- Attendance
- Patient treatment
- Policy/Procedure
- Professionalism
- Other: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty or Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION:  
WHITE – Office of Clinical Education

(Return this form to Director of Predoctoral Clinical Education, SOD 3510)

*Clinical infractions which warrant corrective action may include, but will not be limited to:*

- Failure to comply with infection control protocol \*
- Improper management of patient records
- Verbal or physical misconduct involving a patient, student, faculty, or staff member
- Use of instruments or materials not approved for use in SD clinics
- Misuse of instruments or materials, or failure to return excess unused materials
- Removal of patient-sensitive information from the School of Dentistry building
- Failure to attend mandatory clinical meetings, exercises, or assignments
- Failure to attend and successfully complete required annual clinical updates
- Violations of an ethical and/or professional nature
- Misuse or inappropriate use of electronic patient record, including downloading or unprotected printing of PHI

Violation of clinic policies will be dealt with on an individual basis. In general, and dependent upon the severity of the infraction, violations will carry one or more academic penalties unless otherwise stated, and not necessarily in the following order:

- Verbal warning
- Written warning
- Required action by the student (i.e., writing of a report and/or presentation of information)
- Suspension from clinical activities for a minimum of one (1) week and for as long as necessary for remediation in the area of the infraction. Students on clinical suspension may continue to access the EHR and view patient records. They may **not**, however, perform the following:

1. Schedule, treat, assist or observe patients in clinic
2. Obtain clinical instruments, equipment or materials from clinical dispensaries

Documentation of violations of clinic policy will be maintained in appropriate University files.

\*See UTSD Clinical Manual Section 2.40 – Infection Control Monitoring for additional details regarding infection control infractions.

### **Cardinal Infractions**

Cardinal infractions are considered serious in nature. Students face automatic and immediate suspension from clinic, if deemed appropriate, until such reasonable time as a final course of action is determined by the Dental Hygiene Student Evaluation & Promotion Committee. Examples of cardinal infractions include:

- Acts which may seriously endanger the health of a patient, student, faculty or staff member
- Intentional or reckless violation of infection control protocol\*
- Verbal and/or physical abuse
- Falsification of a patient record or clinic document
- Abandonment of a patient
- Extreme or multiple acts of unprofessionalism or unethical behavior
- Use of a password or identification card that is not the student's own

\*See UTSD Clinical Manual Section 2.40 – Infection Control Monitoring for additional details regarding infection control infractions.

### **ATTENDANCE**

Attendance is expected at all scheduled lectures, clinics, laboratories, seminars, case presentations, rotations, and individual faculty appointments. Attendance is considered one measure of a student's **professional conduct**. Students who abuse attendance requirements will be considered for academic action. All excused absences must be approved by the Director of the Dental Hygiene Program. To receive an approved excused absence the student must submit appropriate documentation to the Dental Hygiene Office **within 3 days** upon return to class/clinic. This will allow the student to make up missed exams.

At the discretion of the course director, attendance may be taken through the use of various methods such as sign-in rosters, assigned seating and/or quizzes. Students are expected to be in their seats at the beginning of class. Tardiness or leaving class early may be counted as an absence. Attendance records are official school documents, and thus falsification of these records by any student will constitute a significant act of dishonesty. At the discretion of the course director, attendance may play a part in the course grade as described in the course syllabus.

### **RELIGIOUS HOLY DAYS**

“Religious holy day” means a holy day observed by a religion whose places of worship are exempt from property taxation under Section 11.20 of the Tax Code.

If a student observes religious holidays that are not official UTHSC-H holidays, he/she should make arrangements for completing any academic work missed as a result of such absence. Students who are absent from classes for the observance of a religious holiday are allowed to take an examination or complete an assignment scheduled for the religious holiday within a reasonable time after the absence. To be eligible to take an examination or complete an assignment scheduled for a religious holiday, the student must inform the instructor of each class to be missed of the planned absence(s) not later than the fifteenth day of the semester. The notification must be in writing and may either be delivered by the student personally to the instructor(s), with receipt of the notification acknowledged and dated by each instructor, or mailed by certified mail, return requested to each instructor.

In the event of severe weather, UTHSC-H students and employees may call 713-500-9996 to find out if the university is open or go to the website at <http://www.uthoustonemergency.org>. Information will also be available on KPRC radio 950 AM, KTRH radio 740 AM and television Channels 2, 11, 13, 26, 45 and 48. In the case of an unanticipated absence necessitating cancellation of patient appointments, it is the student's responsibility to notify their patients. In case of emergencies contact the UT Police Department by dialing 911; identify yourself as a student of the University of Texas School of Dentistry and give them your location (identify the streets that intersect closest to your location). For non-emergencies contact UT Police at 713-792-2890.

The instructor will establish a reasonable date for the completion of the assignment or examination and notify the student prior to the aforementioned holy day. A complete copy of the statute is available in the Office of Student and Alumni Affairs.

## **PROCEDURES FOR REPORTING ABSENCES**

Students are responsible for calling the secretary of the Dental Hygiene Program at 713-486-4084 prior to 8:30 am if unable to attend school all day or part of it. If it is necessary to leave school early for the day, the secretary must be notified. Students are responsible for contacting instructors regarding assignments prior to an absence (if known) or after the absence.

In the case of an unanticipated absence necessitating cancellation of patients, it is the student's responsibility to notify the patients, clinic facilitator, clinic course director and the department secretary by 8:30 a.m. on the day of the absence. Absences reaching three or more days require a physician's letter or other suitable documentation for the absence.

It is the student's responsibility to contact the course directors of missed classes within five days of return to the school to determine what, if any, arrangements are to be made for missed coursework (examinations, practical exams, etc.). If a scheduled examination, quiz, or required activity will be missed, the course director should also be contacted, preferably before the scheduled start of the examination or required activity.

Anticipated absences, e.g. advanced program interviews, doctor appointments, etc., should be discussed with the appropriate course directors prior to the absence so that arrangements can be made as needed.

## **ID BADGES**

ID badges are **required** to be visibly worn at all times by students, staff, and faculty when in the Health Science Center. Individuals who are not wearing valid ID badges or are unable to produce them upon request may be asked to leave the building. ID badges are used for entrance into the building, and are used to check out books from the Library. The replacement fee for a lost or damaged identification badge is \$10.00.

## **APPEARANCE GUIDELINES**

Each individual involved in the Dental Hygiene Program is a reflection of how others view the program and the profession. The attitude, manner, and physical bearing displayed in relationships with patients, colleagues, and the public are a serious responsibility which we must exhibit in an ethical, safe, and professional fashion. The following guidelines are given to assist all persons in understanding and accepting this responsibility.

Efforts toward change and improvement in our professional lives will also greatly impact our personal lives. Our goal is to enjoy good health, be happy, feel confident, and look our best. This will create an aura of confidence and enthusiasm and enhance our interactions, as well as have a transferable effect on others.

Students, faculty, staff, and administration are all responsible for assisting one another in being good influences on the perception of our program to each other and the public. These guidelines are not presented to cover every detail and situation. It is expected that individuals know proper and appropriate behavior, and that they will support it by their own example.

A. **Clinic/Classroom Attire**

**Clinic** – Appropriately colored scrubs (as required by the School of Dentistry) are the only attire permitted. Scrub suit colors differ for each class and will remain the same color until the student graduates. A clinic gown must be worn over scrubs while in clinic, radiology, x-ray processing room and patient assessment area. Surgical scrubs must NOT be worn with street clothes. However, t-shirts may be worn as an undergarment with scrub tops. For personal comfort, matching scrub jackets may be worn over surgical scrubs.

A clinic gown must be changed after treatment of each patient (or sooner if visibly soiled) . Clinic gowns must not be worn outside patient treatment areas. Faculty will change clinic gowns each clinic or sooner if soiled.

Shoes must be clean leather-like or heavy duty fabric closed toe shoes. Hose or socks must be worn at all times. Shoes with holes on the top, known as “Crocs” or soft fabric shoes such as “Toms” may NOT be worn in the clinics for safety and infection control reasons.

Protective glasses with permanent side shields and mask or a face shield and mask will be worn in all clinical situations which expose the clinician to aerosol and splatter.

Jewelry such as rings (with the exception of smooth surface wedding rings), bracelets, long necklaces, long dangling earrings as well as facial/body piercing (other than ear lobes) are not allowed while treating patients. Only one earring/ear is allowed. Gauge, plug earrings or larger than normal holes in the ears will be covered with a disposable bouffant cap when in clinic. These types of jewelry are not considered professional attire. Jewelry offers protection to microbes, interferes with hand and arm washing, compromises the integrity of gloves and can serve as a fomite to transmit infection beyond the operatory.

When in clinic, visible tattoos must be covered by clothing, sleeves or band aids. Students with un-natural colored hair or with hairstyles or wigs that cannot be washed daily will wear a disposable bouffant cap while in clinic.

Students are required to have I.D. badges at all times. If worn in clinic, the badge must be covered with a plastic barrier cover. The barrier must be changed when the clinic gown is changed.

Writing pens are not to be attached to the outside of the clinic gown.

Gum chewing is **NOT** acceptable in clinic.

***INFRACTIONS OF THE DRESS CODE WILL BE REFLECTED IN THE PROFESSIONALISM / CASE MANAGEMENT DAILY GRADE.***

**Classroom** – Besides full scrubs, only **UT t-shirts** with scrub bottoms are considered appropriate attire in classes or preclinical laboratories. Students may wear their white School of Dentistry coat or a sweater/fleece jacket over scrub tops in the classroom (no hoodies).

**Other times-** During operating hours students are prohibited from wearing shorts in the SOD. Men's shirts must have sleeves and women are prohibited from wearing tank or halter tops. On infrequent occasions AND upon approval from the program director, street clothes may be worn; however, men are required to wear dress pants and a dress shirt. Women are required to wear blouses with dress pants or skirts, or dresses. **Jeans, shorts, t-shirts, tank tops, work-out clothing, garments with hoods, or other non-professional attire are not allowed.**

These personal appearance standards are in effect from 7:00 am to 6:00 pm Monday through Friday. Students who are not in compliance with these minimal dress requirements will not be allowed to remain in the building.

B. **Personal Hygiene**



Close proximity with patients requires meticulous personal hygiene at all times. It is necessary to bathe daily and use a dependable deodorant/antiperspirant. Strong perfumes or colognes should be avoided.

Hair must be neat and clean. When in clinic attire, hair must be up and off the shoulders, pinned securely enough to stay in place away from the face and be styled so as not to fall forward when leaning toward the patient. A disposable hair bonnet may be obtained from the dispensary to be worn during patient treatment.

Fingernails must be short, clean, and well-manicured. The fingernails should not extend beyond the fingertips to prevent collections of microbes and tears in gloves and to allow easy hand cleaning. Clear fingernail polish is acceptable. False fingernails and shellac or "gel" nails are prohibited. (CDC Guidelines)

Plaque control must be practiced; mouth odors must be controlled. Smoking, alcohol, and spicy food consumption contribute to bad mouth odors. If you have a problem with your breath, brush your teeth and tongue and use a breath spray, mouthwash, or breath mint prior to seating your patient.

## EXAMINATIONS

Numerous examinations are given during each course. These examinations serve as a method of instruction and provide both students and instructors the opportunity to evaluate the student's level of achievement. Final examinations are given at the conclusion of each course, each semester. The final grade in a course may include evaluation of the student in all aspects (didactic, laboratory, or clinical) of the entire course, and failure in any one aspect may result in a failing grade for the entire course.

1. No student is permitted to leave the examination room before completing the examination, unless the instructor's permission has been granted.
2. No student is permitted to enter the examination room to begin an examination after another student has completed the examination and left the room.
3. Written or paper examinations are to be written in ink or #2 pencils as designated by the instructor. All scantron answer sheets must be marked in #2 pencils.
4. Computer generated examinations may be given online or on computers in testing rooms or labs. None of these may be taken off campus without the permission of the course director.
5. All books, purses, cell phones, iPods, laptops and pagers must be left at the front of the room during an examination. Students will not be allowed to have any of these materials at their desks.
6. If you are absent when a major examination will be or was given, it is your responsibility to notify the faculty member. Make-up examinations may be rescheduled after finals have been given.
7. Students may be videotaped while taking exams within the School of Dentistry building.
8. If a student is found cheating, disciplinary action will be taken against all guilty persons.
9. Approved security screens are required for all graded exams and quizzes.

## ACADEMIC STANDARDS

### GRADING SYSTEM FOR CLINIC AND CLINIC RELATED COURSES:

93 – 100 = A  
84 – 92 = B  
75 – 83 = C  
<75 = F

### GRADING SYSTEM FOR NON-CLINIC RELATED COURSES:

90 – 100 = A  
80 – 89 = B  
79 – 70 = C  
<70 = F

### Passing

Grades for didactic and clinic courses are letter grades. A minimum grade of C will be required in all courses and an overall average of C (2.00 GPA) must be maintained. Organization officers must maintain a 2.00 GPA to remain in office. An

acceptable level of clinical proficiency must be demonstrated in each clinic before the student will be permitted to begin the next clinic.

### **Failing**

A grade of 69 or below designates failing work in non-clinic- courses; a grade of 74 or below designates failing work in clinic-related courses.

### **Incomplete**

A grade of incomplete (I) may be given under rare circumstances and only upon approval by the Director of the Dental Hygiene Program and the Evaluation and Promotion Committee. A grade of incomplete may be either incomplete while passing or incomplete yet failing. A grade of Incomplete yet failing generally results in a Final course grade of F.

## **GRADE GRIEVANCE PROCEDURE**

In attempting to resolve any student grievance regarding grades or evaluations, it is the obligation of the student first to make a serious effort to resolve the matter with the faculty member with whom the grievance originated. Individual faculty members retain primary responsibility for assigning grades and evaluations. The faculty member's judgment is final unless compelling evidence suggests discrimination, differential treatment or a mistake. If the evidence warrants appeal, the student must submit a request in writing with supporting evidence to the Associate Dean of Academic Affairs who, upon receipt of the request, will review the case and submit a written recommendation to the Dean within 10 working days. The determination of the Dean is final and there is no further appeal.

## **WARNING, PROBATION, AND DISMISSAL**

**Warning:** Students will receive a letter of warning at mid-semester for unsatisfactory progress in didactic, laboratory, or clinical courses. Students will be expected to show sufficient improvement with a passing grade in those areas of deficiency by the end of that semester to avoid being placed on probation or considered for dismissal. In addition, the student is expected to satisfactorily progress in the other courses in the curriculum.

**Probation:** Students having a semester GPA or cumulative GPA below 2.00 will be placed on probation if not dismissed from the program. Students who have been placed on probation must show acceptable improvement and satisfy the conditions of the letter placing them on probation within the following semester, or they may be dismissed for academic reasons. Students placed on probation become may be ineligible for financial aid and will be ineligible to hold class or SCADHA offices. Re-instatement is at the discretion of the dental hygiene program director.

**Dismissal:** Students will be considered for academic dismissal if they have a cumulative grade point average below 2.00 at the end of a semester. Students will be considered for academic action that could include dismissal if they have one or more failing course grades in a given semester.

## **ACADEMIC ACTION AND APPEAL PROCESS**

If a student demonstrates the inability to progress either didactically or clinically, he/she will be considered for dismissal from the Dental Hygiene Program by the Student Evaluation and Promotion Committee – Dental Hygiene Subcommittee. The decision will be made by the committee members at a meeting held at the end of the semester. Specific guidelines for academic dismissal are listed above.

A School of Dentistry student may appeal any academic action by an Evaluation and Promotion (“E & P”) subcommittee to the Associate Dean for Academic Affairs, in writing, within three calendar days after receipt of notice of the academic action. The student must provide the Associate Dean for Academic Affairs a “complete” appeal, which includes at least a written statement clearly explaining all rationale for the appeal and any additional documentation the student possesses that the student believes supports the student's rationale for the appeal.

The Associate Dean for Academic Affairs will refer each complete appeal to an Ad Hoc Appeal Committee (“Appeal Committee”). The Office of the Associate Dean for Academic Affairs will assist by scheduling the meetings of the Appeal Committee.

- The Chair of the Appeal Committee will be selected and appointed by the School of Dentistry Committee on Committees and approved by the Faculty Senate (an alternate Chair will also be selected from among the faculty of the School of Dentistry). The Chair will preside over the Appeal Committee. The length of the Chair’s term will be three years. The alternate will preside over the Appeal Committee in the event that the Chair is unable to attend.
- The Appeal Committee will be made up of the chairs of each of the E & P subcommittees not involved in the academic action being appealed. Vice chairs of the E & P subcommittees may serve in this role in the event a subcommittee Chair is unable to participate. In addition, an additional member of the Appeal Committee will be selected by the Associate Dean of Academic Affairs from among School of Dentistry faculty. This member of the Appeal Committee cannot be the student’s faculty advisor or a member of the E & P subcommittee making the decision being appealed.
- Each of the Appeal Committee members will have one vote. In the case of a tie vote, the Chair of the Appeal Committee will vote to break the tie.

The Appeal Committee will review the student’s appeal letter and/or written statement and documentation, if any, submitted by the student, meet with the student, the student’s faculty advisor, the Chair of the E & P subcommittee taking the academic action being appealed, and other individuals at the discretion of the Chair of the Appeal Committee. The Chair of the Appeal Committee shall submit a final recommendation to the Dean within seven calendar days of the final Appeal Committee meeting. The Dean shall consider the recommendation of the Appeal Committee, may review the materials submitted to the Appeal Committee, and may interview other individuals. At his or her discretion, the Dean may meet with the student. The student will be notified of the Dean’s decision within 10 calendar days after the Dean’s receipt of the Appeal Committee recommendation. The Dean’s decision regarding the academic action of the E & P subcommittee is final.

The student, upon written request to and approval in writing from the Associate Dean for Academic Affairs, may continue academic studies while the appeal of an academic action is under review and until the student receives notification of a final decision by the Dean.

If after the appeals process is completed an academic action of dismissal is upheld, a dismissed student must immediately discontinue participating in all School of Dentistry educational activities. All personal belongings must be removed from the School of Dentistry facilities immediately upon following receipt of the final decision of the Dean.

The School of Dentistry Student Evaluation and Promotion Committee consist of four subcommittees: the First Year Dental Student Evaluation and Promotion Subcommittee, the Second Year Dental Student Evaluation and Promotion Subcommittee, the Third/Fourth Year Dental Student Evaluation and Promotion Subcommittee, and the Dental Hygiene Student Evaluation and Promotion Subcommittee. Each subcommittee is led by a Chair and a vice chair.

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON  
OFFICE OF STUDENT FINANCIAL AID POLICY REGARDING SATISFACTORY PROGRESS**

1. Any student on academic probation at the beginning of the academic year will be ineligible for financial aid until removed from such standing.
2. Any student on disciplinary probation will immediately become ineligible for financial aid until removed from such standing.
3. Probation may result from:
  - a. a grade point average below 1.90 for any semester.
  - b. a cumulative grade point average below 2.0 at any point during the student’s progression through the curriculum.
  - c. a grade of “I” (Incomplete) or “F” (Fail) in didactic, laboratory, or clinic.
  - d. non-professional conduct as determined by the faculty and/or administration.

4. A student suspended from financial aid eligibility may appeal that status by indicating in writing to the Director of Student Financial Aid and the Dean of the School of Dentistry, or his designee, the existence of mitigating circumstances. Each appeal will be considered on its merit by the Director of Student Financial Aid and the Dean of the School of Dentistry or his designee.
5. Financial aid eligibility will not extend beyond five semesters.
6. Course work in which the student receives a grade of "I" or "F" or in which the student repeats or withdraws will not impact eligibility unless such event imposes probation as indicated in #3 (above).

## STUDENT WITHDRAWAL

Any UTSD student who does not intend to continue as a student must officially **withdraw**, rather than simply stop attending classes and laboratories. Students who decide to withdraw must complete a Checkout Sheet and a Student Exit Form, which are available in the Office of Student Affairs (Room 4150). Following an exit interview, the student must secure clearance from the various offices noted on the Checkout Sheet and return it to the Office of Student Affairs. Completion of this process constitutes an official withdrawal.

## LEAVE OF ABSENCE

Any student who wishes to stop attending classes and laboratories temporarily, intending to continue studies at a later date, must submit a written request for a **leave of absence** to the Director of the Dental Hygiene Program and then the Associate Dean for Academic Affairs stating the reason for the request, the length of leave requested, and the date for resuming studies. A student requesting leave, must be in good academic standing.

The Associate Dean for Academic Affairs will confer, when necessary, with the Associate Dean for Clinical Education regarding the leave request. The Associate Dean for Academic Affairs will review the leave request and the student's academic record, and will recommend whether the leave should be granted and any conditions which must be met for the student to re-enroll.

For students in academic jeopardy, the Associate Dean for Academic Affairs will refer the leave request to the Student Evaluation and Promotion Committee. The Student Evaluation and Promotion Committee will recommend to the Associate Dean for Academic Affairs whether the leave should be granted and, if so, the point in the curriculum where the student may re-enter and any necessary remediation activities following re-enrollment.

The Associate Dean for Academic Affairs will notify the student, in writing, of the action on the student's request, including any conditions which must be met by the student, and the expected re-entry date. Following approval by the Associate Dean for Academic Affairs, the student must complete a Checkout Sheet and a Student Exit Form which are available in the Office of Student Affairs (Room 4150). The student must secure clearance from the various offices noted on the Checkout Sheet and return it to the Office of Student Affairs. Completion of this process constitutes an official leave of absence.

Students taking a leave of absence will re-enter the curriculum no later than the point at which the leave began, and students may be required to repeat a portion of the curriculum. Students on leave from the School of Dentistry for more than one calendar year may be required to repeat all or a significant portion of the curriculum.

## ACADEMIC COUNSELING

**Advanced Academic Training (AAT)** is designed to help entering first- year healthcare students master their rigorous academic programs. Students are encouraged to call the UTHealth School of Dentistry, Office Educational Research and Development at 713-486-2658 or email Mr. Devadatta at [Devadatta.V.Tata@uth.tmc.edu](mailto:Devadatta.V.Tata@uth.tmc.edu) for individualized help in all aspects of their educational training.

## CLINICAL EQUIPMENT INFORMATION

1. Students are responsible for the cleanliness of lockers, laboratory benches, and the laboratory in general, and clinical cubicles to which they are assigned. Physical plant personnel empty waste baskets each evening.
2. Turn off laboratory and cubicle lights, gas, water, and air when not in use. Place operator's stool in its original location.
3. Students are to inspect all equipment that may be missing or not in good working order at the beginning of each clinic session. At any time when equipment is missing, damaged, or malfunctioning, it should be reported to your instructor and to Educational Support Services, Room 3450, Telephone 713-486-4441. Computer problems should be reported to the HELP Desk at 713-500-4848. **DO NOT** use it until it has been repaired.
4. Students are responsible for all equipment loaned to them (Cavitron, Piezo handpiece, ultrasonic inserts/tips, curing light, slow speed hand piece, etc.).
5. Any damage or loss will result in payment by the student to repair or replace loan items.

## INSTRUMENT RETURN / REPLACEMENT POLICY

The quality of Hu-Friedy instruments is unconditionally guaranteed. Any product that fails as a result of material defect or poor workmanship (not due to abuse) will be repaired or replaced at no charge. The Clinic Coordinators must approve all return and/or replacement of instruments. UTSD bookstore personnel will assist you with returns/replacements.

All scalers and curettes originally purchased as part of a student kit may be traded-in for a nominal fee when their exchange is accompanied by an order for identical new instruments.

## SOLICITATION OF PATIENTS

Students who choose to obtain patients through solicitations/requests or other postings on Craigslist, Facebook (or other social networking sites), etc., may not use the UTHealth and/or the UTHSC-H logos and may not use UTHealth, UTHSC-H, University of Texas or UT School of Dentistry names without first obtaining permission from the Office of Legal Affairs and Office of Public Affairs. In the past, such permission has generally not been granted under circumstances such as these. You may not quote prices for the services in the clinic as part of the solicitation/request for patients.

You may ask persons interested in dental care to contact you, and you may, in your private email response, identify yourself by name and as a UTHealth Dental Hygiene student and then inform those persons that the treatment is done at the clinic, the clinic sets the fees. You may only identify UTHealth or the School of Dentistry in your telephone or private email contact, not in the solicitation/request materials/ads/postings, etc.

Violation of these restrictions will subject a student to disciplinary action.

## CLINICAL PATIENTS FOR LICENSURE EXAMINATIONS

Students attempting to secure a patient for examination for licensure **cannot** receive assistance from faculty members in obtaining or assessing the patient. Western Regional Examining Board guidelines state that "WREB staff, state dental boards and licensing agencies of the member states, and the faculty where the examination is held are unable to supply patients". Selection of an appropriate patient is an important factor in the clinical examination. Patient selection is the candidate's responsibility. Candidates are graded on their ability to accurately determine and effectively interpret patient qualification criteria. This is a graded procedure and an integral part of the examination. Patient qualification is the responsibility of the candidate. Therefore, other professionals should not pre-qualify patients for the examination.

## USE OF SOCIAL MEDIA

Students are to adhere to following social media guidelines which can be found at the following link:  
<https://inside.uth.edu/inside/social-media-guidelines.htm>

## **SECTION B**

# **PROFESSIONAL BACKGROUND INFORMATION**

## **OATH OF THE AMERICAN DENTAL HYGIENISTS' ASSOCIATION**

In my practice as a dental hygienist, I affirm my personal and professional commitment to improve the oral health of the public, to advance the art and science of dental hygiene and to promote high standards of quality. I pledge continually to improve my professional knowledge and skills to render a full measure of service to each patient entrusted to my care and to uphold the highest standards of professional competence and personal conduct in the interest of the dental hygiene profession and the public it serves.

## **STUDENT CHAPTER AMERICAN DENTAL HYGIENISTS' ASSOCIATION (SCADHA)**

### **Objectives**

The objectives of this Organization shall be to support the mission of the American Dental Hygienists' Association (ADHA). The ADHA's mission is to improve the public's total health, by advancing the art and science of dental hygiene by ensuring access to quality oral health care; increasing awareness of the cost-effective benefits of prevention; promoting the highest standards of dental hygiene education, licensure, practice and research; and representing and promoting the interests of dental hygienists.

### **Goals**

The goals of the Organization are to:

Provide entry to professional socialization through participation in the organized activities of the Greater Houston Dental Hygienists' Association, Bay Area Dental Hygienists' Association, Texas Dental Hygienists' Association, and the American Dental Hygienists' Association.

- Keep abreast of current and future legislation affecting the dental hygiene profession.
- Educate the public using preventive and therapeutic practices on an individual and group basis. Activities may include an annual Community Project at a site and with a population to be determined by the Secretary of the Organization, subject to advisor(s) approval.
- Foster life-long learning through a program of expert speakers, arranged by the Vice-President, subject to approval of the officers of the Organization, and advisor(s).
- Promote the dental hygiene profession to lay persons and the dental community through UT Orientation and Open House activities; observance of National Dental Hygiene Month; GHDHA, BADHA, and TDHA functions.
- Provide for a viable financial base to support the activities of the Organization. These activities will be funded through an annual, non-refundable student chapter of ADHA Professional Fee to be determined jointly by the Director of the Dental Hygiene Program and faculty advisor(s) of the Organization. Such fees may be dispersed for, but not limited to, ADHA membership, social events, continuing education, GHDHA and BADHA component meetings, and the SCADHA/TDHA Annual Session, awards presentations, and installation of officers, subject to advisor(s) approval.

### **Officers**

The officers of The University of Texas Health Science Center at Houston Student Member Organization shall be a senior SCADHA President, Junior and Senior Class Presidents, Junior and Senior Class/SCADHA Vice Presidents, Junior and Senior Class/SCADHA Secretaries, Junior and Senior SCADHA Treasurers. An ADEA delegate will be elected from the Junior Class.

### **Qualifications**

All dental hygiene students with good academic standing (not on probation) in attendance at The University of Texas Health Science Center at Houston may be elected to serve in an organizational office. The SCADHA President shall be member of the senior class. Each class, junior and senior, shall elect a Class President, SCADHA/Class Vice President, SCADHA/Class Secretary, and SCADHA/Class Treasurer.

## **Nominations and Elections**

All senior SCADHA class officers shall be elected into office at the April meeting of their junior year. All junior Class Officers shall be elected into office early in September. The following criteria shall be used when electing officers:

### Guidelines for all Candidates and Elections

1. Interested parties must declare their candidacy two to three (2-3) weeks in the Office of Student Affairs prior to the election.
2. Prepare and deliver a speech before the members of the organization.
3. Election shall be by secret ballot in the Office of Student Affairs. The candidate receiving the majority of votes cast shall be declared elected.
4. Officers must maintain a minimum 2.0 GPA with no failures, disciplinary actions or incompletes to remain in office.

## **Tenure of Office**

All officers shall serve for a one-year term, with the exception of ADEA Representative, which is a two-year term. The newly elected senior officers shall serve from May until the following May. The term for the junior officers shall be September-May.

## **Vacancies**

In the event of a vacancy in one of the offices, the candidate receiving the second highest number of votes shall fill the vacancy. In the event there was only one candidate for the office, a special election shall be held.

## **Officer Duties**

### A. SCADHA President (DH Senior Student)

The duties of the SCADHA President shall be to:

1. Preside at all SCADHA meetings.
2. Call special meetings.
3. Form committees, appoint committee members and set deadlines for committee work to be reported and/or completed.
4. Act as a liaison between the Greater Houston Dental Hygienists' Society and the SCADHA organization by attending the GHDHS monthly and board meetings.
5. Preside over the following standing committees:
  - 5.1 Orientation – Organize Orientation Gathering with Advisor(s) and DH Program Director.
  - 5.2 National Dental Hygiene Month
  - 5.3 SCADHA/TDHA Annual Session
6. Submit an annual report of the activities to the SCADHA Advisor.

### B. Junior and Senior Class Presidents

The duties of the Junior and Senior Class President shall be to:

1. Preside at all Class meetings.
2. Serve on UTSD Student Council (Senior) and sit on the Dean's Council (Junior and Senior).
3. Preside over the following standing committees:
  - 3.1 Fundraising
  - 3.2 Graduation Functions (Senior)
4. Submit an annual report of the activities to the SCADHA Advisor.

### C. SCADHA/Class Vice Presidents

The duties of the Junior and Senior SCADHA/Class Vice Presidents shall be to:

1. Preside at all meetings in the absence of the President (SCADHA Senior)
2. Serve on UTSD Student Affairs Committee (SCADHA Senior).
3. Preside over the following standing committees:
  - 3.1 Welcome breakfast (Senior)
  - 3.2 Obtain guest speakers (Senior)
  - 3.3 Holiday Party (Junior)



3.4 Programs (Senior)

4. In the event that the SCADHA President's term of office is terminated, the Senior SCADHA Vice President will preside as President for the duration of the office term.
5. Submit an annual report of the activities to the SCADHA Advisor.

D. SCADHA/Class Secretaries

The duties of the Junior and Senior SCADHA/Class Secretaries shall be to:

1. Keep accurate minutes of each Executive Council meeting.
2. Supervise the bulletin board display.
3. Preside over the following standing committees:
  - 3.1 SCADHA/GHDHA community projects
  - 3.2 Awards Ceremony Slide Show (not mandatory)
4. Submits application to the ADHA Community Service Award in the spring semester.
5. Keep accurate records of the annual reports of office and committees. Submit an annual report of this office and compile the annual reports of all the Organization's activities to the SCADHA Advisor.
6. Submit a monthly article of SCADHA activities to the GHDHS newsletter (Senior)

E. SCADHA/Class Treasurers (Senior Class Treasurer serves as SCADHA Treasurer)

The duties of the SCADHA/Class Treasurer shall be to:

1. Maintain accurate records of the financial status of the Organization.
2. Collect and disburse SCADHA funds
3. Correspond with ADHA regarding membership.
4. Preside over the following standing committees:
  - 4.1 Fundraising
  - 4.2 Market-Place /Annual Session
5. Submit an annual report of the activities to the SCADHA Advisor.

F. ADEA Delegate

The duties of the ADEA delegate shall be to:

1. Attend the annual meeting (Funding provided by the Dean's office).
2. Give an oral presentation of the activities of the annual meeting to the members of the Organization.
3. Submit a written report to the Dental Hygiene Program faculty.

## THE DENTAL HYGIENE PROGRAM PIN

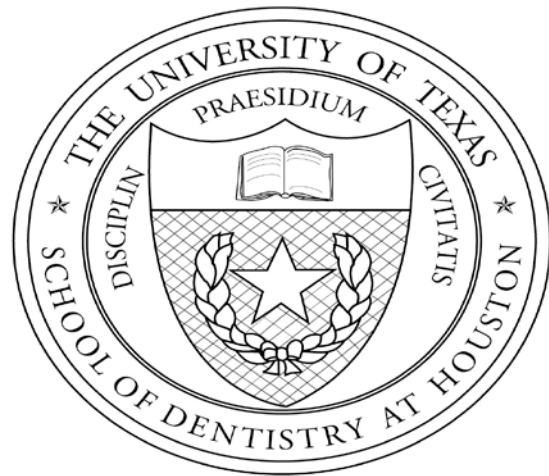
The pin of The Dental Hygiene Program took its design in part from the seal of The University of Texas. The University Seal was designed in 1902 based on the Great Seal of the State of Texas. The Dental Hygiene pin was designed in 1957 and was presented to the first graduating class of dental hygienists.

The shape of the pin, a shield, was taken from the center of the University Seal. On the white shield is placed a blue star, blue being symbolic of sincerity. On the star is inscribed "*Disciplina Praesidium Civitatis.*" This is translated from Latin to mean "Education is the Safeguard of Democracy." In the center of the star is an open book that represents an institution of learning. Above and to the right and left of the book are a wreath and branches of olive and live oak.

The pin is usually worn on the left lapel of the uniform or lab coat. It is worn only by graduates of The University of Texas School of Dentistry at Houston, Dental Hygiene Program.



Dental Hygiene Pin



The University of Texas Seal

## CODE OF PROFESSIONAL ETHICS

The philosophical, practical science of ethics establishes by reason and intelligent observation principles to direct our human conduct. Professional conduct incorporates the knowledge of these principles into practice. The following principles adopted by the 1974 House of Delegates constitute a guide to the responsibilities of the Dental Hygienist.

Each member of the American Dental Hygienists' Association (ADHA) has the ethical obligation to:

1. Provide oral health care utilizing the highest professional knowledge, judgment, and ability.
2. Serve all patients without discrimination.
3. Hold professional patient relationships in confidence.
4. Utilize every opportunity to increase public understanding of oral health practices.
5. Generate public confidence in members of the dental health professions.
6. Cooperate with all health professions in meeting the health needs of the public.
7. Reorganize and uphold the laws and regulations governing this profession.
8. Participate responsibly in this professional association and uphold its purpose.
9. Maintain professional competence through continuing education.
10. Exchange professional knowledge with other health professions.
11. Represent Dental Hygiene with high standards of personal conduct

## **AWARDS AND HONORS**

### **Academic Achievement Award**

This award is given in recognition of those students maintaining the highest GPA throughout their 2 years in the Dental Hygiene Program.

### **American Association of Public Health Dentistry**

The American Association of Public Health Dentistry (AAPHD) is sponsoring a national recognition award for senior dental hygiene students who have demonstrated a Special Interest / Achievement in Community Dentistry and Dental Public Health.

### **Colgate Oral Pharmaceutical's Star Award**

The Colgate S.T.A.R. award is offered to graduating dental hygiene students who show excellence and commitment to the hygiene profession by:

1. Demonstrating true dedication to the profession.
2. Exhibiting extraordinary compassion in patient care.
3. Displaying enthusiasm and follow-through for community service.
4. Demonstrating outstanding patient education and motivation skills.

### **E-Portfolio Excellence Award**

This annual award is sponsored by the Student Chapter of the American Dental Hygienists' Association to a senior student selected by the Dental Hygiene Faculty whose e-portfolio demonstrates significant information about their dental hygiene educational experience; is well organized, personalized and evidence based; clearly provides evidence that criteria were considered to include a variety of artifacts and documents that provide significant irrefutable evidence demonstrating learning, critical thinking, insight, and serious commitment to growth and learning; and is highly professional in appearance and content.

### **Greater Houston Dental Hygienists' Society Outstanding Professional Leadership Award**

This annual award is presented by the Greater Houston Dental Hygienists' Association (GHDHA) to a second year student for outstanding leadership and professional growth potential. The recipient of the award is chosen by the Awards Committee of GHDHA from a slate of candidates nominated by the SADHA Advisors in the Greater Houston area. The Professional Leadership Award recipient will receive a plaque and one-year membership to ADHA. In the spring of each year, three to five qualified students are selected as candidates for the honor and awarded to one student from each school. To receive this award, the student must:

1. Maintain a least a 3.0 grade point average during the period of dental hygiene academic education. A transcript from the dental hygiene program that the student attends must be included with the application.
2. Write a short essay on your post-graduate goals within your professional association. Describe what it means to you to be a part of your professional organization. List and explain academic achievements and positions in which you have demonstrated leadership, volunteer work, scholarships awarded, special awards or recognition, and the number of times on the Dean's list, etc.
3. List any professional monthly meetings or activities in which you participated with documented attendance for each meeting (such as a log of activities attended)
4. A letter of recommendation from a faculty member at the student's dental hygiene school.
5. Applicants will submit their award applications to their SADHA Advisors. SADHA Advisors will select the top three to five qualified students as candidates and will mail the award applications and supporting documentation to the GHDHA Awards Committee Chair.

### **The Hu-Friedy Clinical Achievement / Golden Scaler Award**

The Hu-Friedy Clinic Award is presented by the faculty of the Dental Hygiene Program to a graduating student who excels as a clinician. The recipient will be one whose clinical judgment and technical skills are judged superior by the faculty and who has assumed professional responsibility and commitment to patient service. This award is sponsored by The Hu-Friedy Manufacturing Company. To receive this award, the student should:

1. Receive an "A" in Clinical Practice I, II, III and IV should not receive an incomplete in any clinical course or clinical case study.
2. Complete clinic requirements prior to the last day of clinic. This demonstrates organizational skills needed for an excellent clinician.
3. Demonstrate a superior clinical ability in proper instrumentation, polishing and have overall rapport with patients.
4. Show genuine concern about the oral health of all her/his patients and motivate them towards good oral health.
5. Demonstrate professionalism during all phases of patient contact.
6. Organize her/his time and utilize clinic time efficiently.

All students who meet the above criteria are eligible for this award regardless of any previous awards they may have achieved. Overall GPA is not a factor in the selection of this award recipient.

### **Johnson & Johnson Dental Hygiene Excellence Award**

This award is presented to a second year student who demonstrates excellent communication skills, excellent patient management skills and has excellent academic performance.

### **Letter of Commendation**

The top 10% of the class, having no course deficiencies and recommended by the Dental Hygiene E&P subcommittee will receive a letter of commendation from the Dean of The University of Texas School of Dentistry at Houston.

### **Mentor of the Year Award**

The Mentor of the Year Award recognizes a 2nd year dental hygiene student who has unselfishly made a positive contribution of time and counsel towards the growth and development of 1st year dental hygiene students. The candidates(s) are nominated by first year student(s) by filling out an application and submitting it to the SCADHA advisor(s). The Mentor of the Year Award nominees shall be voted on by 1<sup>st</sup> year dental hygiene students at the end of April. The nominee with the majority of the votes becomes the recipient of the award.

### **Procter and Gamble Preventive Dentistry Award**

This award is presented to a second year student who demonstrates a commitment to personalized patient instruction for the maintenance of oral health and prevention of disease. To receive this award the student should:

1. Show genuine concern for the oral health of each patient.
2. Demonstrate exceptional patient education throughout her/his clinic experience.
3. Demonstrate consistently an excellent overall knowledge of preventive oral hygiene aids appropriate to individual patient needs.
4. Display professionalism during all phases of patient contact.

All students who meet the above criteria are eligible for this award regardless of any previous awards they may have received. Overall GPA is not a factor in the selection of this award recipient.

## **Sigma Phi Alpha**

Sigma Phi Alpha is the national honor society of the Dental Hygiene profession. Component chapters established by schools of Dental Hygiene are widely distributed throughout the United States. To be elected to Sigma Phi Alpha is an honor and a privilege. The aim of the society is to stimulate high scholarship, professional accomplishment, and greater service to the field of Dental Hygiene. The top ten percent of the senior Dental Hygiene class who rank highest in scholarship and character and who exhibit potential qualities for future growth and attainment shall be elected to membership. This membership shall be limited to 10% of the graduating class and shall be selected from a list composed of the upper 20% of the class. Any student having been on academic probation may not be considered for this award.

## **UTSD Dental Hygienists' Alumni Association Award**

This award is presented to a second year student by the Dental Hygienists' Alumni Association of The University of Texas School of Dentistry at Houston, Dental Hygiene Program. The award honors an outstanding dental hygiene student in recognition of his/her contributions to the dental hygiene profession during his/her tenure as a student at the School of Dentistry.

## **UTSD Evidence-Based Dentistry Award**

This award will be awarded to a student who demonstrates the guiding principles of Evidence Based Dentistry in their management of clinical care and decision making.

## **UTSD Informatics Award**

The award presented by the Office of Technology Services and Informatics (TSI) will go to a student who has demonstrated one or more of the following related to informatics in healthcare education, patient care or research:

1. Innovate use of data, information and/or knowledge.
2. Application of critical thinking for problem solving.
3. Analysis of quantitative and/or qualitative data.
4. Appropriate use of educational and/or clinical technology.

## **UTSD Simulation Award**

In the spring of 2014, The Society for Simulation in Healthcare and The University of Texas School of Dentistry at Houston (UTSD) created The Society for Simulation in Healthcare Student Award. The award is presented to a graduating dental hygiene student who has demonstrated the highest interest, participation and performance in simulation during their tenure at UTSD.

## **UTSD Student Award in Interprofessional Education**

In 2014, UTSD instituted a new student award in Interprofessional Education (IPE) to recognize a student who has "gone the extra mile" in interacting with other healthcare providers/students. To be eligible for this award, the student must:

1. Be enrolled in either the DDS, DH or one of the advanced education programs at UTSD.
2. Be in good academic standing.
3. Have a demonstrated commitment to interprofessional education as evidenced by participation in at least two of the following:
  - a. UTHealth IPE offering (e.g., the Deans' Honors Colloquium)
  - b. UTSD IPE offering (e.g., the Holly Hall Retirement Community Rotation)
  - c. Events or programs offered by a national organization committed to IPE (e.g., The American Society for Bioethics & Humanities)
  - d. UTSD or UTHealth IPE committee (e.g., the Center for Interprofessional Education (CIPC) Advisory Council)

4. Be recommended for the award by a UTSD faculty member or administrator.

## **STUDENT SCHOLARSHIPS**

Numerous scholarships are available for dental hygiene students through the UT Financial Aid Office and through professional organizations. The following are helpful links:

UTHealth Student Financial Services

<https://www.uth.edu/sfs/contact.htm>

American Dental Hygienists' Association

<http://www.adha.org/scholarships-and-grants>

Texas Dental Hygienists' Association

<http://texasdha.org/scholarships.html>

American Dental Education Association

<http://www.adea.org/studentawards/>

## **DENTAL HYGIENE ENDOWMENTS AND SCHOLARSHIPS**

### **Carus Dental Hygiene Endowed Scholarship Fund**

- The scholarship is awarded to a second year dental hygiene student based on academic merit.
- The recipient shall display the attributes of a professional capable of entering a dental group practice specifically including teamwork skills, clinical excellence and leadership.

### **The Shirah May Hall Memorial Scholarship in Dental Hygiene**

A monetary gift will be awarded to a second year dental hygiene student who exhibits the following criteria:

- Good academic standing
- Preference shall be given to students who have exhibited the characteristics of compassion, focus and motivation, teamwork, leadership, and advocacy of the profession.

### **The University of Texas at Houston Dental Hygiene Program Class of 2003 Endowment Fund**

The Endowment Fund was established in 2003 to assist a second year dental hygiene student in his/her final year of education.

The Dental Hygiene Class of 2003 decided to create history by being the only class ever at the School of Dentistry to establish an endowment while still in school. The endowment provides funds to support future dental hygiene students.

A monetary gift will be awarded to a second year dental hygiene student who exhibits the following criteria:

- Financial Need
- Maintains an academic GPA of 3.0 or higher
- Compassionate
- Highly focused and motivated
- A team player
- An outstanding dental hygiene citizen among faculty, students, and staff
- A future dental hygiene leader
- An ambassador and advocate to the Dental Hygiene Program

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## **SECTION C**

# **GENERAL CLINIC INFORMATION**

## **OPERATOR / PATIENT POSITIONING**

### **Operator Positioning**

The prime objective of formulating operator/patient position guidelines is to maintain the concepts of work simplification, and provide the greatest degree of comfort, safety, and health to both patient and operator. *For the operator it is essential to:*

1. Center body weight on the stool to obtain maximum stability.
2. Keep back straight and shoulders relaxed.
3. Flex at hips so that trunk and thighs form a 60-90 degree angle.
4. Separate knees and feet to width of hips to maintain proper body support,
5. Raise or lower stool to position knees slightly higher than hip level.
6. Position one or both feet flat on the floor with thigh and calf forming an 80-90 degree angle (one foot may be placed on the rail of the stool).
7. Field of operation should be at elbow level with elbows relaxed and close to operator's sides.
8. Hold head erect with only eyes directed downward.
9. Operator's face should be no closer than 14-16 inches from patient.
10. Care must be taken to never lean on the patient, patient's chair, or rest instruments on the patient's chest.

### **Patient Positioning**

1. Seat the patient with the chair in an upright position.
2. Recline patient so that the patient is in a supine position with head and feet at approximately the same level
3. A semi supine position may be used to treat the mandibular arch.

### **Stool to Chair Relationship**

Position the stool to permit access to the patient's mouth from the side-front, the side, or the side-back. The hours of the clock can be used to designate zones of operation. The top of the patient's head appears at 12:00 with the feet toward 6:00. More than one operator stool position is determined by a number of factors including:

1. operator's height
2. operator's arm length
3. patient's size
4. cubicle size and arrangement



**Patient/Operator Position for Sextants: Right-handed Operator**

<u>Tooth area &amp; surface</u>	<u>Operator position</u>	<u>Patient position</u> <sup>+</sup>	<u>Mirror</u>
Mand Rt Fac (Toward)	8 -9 o'clock	away	retract cheek
Mand Lft Ling (Toward)	8 -9 o'clock	away	retract tongue
Mand Lft Fac (Away)	11-12 o'clock	toward	retract cheek
Mand Rt Ling (Away)	11-12 o'clock	toward	retract tongue
Max Rt Fac (Toward)	8-9 o'clock	away	retract cheek
Max Lft Ling (Toward)	8-9 o'clock	away & up	_____*
Max Lft Fac (Away)	11-12o'clock	toward	retract cheek
Max Rt Ling (Away)	11-12 o'clock	toward	indirect vision & illumination
Max Ant Fac (Away/Toward)	11- 12 o'clock	side to side	
Max Ant Ling( Away/Toward)	11- 12 o'clock	side to side	indirect vision & Illumination
Mand Ant Fac (& Ling surfaces-away)	11-12 o'clock	side to side	-----* illum. & retract
Mand Ant Fac (& Ling-surfaces toward)	8 – 9 o'clock	side to side	-----* indirect vision & illum. & retract

<sup>+</sup> Patient position always given in relation to operator

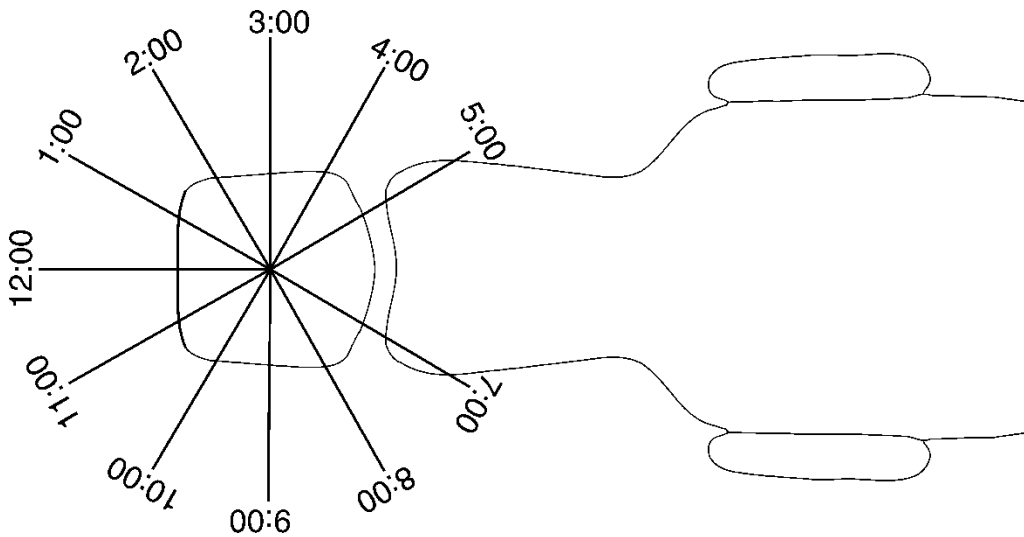
\* When mirror not used, left index finger is generally used to aid with lip or cheek retraction.

**Patient/Operator Position for Sextants: Left-handed Operator**

<u>Tooth area &amp; surface</u>	<u>Operator position</u>	<u>Patient position</u> <sup>+</sup>	<u>Mirror</u> <sup>*</sup>
Mand Lft Fac (Toward)	3 o'clock	forward	retract cheek
Mand Rt Ling (Toward)	3 o'clock	away r	retract tongue
Mand Rt Fac (Away)	1-2 o'clock	toward	retract cheek
Mand Lft Ling( Away)	1-2 o'clock	toward	retract cheek
Max Lft Fac (Toward)	3 o'clock	away	retract cheek
Max Rt Ling (Toward)	3 o'clock	away & up	-----*
Max Rt Fac (Away)	1-2 o'clock	toward	retract cheek
Max Lft Ling (Away)	1-2 o'clock	toward	indirect vision & illum.
Max Ant Ling (Away/Toward)	12-1 o'clock	side to side	indirect vision & illum.
Max Ant Fac (Away/Toward)	12-1 o'clock	"	-----*
Mand Ant Fac (&)	12-1 o'clock	side to side	-----*
Ling-surfaces Away			illum. & retraction
Mand Ant ac (&)	3-4 o'clock	side to side	-----*
Ling-surfaces Toward			illum. & retraction

<sup>+</sup> Patient position always given in relation to operator.

<sup>\*</sup> When mirror not used, right index finger is generally used to aid with lip.



## **General Principles**

1. Posterior sextants - begin with most posterior tooth, and stop at canine.
2. Anterior sextants - from one canine to the other canine.
3. Individual tooth sequence:
  - a. posterior tooth - start on distal line angle to proximal, continue to facial /lingual surfaces and finish on mesial.
  - b. anterior tooth - start at midline and continue to proximal surface.
4. The intra oral fulcrum should be:
  - a. inside the mouth
  - b. on the same arch as the tooth being worked on
  - c. as close as possible to the tooth being worked on
5. The extra oral fulcrum should be a stabilizing point on the chin or cheek.
6. The stroke will be:
  - a. a light exploratory stroke
  - b. a small, firm working stroke (pull) when removing deposits.

Wrist and arm movements will be used to direct the instrument blade in a vertical direction. The total instrument grasp/hand should pivot from the fulcrum.

## **Precautions and Variations**

In all cases, health is the most important factor and adjustments may be necessary to provide safety and comfort for both patient and operator. To determine correct positioning, the operator must refer to the patient's medical history for pertinent information.

1. A patient with a history of cardiac or respiratory problems may exhibit difficulty in breathing if the chair is fully reclined.
2. A history of back injury or muscle spasms may require an adjustment in the patient's position to maintain comfort.
3. For patients with a history of fainting tendency or low blood pressure, ask them to remain seated for a few minutes before getting out of their chair. The sudden movement may cause orthostatic hypotension which causes the patient to become dizzy.
4. When seating an obese patient, use caution when reclining the chair. Heavy weight can stress the backrest.
5. When seating a pediatric patient have the child slide up in the chair until his head is at the top of the backrest.
6. Pregnant patients in their last trimester may be uncomfortable in a fully reclined position.
7. If a patient has a sinus condition with a post-nasal drainage, the chair should be slightly elevated for comfort.
8. During ultrasonic scaling (without an assistant aid in suctioning) the water collects rapidly in the back of the patient's mouth. Raise the back of the chair slightly for easy water evacuation and patient comfort.

## HEALTH HISTORY GUIDELINES

### The Patient Interview

When reviewing the health history with a patient who has indicated systematic medical conditions that could be affected by the treatment a dental hygienist would provide, you must be sure to have a thorough understanding of the patient's medical problem and current status of treatment. The information gained from the questions you ask your patients will help you and your instructor plan the appropriate dental treatment for that patient and determine the need for a medical consultation and/or premedication.

### Unacceptable Cases

Consultation with physician may be required in some cases.

You should use the health history questionnaire and patient interview to identify cases that are not acceptable in the dental hygiene clinic. This would include patients who indicate a history of the following:

1. Active herpetic lesion (labial, facial, or oral)
2. Contagious skin conditions (impetigo, ringworm, scabies)
3. Head lice
4. Conjunctivitis
5. Elevated oral temperature (in excess of 100 degrees F)
6. Respiratory infections involving inflamed throat and/or elevated temperature
7. Active tuberculosis
8. Viral hepatitis (active cases only)
9. Cardiovascular accidents, cardiac bypass surgery or stroke within the last six months
10. Unstable angina
11. Other contagious conditions or diseases

### Medical Consultation

Patients with the following conditions will require a medical consultation record from his/her physician:

1. Stage II Hypertension
2. Current anticoagulant therapy
3. Heart surgery other than bypass
4. Other systemic diseases, including cardiac arrhythmias, angina, congestive heart failure, renal and hepatic disease
5. Congenital cardiac defects
6. Surgically constructed systemic-pulmonary shunts
7. Diabetes if the patient has not had the condition checked by a physician within the last year
8. Uncontrolled, unstable diabetes mellitus and uncontrolled Addison's Disease
9. Tuberculosis if the condition has been active during the last five years
10. Currently under cancer treatment (including long-term chemotherapeutic drug therapy), ie. bisphosphonates, interferon treatment
11. Current treatment with anticancer chemotherapy including use of chemotherapy drugs for noncancerous conditions ie. Methotrexate for rheumatoid arthritis, bisphosphonates
12. Patients who report history of chemotherapy to determine possible use of bisphosphonates
13. Post-irradiation of the mandible or maxilla with greater than 5,000 rads total dose
14. Renal transplant and hemodialysis
15. Glomerulonephritis or other active renal disorder
16. Patient receiving interferon treatment
17. Patients having had a splenectomy
18. Chronic steroid therapy (over 10 days) within the last two years (20 mg./day)
19. Blood diseases, especially acute leukemia, agranulocytosis, granulocytopenia aplastic anemia and agama globulinemia
20. Systemic lupus erythematosus
21. Any immunosuppressed patient such as those with acquired immune deficiency syndrome (AIDS)
24. Pregnant patient requiring anesthesia or any other medication
25. Organ transplant
26. HIV patients

## **Premedication with Antibiotics**

Patients with the following conditions will require premedication with antibiotics unless a consultation record from the patient's physicians has been received:

1. Joint replacements (orthopedic prostheses including total hip, knees and elbows). Consult with your GPD to determine the need for premedication.
2. Previous history of infectious endocarditis
3. Prosthetic cardiac valve
4. Certain specific, serious congenital (present from birth) heart conditions, including:
  - Unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
  - A completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
  - Any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device
5. A cardiac transplant that develops a problem in a heart valve.

## **PROPHYLACTIC ANTIBIOTIC THERAPY**

All prescriptions, whether to be given to the patient or obtained from the dispensary and administered chair side, should be entered into the EHR and a paper copy of the prescription generated and signed by a dental faculty. There is not a place on the prescription form for the patient record number, but that information is needed prior to dispensing medication. Refer to Section 3.15 in the SOD Clinic Manual for EHR detail. The procedure is as follows:

1. Advise clinical instructor of situation and inform patient of need for antibiotic coverage.
2. Review patient's medical history for allergies to amoxicillin, clindamycin or cephalixin. (Other types of antibiotics must be prescribed by the patient's physician.)
3. Review section 3.62 in DB clinic Manual.
4. Review dosages for amoxicillin, clindamycin, or cephalixin.
5. Ask instructor to summon a DDS to write prescriptions.
6. Use code (D09630 Medicaments-oral) for antibiotic therapy, add to treatment plan and have faculty approve. Code D09630 is used for each capsule dispensed. So, if you are giving 2G of Amoxicillin (500 mg. each) then you must have D09630 listed in the EHR/treatment plan 4 times. Each capsule is charged separately to the patient.
7. Take the printed prescription to the dispensary where the medication will be given to you.
8. Administer antibiotic tablets to patient and wait the prescribed time before instrumenting tissues.
9. Note prophylactic antibiotic therapy in treatment history.
10. If a series of appointments is required, an interval of seven days between appointments is necessary to reduce the potential for the emergence of resistant strains of organisms.

## DOSAGE FOR PROPHYLACTIC USE OF ANTIBIOTICS

Situation	Agent	Regimen – Single Dose 30-60 minutes before procedure	
		Adults	Children
Oral	Amoxicillin	2 gm	50 mg/kg
Unable to take oral medication	Ampicillin OR	2 g IM or IV*	50 mg/kg IM or IV
	Cefazolin or ceftriaxone	1 g IM or IV	50 mg/kg IM or IV
Allergic to penicillins or ampicillin Oral	Cephalexin**†	2 g	50 m/kg
	Clindamycin OR	600 mg	20 mg/kg
	Azithromycin or clarithromycin	500 mg	15 mg/kg
Allergic to penicillins or ampicillin and unable to take oral medication	Cefazolin or ceftriaxone†	1 g IM or IV	50 mg/kg IM or IV
	Clindamycin	600 mg IM or IV	20 mg/kg IM or IV

\*IM – intramuscular; IV – intravenous.

\*\*or other first or second generation oral cephalosporin in equivalent adult or pediatric dosage.

†Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillins or ampicillin

### SIGNIFICANT HYPERTENSION IN CHILDREN

AGE	SYSTOLIC	DIASTOLIC
3-5	≥116	≥76
6-9	≥122	≥78
10-12	≥126	≥82
13-15	≥136	≥86
16-18	≥142	≥92

### GUIDELINES FOR MANAGEMENT OF PATIENTS WITH ELEVATED BLOOD PRESSURE

*The University of Texas School of Dentistry at Houston Clinics*

#### CLASSIFICATION OF BLOOD PRESSURE FOR ADULTS AGE 18 & OLDER\*

Category	Systolic (mm Hg) (SBP)	and or	Diastolic (mm Hg) (DBP)
Normal	<120		<80
Prehypertension	120-139	or	80-89
Stage 1 Hypertension †	140-159	or	90-99
Stage 2 Hypertension †	>160	or	>100

\* Not taking antihypertensive drugs and not acutely ill. When systolic and diastolic blood pressures fall into different categories, the higher category should be selected to classify the individual's blood pressure status. For example, 160/92 mm Hg should be classified as stage 2 hypertension, and 174/120 mm Hg should be classified as stage 3 hypertension. Isolated systolic hypertension is defined as SBP of 140 mm Hg or greater and DBP below 90 mm Hg and staged appropriately (e.g., 170/82 mm Hg is defined as stage 2 isolated systolic hypertension). In addition to classifying stages of hypertension on the basis of average blood pressure levels, clinicians should specify presence or absence of target organ disease and additional risk factors. This specificity is important for risk classification and treatment.

† Based on the average of two or more readings taken at each of two or more visits after an initial screening.

## DETERMINING RISK/PROVIDING DENTAL TREATMENT

<b>Normal/High Normal</b>	<i>Systolic 139 or lower or Diastolic 89 or lower</i> 1. No contraindications to elective dental treatment.
<b>Stage 1 HTN</b>	<i>Systolic 140-159 or Diastolic 90 – 99</i> 1. Retake and confirm blood pressure. 2. Proceed with elective dental treatment. 3. Monitor blood pressure during appointment.
<b>Stage 2 HTN</b>	<i>Systolic 160 or higher or Diastolic 100 or higher</i> 1. Retake and confirm blood pressure. 2. Emergency or non-invasive elective treatment only. 3. Monitor blood pressure during appointment. 4. Refer patient to physician for medical evaluation. 5. <b>Medical consult required prior to elective dental treatment.</b>
	<i>Systolic &gt; 210 or Diastolic &gt; 120</i> 1. Retake and confirm with alternative device, such as mercury-manometer type sphygmomanometer. 2. If blood pressure is unchanged, consider <b>immediate</b> referral of the patient to a physician or emergency room for evaluation. 3. No treatment of any type should be undertaken. 4. <b>Medical consult required prior to <u>any</u> dental treatment.</b>

### AN EASY PHYSICAL SYSTEM FOR MEDICAL ALERT

The University of Texas School of Dentistry at Houston Department of Diagnostic Sciences has adopted D.F. McCarthy's Physical Evaluation System to assist in categorizing dental patients from the standpoint of medical risk-factor orientation. It is easily adaptable to the needs of private practice.

"The purpose of this system is to quickly and easily place each patient in an appropriate medical-risk category and to thereby provide dental therapy in comfort and relative safety. During the original physical evaluation the patient is placed in one of our four physical status classes devised by the American Society of Anesthesiologists. The physical status classification then serves as a helpful guide to the level of dental therapy, suggested management, and treatment modification for the medically compromised patient."

The following table shows the ASA system on the left; on the right are general considerations for dental therapy modification. The system is very valuable in determining relative risk prior to dental treatment and the possible need for treatment modification.

<i>ASA Physical Status Classification</i>	<i>Therapy Modification</i>
I. A normal healthy patient.	None (stress reduction as indicated)
II. A patient with mild to moderate systemic disease.	Possible stress reduction and other modification as indicated.
III. A patient with severe systemic disease that limits activity but is not incapacitating.	Possible strict modifications; stress reduction and medical consultation prioritized.
IV. A patient with severe systemic disease that limits activity and is a constant threat of life.	Minimal emergency care in office; hospitalize for complicated treatment; medical consultation urged.
V. A moribund patient not expected to survive 24 hours with or without operation.	Treatment in the hospital is limited to life support only, e.g. airway and hemorrhage management.

## ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

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

Current definitions (NO CHANGE) and Examples (NEW)

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

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

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



## **Classification Guidelines**

*(ASA classifications are discussed in the listed references.)*

Brief examples, any one of which calls for ASA Class 2 placement, are as follows: present history of allergic rhinitis (hay fever), history of any drugs allergy or hypersensitivity, pregnancy, tobacco smoker, mild obesity, history of Hepatitis B that is currently antigen positive, history of arrested pulmonary tuberculosis without disability history of corrected congenital heart disease without disability, history of chronic glomerulonephritis or pyelonephritis without disability, history of controlled diabetes mellitus without disability, history of controlled chronic glaucoma history of possible attitudinal problems with health care (as negative experiences with prior practitioners), history of behavioral problems with health care (as moderate to extreme anxiety), mild to moderate hypertension, anemia, extremes of age and chronic bronchitis.

Many of the preceding diseases or conditions could become Class 3 or 4, depending upon the history and physical examination. Some doctors drop the patient one class if there are two or more diseases, none of which is disabling, for example, a patient with allergic rhinitis, penicillin allergy, and chronic glomerulonephritis could be placed in ASA Class 3 rather than Class 2. This is a judgment decision and is based upon your perception of physical status related to treatment stresses. Other examples of ASA Class 3 included severe diabetes, moderate to severe pulmonary disease, angina, healed myocardial infarction, blood dyscrasias and moderate to severe hypertension.

## **PREGNANCY**

First trimester: plaque control, oral hygiene instruction, scaling, polishing, avoid elective treatment; urgent care only

Second trimester: plaque control, oral hygiene instruction, scaling, polishing, routine dental prophylaxis.

Third trimester: plaque control, oral hygiene instruction, scaling, polishing, routine dental prophylaxis.

Radiographs: avoid during pregnancy.

If anesthesia is required, consult with attending dentist.

## **Blood Sugar Levels**

Normal A1C levels can range from 4.5-6 percent. An A1C test result between 5.7 percent and 6.4 percent is considered prediabetes. For those patients with diabetes, a target of 7 percent or less is usually preferred. The chart below indicates the A1C level and corresponding average blood sugar levels in milligrams/deciliter.

<b>A1C level</b>	<b>Estimated average blood sugar level</b>
5 percent	97 mg/dL
6 percent	126 mg/dL
7 percent	154 mg/dL
8 percent	183 mg/dL
9 percent	212 mg/dL
10 percent	240 mg/dL
11 percent	269 mg/dL
12 percent	269 mg/dL
13 percent	326 mg/dL
14 percent	355 mg/dL

Important questions to ask diabetic patients:

1. Did you eat breakfast? Lunch? What time today?
2. What was your blood sugar reading today?
3. What was your last A1C reading?

## **MEDICAL CONSULTATION RECORD: STUDENT INSTRUCTIONS**

The upper portion of the form is to be completed by the student with assistance from the attending faculty.

The goal of physical evaluation by the dental team is to determine the ability of the patient to tolerate a specific procedure or series of treatments – **NOT** to diagnose and treat medical problems. The dental team should propose a tentative treatment plan prior to consultation with the physician. The physician will be asked to evaluate the patient, and either endorses the proposed treatment, or make recommendations for treatment modifications.

The preferred sequence of events:

1. Physical evaluation by the dental team will determine whether or not medical consultation is indicated. If doubt exists, consultation with the physician is recommended.
2. The upper portion of the consultation form will be completed by the student with assistance from the attending faculty. The form must be legibly hand written.
3. Enter pertinent information only on the upper portion of the consultation form:  
  
Brief introduction of patient.  
Medical problem of concern  
Proposed dental treatment-including anesthesia, pre-medication, and other pertinent information.  
Request that the physician evaluate the patient and render an opinion regarding the patient's ability to tolerate the proposed treatment. Ask for his concurrence, or his recommendations for any modification in the proposed treatment.  
  
Signed by student and faculty.
4. Make an entry in the Treatment History in the EHR, which documents the consultation request, and include the physician's name, address, and telephone number if available.
5. The form is to be legibly handwritten (not typewritten), signed by the student, patient, and attending faculty, and the top copy given directly to the patient for delivery to the physician or mailed/faxed by Dental Records. The duplicate copy of the consult request should be taken to the Records room and scanned into the patient's electronic record.
6. Periodically check the "Attachments" tab in the EHR to see if the consultation report has been returned and scanned into the record. Continue with patient treatment according to physician's recommendations.

## ABCDE SYSTEM OF RECOGNIZING MELANOMA

- A** Asymmetry, because of its uncontrolled growth pattern.
- B** Border irregularity, often with notching.
- C** Color variegation, which varies from shades of brown to black, white, red, and blue depending on the amount and depth of melanin pigmentation.
- D** Diameter greater than 6 mm (which is the diameter of a pencil eraser).
- E** Evolving; Any change — in size, shape, color, elevation, or another trait, or any new symptom such as bleeding, itching or crusting — points to danger.

## GINGIVAL DESCRIPTION

### Descriptive Terminology

The degree of severity and distribution of a change should be noted when examining gingiva. When a deviation from normal affects a single area, it can be designated by the number of the adjacent tooth and the surface of the tissue involved, namely, facial, lingual, mesial, or distal.

- A. Severity: Severity is expressed as slight, moderate, or severe.
- B. Distribution  
Terms used for describing distribution are:
  - 1. **Localized**  
This means that the gingiva is involved only around a single tooth or a specific group of teeth.
  - 2. **Generalized**  
This means that the gingiva is involved around all or nearly all of the teeth throughout the mouth. A condition may also be generalized throughout a single arch.
  - 3. **Marginal**  
A change that involves the free or marginal gingiva. This is specified as either localized or generalized.
  - 4. **Papillary**  
A change that involves a papilla but not the rest of the free gingiva around a tooth. A papillary change may be localized or generalized.
  - 5. **Diffuse**  
When the attached gingiva is involved as well as the free gingiva, it is referred to as a diffuse change. A diffuse condition is most frequently localized, rarely generalized.
  - 6. **Chronic**  
comes on slowly, long duration, painless unless complicated by acute or sub acute exacerbations.
  - 7. **Acute**  
painful condition that comes on suddenly and is of short duration.
- C. Evaluation
  - 1. **Color**  
Describe as light, regular or dark pink, (normal), red (erythema), bluish red (magenta), coral-pink or other color variations. May include normal pigmentation considering patient.
  - 2. **Form**  
Contour (both marginal and papillary), knife-edge (normal), rounded, blunted, cratered, flattened, bulbous, clefting, festoon.
  - 3. **Density**  
Describe as stippled (normal), fibrotic, spongy, smooth (shiny edematous).
  - 4. **Attachment**  
Note generalized pocket depth and any localized deep pockets.
  - 5. **Bleeding**  
Note any upon probing and describe as slight, moderate, or severe.

## CRITERIA FOR DH CASE CLASSIFICATION

*The conditions considered in classifying the difficulty of a case treated in the Dental Hygiene Clinic include:*

- A. The presence and amount of disease of the periodontium.  
The descriptions in the chart in this section are to be used as guidelines when classifying the periodontal status of the patient.
- B. The presence and amount of calcified and non-calcified deposits.  
The descriptions in this section are to be used as guidelines when determining the calculus case classification of the patient.

The classification of the patient is determined by the amount and location of calculus. The difficulty of the case may also be a determining factor, (i.e. tenacity of the calculus and periodontal involvement). These are general descriptions of calculus types and variations may exist within each classification.

The classifications are as follows:

- Class 0** No calculus present.
- Class I** Light calculus present. Supra and/or sub gingival calculus tends to be localized to the mandibular anterior teeth and buccal of maxillary molars. A quadrant may also have localized light granular calculus found interproximally on a molar or a premolar, not multiple surfaces.
- Class II** Moderate calculus present. Varying distributions of supra and/or sub gingival calculus present in the quadrant, may include max anterior teeth.
- Class III** Moderately heavy, binding calculus present. Generalized supra and/or sub gingival calculus located throughout the quadrant, typically involving 2 or 3 surfaces of each tooth including max anterior teeth. Calculus may bind, with a distinct click, and is located in most areas of the quadrant. Calculus may be visible on radiographs.
- Class IV** Very heavy, hard, excessive, binding calculus present. Supra and sub gingival calculus is generalized and may form continuous rings around all surfaces in the quadrant. Calculus is usually visible on radiographs.
- Class V** (Pre-surgical) Very heavy calculus is generalized in the quadrant with generalized pockets of 6mm or more. Marked mobility to horizontal and vertical forces and tooth migration are present. This classification has been established for cases which are complicated by extreme sensitivity, multiple severely decayed teeth, periapical abscesses, advanced periodontitis or any other condition which, in the clinical judgment of the instructor, increases the difficulty of the case. Those patients will receive a pre-surgical scaling for a limited number of appointments, and the student will receive appropriate credit for a Class III requirement.

The University of Texas School of Dentistry at Houston  
**Diagnosis, Classification, and Treatment Chart for the Most Common Periodontal Diseases**  
 Guidelines for *Pre-doctoral Dental Students*

Healthy Periodontium†	Plaque-Induced Gingivitis†	<i>Slight</i> Chronic Periodontitis††	<i>Moderate</i> Chronic Periodontitis††	<i>Severe</i> Chronic Periodontitis††
<ul style="list-style-type: none"> <li>No/minimal bleeding on probing</li> </ul>	<ul style="list-style-type: none"> <li>Presence of bleeding and/or suppuration upon probing</li> </ul>	<ul style="list-style-type: none"> <li>Presence of bleeding and/or suppuration upon probing</li> </ul>	<ul style="list-style-type: none"> <li>Presence of bleeding and/or suppuration upon probing</li> </ul>	<ul style="list-style-type: none"> <li>Presence of bleeding and/or suppuration upon probing</li> </ul>
<ul style="list-style-type: none"> <li>CAL = mostly 0 mm or reduced†</li> </ul>	<ul style="list-style-type: none"> <li>CAL = mostly 0 or 1 mm or reduced†</li> </ul>	<ul style="list-style-type: none"> <li>CAL = mostly 1 or 2 mm</li> </ul>	<ul style="list-style-type: none"> <li>CAL = mostly 3 or 4 mm</li> </ul>	<ul style="list-style-type: none"> <li>CAL ≥ 5 mm</li> </ul>
<ul style="list-style-type: none"> <li>PD = mostly 1-3 mm</li> </ul>	<ul style="list-style-type: none"> <li>PD = mostly 1-3 mm or slightly higher</li> </ul>	<ul style="list-style-type: none"> <li>PD = mostly 4 mm or slightly higher</li> </ul>	<ul style="list-style-type: none"> <li>PD = mostly 5-6 mm or slightly higher</li> </ul>	<ul style="list-style-type: none"> <li>PD ≥ 7mm or slightly less</li> </ul>
<ul style="list-style-type: none"> <li>No radiographic alveolar bone loss</li> </ul>	<ul style="list-style-type: none"> <li>No radiographic alveolar bone loss</li> </ul>	<ul style="list-style-type: none"> <li>Radiographic alveolar bone loss ~ 1-2 mm</li> </ul>	<ul style="list-style-type: none"> <li>Radiographic alveolar bone loss ~ 1/3 of root</li> </ul>	<ul style="list-style-type: none"> <li>Radiographic alveolar bone loss &gt; 50% of root</li> <li>Vertical (angular) alveolar bone loss</li> </ul>
<ul style="list-style-type: none"> <li>Prophylaxis q 6-12 months or according to patient's risk factors</li> </ul>	<ul style="list-style-type: none"> <li>OHI, Prophylaxis</li> <li>Consider adjunctive non-mechanical therapy</li> <li>Recalls q 6 months or according to patient's risk factors</li> </ul>	<ul style="list-style-type: none"> <li>OHI, Scaling and Root Planing, as needed</li> <li>Consider adjunctive non-mechanical therapy</li> <li>Recalls q 4-6 months or according to patient's risk factors</li> </ul>	<ul style="list-style-type: none"> <li>OHI, Scaling and Root Planing</li> <li>Consider adjunctive non-mechanical therapy</li> <li>Possible Periodontal Surgeries; may need to refer to specialty clinic</li> <li>Recalls q 3-4 months or according to patient's risk factors</li> </ul>	<ul style="list-style-type: none"> <li>OHI, Scaling and Root Planing</li> <li>Consider adjunctive non-mechanical therapy</li> <li>Likely to have Periodontal Surgeries; refer to specialty clinic</li> <li>Recalls q 3 months or according to patient's risk factors</li> </ul>

†Can occur on a periodontium with no attachment loss or on a periodontium with attachment loss that is not progressing called a "reduced" periodontium.

††Periodontal disease extent (based on CAL) can be characterized as Localized = ≤ 30% of sites involved and Generalized = >30% of sites involved (Remember: Gingivitis is NOT characterized based on CAL or extent)  
CAL = Clinical Attachment Level; PD = Probing Depth; OHI = Oral Hygiene Instruction

**Acquired and developmental conditions around teeth-mucogingival deformities: gingival recession is another very common diagnosis that may occur in combination with any of the above diagnoses.**

The table above has been created to summarize the main criteria to be used by the student when determining the periodontal status of a patient. This chart was developed to assist the student to work under faculty supervision.

Please remember the following:

- Proper diagnosis of periodontal diseases and conditions is not always black and white.
- The table above is by no means comprehensive. For a complete version and comprehensive view of the American Academy of Periodontology's latest official publication on this topic, please refer to: Armitage, GC. Development of a Classification System for Periodontal Diseases and Conditions. *Ann Periodontol* 1999; 4:1-6. A summary of the 8 categories described is listed below.
- Full mouth charting is the minimum expected for all cases seen in our clinics, independent of the periodontal diagnosis.
- There are individuals which present with Clinical Attachment Loss that may not have happened because of conventional periodontal disease. One example is of a patient with a thin periodontal biotype (i.e., thin gingival tissues and alveolar bone on facial aspects of the dentition) who happens to be a heavy brusher. In this case, the combination of anatomic factors and inadequate brushing habits will lead to middle-facial gingival recession areas. When situations like this one happen, the patient is normally classified as having **acquired and developmental conditions around teeth-mucogingival deformities: gingival recession.**
- Patients may also present with previously treated periodontal disease. While the patient always remains highly susceptible to disease recurrence, if they are currently free from inflammation, and there are no signs of disease progression (ie deep PDs, CAL that has increased from a previous visit, recurrent BOP, erythema, etc.) the patient may be diagnosed with a **Reduced but Healthy Periodontium**. With minor inflammation (minimal BOP) but no deep PDs, the patient may be diagnosed with **Gingivitis on a Reduced Periodontium**. Any deep PDs (>4mm) suggest possible active disease, and the patient should be classified with the appropriate periodontitis diagnosis.
- **The treatment guideline offered in this table is suggestive but not definitive.** Faculty members will offer the main guidance on a case-by-case decision based on individual patient risk factors.

1999 AAP Classification of Periodontal Diseases and Conditions

1	Gingival Diseases	Dental Plaque-Induced	Dental Plaque Only			
			Modified by Systemic Factors			
			Modified by Medications			
			Modified by Malnutrition			
		Non-plaque-induced gingival lesions	Specific Bacterial Origin			
			Viral Origin			
			Fungal Origin			
			Genetic Origin			
			Manifestation of Systemic Conditions			
			Traumatic Lesions			
2	Chronic periodontitis		Localized or Generalized			
			3	Aggressive periodontitis		Localized or Generalized
						4
Associated with Genetic Disorders						
5	Necrotizing periodontal diseases		Necrotizing Ulcerative Gingivitis			
			Necrotizing Ulcerative Periodontitis			
6	Abscesses of the periodontium		Gingival Abscess			
			Periodontal Abscess			
			Pericoronal Abscess			
7	Periodontitis associated with endodontic lesions					
8	Developmental or acquired deformities and conditions		Localized tooth-related factors that modify or predispose to plaque-induced gingival diseases/periodontitis			
			Mucogingival deformities and conditions around teeth			
			Mucogingival deformities and conditions on edentulous ridges			
			Occlusal Trauma			

The University of Texas School of Dentistry at Houston Diagnosis, Classification, and Treatment Chart for the Most Common Periodontal Diseases Guidelines for Predoctoral Dental Students.

## Forms of Periodontitis

### *Chronic Periodontitis.*

An infectious disease resulting in inflammation within the supporting tissues of the teeth, progressive attachment, and bone loss. It is characterized by pocket formation and/or gingival recession. It is recognized as the most frequently occurring form of periodontitis. Its onset may be at any age, but is most commonly detected in adults. The prevalence and severity of the disease increases with age.

It may affect a variable number of teeth and it has variable rates of progression. Chronic periodontitis is initiated and sustained by bacterial plaque, but host defense mechanisms play an integral role in its pathogenesis. The progressive nature of the disease can only be confirmed by repeated examinations. It is reasonable to assume that the disease will progress further if treatment is not provided.

The following is a simple classification for this most common form of periodontitis:

- II. Chronic Periodontitis (second category in *The Periodontal Classification System*)
  - A. Localized
  - B. Generalized

Some of the clinical features and characteristics of Chronic Periodontitis:

- Most prevalent in adults, but can occur in children and adolescents
- Amount of destruction is consistent with the presence of local factors
- Sub gingival calculus is a frequent finding
- Associated with a variable microbial pattern
- Slow to moderate rate of progression, but may have periods of rapid progression
- Can be further classified on the basis of extent and severity
- Can be associated with local predisposing factors (e.g., tooth-related or iatrogenic factors)
- May be modified by and/or associated with systemic diseases (e.g., diabetes mellitus, HIV infection)
- Can be modified by factors other than systemic disease such as cigarette smoking and emotional stress.

Chronic periodontitis can be further characterized by **extent** and **severity**. **Extent** is the number of sites involved and can be described as localized or generalized. **Severity** is classified in terms of slight, moderate or severe.

As a general guide, **extent** can be characterized as *localized* if  $\leq 30\%$  of the sites are affected and *generalized* if  $>30\%$  of the sites are affected. **Severity** can be described for the entire dentition or for individual teeth and sites. As a general guide, **severity** can be categorized based on the University of Texas at Houston School of Dentistry Diagnosis, Classification, and Treatment Chart for the Most Common Periodontal Diseases Guidelines for Predoctoral Dental Students.

\*Treatment is not based on attachment loss alone. *Annals of Periodontology*; Volume 4 • Number 1 • December 1999



## PERIODONTAL CHART

1. **BASELINE** A baseline reading is completed on each new patient 18 years of age or older. A full perio charting is done according to patient need. For example radiographic evidence of aggressive periodontitis in a 15 year old.
  - a. Using the EHR, probe the entire mouth and record all probing depths in the boxes corresponding to the tooth probed in the row marked PD ( probe depths) ... total 6 sites per tooth( 3 on Facial and 3 on Lingual)
  - b. Mark all bleeding upon probing sites in the row marked BOP(bleed on probe) Use Y for yes and N for no
  - c. Measure the free gingival margin for each tooth and put numerical value for each tooth in boxes in the row marked FGM-CEJ *NOTE: EHR will calculate the CAL( Clinical Attachment Level) and automatically place in the CAL row.*
  - d. Tooth mobility should be recorded in the row of boxes marked MOB using the following classification system( one number per tooth):

Class 0 (0)	No mobility.
Class I (1)	Horizontal movement less than 1mm.
Class II (2)	Horizontal movement greater than 1mm.
Class III (3)	Horizontal movement greater than 1mm and depressible.
  - e. Using a Nabors Probe, furcation involvement is usually classified by the amount of a furcation that has been exposed by periodontal bone destruction and is recorded in the FURC row of boxes. *Note: EHR will not allow furcations to be noted in areas where there are no furcations*

Class I	Early, beginning involvement. A probe can enter the furcation area and the anatomy of the roots on either side can be felt by moving the probe from side to side.
Class II	Moderate involvement. Bone has been destroyed to an extent that permits a probe to enter the furcation area but not to pass through between the roots.
Class III	Severe involvement. A probe can be passed between the roots through the entire furcation.
Class IV	Severe involvement. A probe can be passed between the roots through the entire furcation. The furcation is clearly visible upon clinical examination.
2. **PERIO RE-EVAL** A new perio chart must be completed during this appointment (including pocket depths, FGM, bleeding points, mobility, and furcations). Note changes in the gingival description in your DHOTEN.
3. **RE CARE/PERIODONTAL MAINTENANCE** A new perio chart must be completed with each new set of appointments (including pocket depths, FGM, bleeding points, mobility, and furcations).

## CARIES DIAGNOSTIC CRITERIA

Caries detection is not something that is always definite and easily decided. Carious lesions differ greatly. At one end of the spectrum there is the grossly decayed tooth which is easily determined to be carious. At the other end of the spectrum there is the area in an occlusal pit which may or may not show obvious signs of caries. It is at this end of the spectrum where a judgment must be made based on the International Caries Detection and Assessment System (ICDAS) criteria:

The ICDAS concept is that the use of a standardized system, based on best available evidence for detecting early and later stage caries severity, should lead to the acquisition of better quality information which could then be used to inform decisions about appropriate diagnosis, prognosis, and clinical management of dental caries at both the individual and public health levels.

As well as ICDAS being a coding classification there are simple, standard examination processes employed as part of the system. An important element of the examination is the cleaning of teeth to aid detection since caries forms where there has been plaque stagnation. In addition, the use of compressed air is necessary to reveal the earliest visual signs of caries.

**An explorer should NOT be used for caries detection. Pressure exerted by the explorer could facilitate further breakdown of enamel that may be able to be remineralized.**

To facilitate the use of ICDAS in different settings there is a range of validated tools to select from, much as you would select the appropriate clothes from your wardrobe depending on what you were doing that day. Go into the EHR and click on the "Links" tab in the tool bar and open up the "Guidelines for Caries Detection" resource. Follow the guidelines for assessing your patient and chart the caries accordingly.

*NOTE: These areas should be diagnosed as sound when there is apparent evidence of demineralization, but no evidence of softness.*

*A few general considerations also should be listed relative to these written criteria:*

1. Stain or pigmentation alone should not be regarded as evidence of decay as either can occur on sound teeth. Ask yourself: is the lesion soft and light brownish, or hard and dark pigmented?
2. Each subject should be examined in the same manner. An examiner, for example, should avoid temptation to examine a subject more carefully that appears highly susceptible to dental caries and a person less thoroughly who is relatively free of apparent decay.

Any written definitions of diagnostic criteria are bound to be interpreted and applied differently by different examiners. Some variation in observational procedures, however, may add strength to one's total knowledge about an agent or a procedure, particularly when the results of different clinical investigators agree.

## OCCLUSION–PATIENT EVALUATION

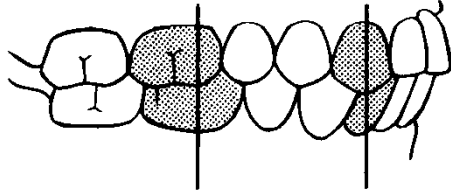
### Normal (Ideal) Occlusion

Molar relationship: mesiobuccal cusp of maxillary first permanent molar occludes with the buccal groove of the mandibular first permanent molar.

### Malocclusion

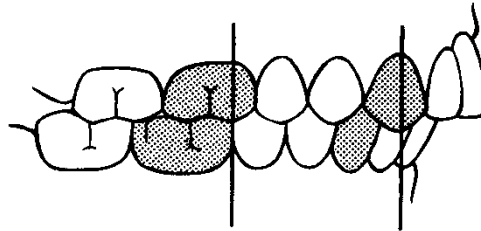
#### Class I: Neutroclusion

Molar relationship same as Normal, with malposition of individual teeth or groups of teeth.

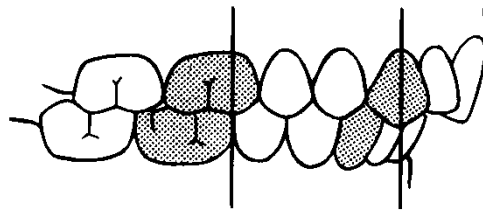


#### Class II: Distocclusion

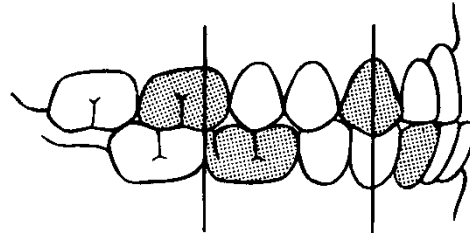
Molar relationship: buccal groove of the mandibular first permanent molar is distal to the mesiobuccal cusp of the maxillary first permanent molar by at least the width of a premolar.



Division 1: mandible is retruded on all maxillary incisors are protruded.



Division 2: mandible is retruded and one or more maxillary incisors are retruded.



#### Class III: Mesioclusion

Molar relationship: buccal groove of the mandibular first permanent molar is mesial to the mesiobuccal cusp of the maxillary first permanent molar by at least the width of a premolar.

*Note tendencies and classify both right and left sides of the mouth.*

### Other types of malocclusion should be noted as well:

- Open Bite: Note teeth that lack contact with teeth in the opposing arch.
- Cross Bite: Note teeth in the mandibular arch that extend facial/buccal to the maxillary arch
- Edge-to-Edge: Note teeth that occlude on the incisal edge to incisal edge or cusp to cusp.
- Mid-line deviations: Note the direction of the deviation
- Excessive Over-jet: Measure with a periodontal probe the amount of horizontal distance between the labial surface of the mandibular incisors and the incisal edge of the maxillary teeth.
- Underjet: Measure the distance between the lingual of the mandibular incisors and the labial of the maxillary incisors when they are lingual to the mandibular teeth.
- Over Bite: Note and abnormal over bite if the incisal edges of the maxillary anteriors extend beyond the middle third of the mandibular anteriors.

## Electronic Health Record - Tx History

512193  
McKit 1 Patient  
Manikin Account For Comps  
Account Balance = 0.00  
Houston, TX  
77030  
(713) 111-1111

UT School of Dentistry @ Houston  
7500 Cambridge St

Houston, TX  
486-4000

Date	Provider	User	Code	Site	Sts	Seq	Description
Jul 18/17		DMcKitrick	NOTE			0	<p>***BELOW ARE EXAMPLES FOR EACH CODE USED BY DH DO NOT DOUBLE SPACE.</p> <p>***D0141 LIMITED DENTAL HYGIENE ORAL EVALUATION</p> <p>D: DHDx: Clinical findings are consistent with a preliminary DH diagnosis of gingivitis pending radiographic interpretation. H: Medical history reviewed with patient. No contraindications to treatment. Vitals: BP: P: R: T: O: O'Leary score ____%. Patient brushes ____ per day, patient uses ____ for interdental hygiene with frequency of _____. OHI performed: Plaque located on _____. Described the etiology of biofilm, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught _____ technique of brushing and flossing Patient needs to improve on _____. Patient is ____ motivated (highly, moderately, not motivated). Supra/Subgingival calculus present on _____. T: Performed extra and intra oral exam. Dental and perio charted entire mouth. The treatment and alternative options were discussed with patient, and initial informed consent signed on _____. The diagnosis will be finalized and recorded in the patient record when radiographs are available and interpreted by faculty. Patient informed it will take 3 appointments to complete treatment. E: Patient tolerated procedures well (or enter other reactions) N: Start scaling. Approval: Darla McKitrick, RDH</p>
Jul 18/17		DMcKitrick	NOTE			0	<p>***D1110 PERIODONTAL (ADULT) PROPHYLAXIS:</p> <p>D: Slight generalized/localized ____ gingivitis H: Medical history reviewed with patient. No contraindications to treatment. Vitals: BP: P: R: T: O: O'Leary score ____%. Patient brushes ____ per day, patient uses ____ for interdental hygiene with frequency of _____. OHI performed: Plaque located on _____. Described the etiology of biofilm, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught _____ technique of brushing and flossing Patient needs to improve on _____. Patient is ____ motivated (highly, moderately, not motivated). Supra/Subgingival calculus present on _____. T: Performed extra and intra oral exam. The treatment and alternative options were discussed with patient and final informed consent signed on _____. Scaled ____ (UL, UR, LL, LR) with ____ (hand instruments/blended instrumentation) to completion. E: Patient tolerated procedures well (or enter other reactions). Post-Op instructions: Rx non-aspirin analgesic PRN for discomfort and warm salt water rinses due to ____ (slight/moderate) bleeding. N: Re-evaluate UR &amp; LR for residual calculus. Start scaling UL &amp; LL. Approval: Darla McKitrick, RDH</p>
Jul 18/17		DMcKitrick	NOTE			0	<p>***LAST APPOINTMENT FOR D1110 PERIODONTAL (ADULT) PROPHYLAXIS:</p> <p>D: Slight generalized/localized ____ gingivitis H: Medical history reviewed with patient. No contraindications to treatment. Vitals: BP: P: R: T: O: O'Leary score ____%. Patient brushes ____ per day, patient uses ____ for interdental hygiene with frequency of _____. OHI performed: Plaque located on _____. Described the etiology of biofilm, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught _____ technique of brushing and flossing Patient needs to improve on _____. Patient is ____ motivated (highly, moderately, not motivated). T: Performed extra and intra oral exam. The treatment and alternative options were discussed with patient and final informed consent signed on _____. Scaled ____ (UL, UR, LL, LR) with ____ (hand instruments/blended instrumentation) to completion. Polished and flossed. Administered fluoride varnish (if treatment is planned). E: Patient tolerated procedures well (or enter other reactions). Post-Op instructions: Rx non-aspirin analgesic PRN for discomfort and warm salt water rinses due to ____ (slight/moderate) bleeding. Patient informed of need for ____ month recare. Referral to ____ (private DDS, Red, Green, Blue, Yellow, Orange) practice for restorative needs. Approval: Darla McKitrick, RDH</p>
Jul 18/17	DMcKitrick	DMcKitrick	D0013		P	0	Case Complete (Exit Interview)
Jul 18/17	DMcKitrick	DMcKitrick	D0141		P	0	Limited Dental Hygiene Oral Eval (SCHOOL)

Date	Provider	User	Code	Site	Sts	Seq	Description	
			Approval: Darla McKitrick, RDH					
Jul 18/17	DMcKitrick	DMcKitrick	D0210		P	0	Intraoral xrays - cmplt series	
			Approval: Darla McKitrick, RDH					
Jul 18/17	DMcKitrick	DMcKitrick	D1110		P	0	Prophylaxis - adult	
			Approval: Darla McKitrick, RDH					
Jul 18/17	DMcKitrick	DMcKitrick	D1208		P	0	Topical application of fluoride varnish	
			Approval: Darla McKitrick, RDH					
Jul 18/17	DMcKitrick	DMcKitrick	D1330		P	0	Oral hygiene instructions	
			Approval: Darla McKitrick, RDH					

## Electronic Health Record - Tx History

512207  
McKit2 Patient  
Manikin Account For Comps  
Account Balance = 0.00  
Houston, TX  
77030  
(713) 111-1111

UT School of Dentistry @ Houston  
7500 Cambridge St

Houston, TX  
486-4000

Date	Provider	User	Code	Site	Sts	Seq	Description
Jul 18/17		DMcKitrick	NOTE			0	<p>***BELOW ARE EXAMPLES OF A SCALING/ROOT PLANING, RE-EVAL AND MAINTENANCE APPOINTMENTS DO NOT DOUBLE SPACE.</p> <p>***D4341 SRP Four or More Teeth/Quadrant OR D4342 SRP One to Three Teeth/Quadrant</p> <p>D: Generalized _____ (slight, moderate) periodontitis with localized _____ (moderate, severe) periodontitis. H: Medical history reviewed with patient. Changes updated/no changes. No contraindications to treatment. Vitals: BP: P: R: T: O: O'Leary score ____%. BOP % ____ Patient brushes ____ per day, patient uses _____ for interdental hygiene with frequency of _____. OHI performed: Plaque located primarily _____. Described/ Reviewed the etiology of plaque, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught _____ technique of brushing and flossing. Patient needs to improve on _____. Pt. given _____ OHI aids. Patient is ____ motivated (highly, moderately, not motivated). T: Performed extra and intra oral exam, WNL or Changes noted _____. The treatment and alternative options were discussed with patient and final consent signed on _____. SRP ____ (UR, UL, LL, LR) with blended instrumentation to completion. Local anesthesia administered by ____; ____ ml (____ carpule/s) of ____% 1:____ epi E: Patient tolerated procedures well (or enter other reactions). Post Op instructions: Rx non-aspirin analgesic for discomfort and warm salt water rinses PRN for bleeding. N: Continue SRP in remaining quads (or Re-evaluation in 4-6 weeks). Approval: Daria McKitrick, RDH</p>
Jul 18/17		DMcKitrick	NOTE			0	<p>***D4132 PERIODONTAL RE-EVALUATION</p> <p>D: Generalized _____ (slight, moderate) periodontitis with localized _____ (moderate, severe) periodontitis. H: Medical history reviewed with patient. Changes updated/no changes. No contraindications to treatment. Vitals: BP: P: R: T: O: O'Leary score ____%. Patient brushes ____ per day, patient uses _____ for interdental hygiene with frequency of _____. OHI performed: Plaque located primarily _____. Reviewed the etiology of plaque, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Reviewed _____ technique of brushing and flossing. Patient needs to improve on _____. Pt. given _____ OHI aids. Patient is ____ motivated (highly, moderately, not motivated). T: Performed extra and intra oral exam. Re-evaluation perio chart completed. Explored all quads for residual calculus. Deplaqued. Administered fluoride varnish (if treatment planned). Generalized _____ improvement (no improvement) in overall PPD. General PPD of ____ mm, localized _____ in area of # _____. Residual deep PPD still present on # ____ (____ mm). Attachment Level Comparisons: Attachment level with (without) significant changes Recession Comparisons: Recession is in range from ____ to ____. Bleeding Scores (%): Improvement (No improvement) in BOP index. At re-eval BOP was ____% Mobility Changes. _____ improvement (no improvement) in mobility. Plan for follow up of the patient: Grad perio referral needed (not needed) for # ____ (deep residual pocket). Graduate periodontics referral form was completed, periodontal faculty signed the form. Situation explained to the patient, patient accepts and is willing to proceed with the grad perio referral and maintenance schedule. Grad perio referral completed. E: Patient tolerated procedures well (or enter other reactions). N: Patient informed of need for ____ (2, 3, 4) month periodontal maintenance. Referral to _____ (private DDS, Red, Green, Blue, Yellow, Orange) practice for restorative needs. Approval: Daria McKitrick, RDH</p>
Jul 18/17		DMcKitrick	NOTE			0	<p>***D4910 PERIODONTAL MAINTENANCE</p> <p>D: Generalized _____ (slight, moderate) periodontitis with localized _____ (moderate, severe) periodontitis. H: Medical history reviewed with patient. Changes updated/no changes. No contraindications to treatment. Vitals: BP: P: R: T: O: O'Leary score ____%. Patient brushes ____ per day, patient uses _____ for interdental hygiene with frequency of _____. OHI performed: Plaque located primarily _____. Described/ Reviewed the etiology of biofilm, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught _____ technique of brushing and flossing. Patient needs to improve on _____. Pt. given _____ OHI aids. Patient is ____ motivated (highly, moderately, not motivated). T: Performed extra and intra oral exam, WNL or Changes noted _____. The treatment and alternative options were discussed with patient and (partial) informed consent signed on _____. Scaled all quadrants with blended instrumentation to completion. Local</p>

Date	Provider	User	Code	Site	Sts	Seq	Description
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anesthesia administered by \_\_\_\_; \_\_\_\_ml (\_\_\_\_carpule/s) of \_\_\_\_% 1:\_\_\_\_ epi  
 E: Patient tolerated procedures well (or enter other reactions).  
 N: Patient informed of need for \_\_\_\_ (2, 3, 4) month periodontal maintenance Referral to \_\_\_\_ (private DDS, Red, Green, Blue, Yellow, Orange) practice for restorative needs.  
 Approvat Darla McKitrick, RDH

Approvat Darla McKitrick, RDH

Jul 18/17 DMcKitrick NOTE 0  
 \*\*\*D4346 PROPHYLAXIS IN THE PRESENCE OF GENERALIZED MODERATE/SEVERE GINGIVITIS

D: Moderate/severe generalized \_\_\_\_gingivitis  
 H: Medical history reviewed with patient. No contraindications to treatment. Vitals: BP: P: R: T:  
 O: O'Leary score \_\_\_\_%. Patient brushes \_\_\_\_ per day, patient uses \_\_\_\_ for interdental hygiene with frequency of \_\_\_\_\_. OHI performed: Plaque located on \_\_\_\_\_. Described the etiology of biofilm, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught \_\_\_\_ technique of brushing and flossing Patient needs to improve on \_\_\_\_\_. Patient is \_\_\_\_ motivated (highly, moderately, not motivated). Supra/Subgingival calculus present on \_\_\_\_\_.  
 T: Performed extra and intra oral exam. The treatment and alternative options were discussed with patient and (final) informed consent signed on \_\_\_\_\_. Scaled \_\_\_\_ (UL, UR, LL, LR) with blended instrumentation to completion.  
 E: Patient tolerated procedures well (or enter other reactions). Post Op instructions: Rx non-aspirin analgesic for discomfort and warm salt water rinses PRN for bleeding.  
 N: Recare needed in \_\_\_\_ months. Refer to \_\_\_\_ (private DDS, Red, Green, Blue, Yellow, Orange) practice for restorative needs.  
 Approvat Darla McKitrick, RDH

Jul 18/17	DMcKitrick	DMcKitrick	D0013		P	0	Case Complete (Exit Interview) Approvat Darla McKitrick, RDH
Jul 18/17	DMcKitrick	DMcKitrick	D0141		P	0	Limited Dental Hygiene Oral Eval (SCHOOL) Approvat Darla McKitrick, RDH
Jul 18/17	DMcKitrick	DMcKitrick	D1330		P	0	Oral hygiene instructions Approvat Darla McKitrick, RDH
Jul 18/17	DMcKitrick	DMcKitrick	D4132		P	0	Perio re-evaluation Approvat Darla McKitrick, RDH
Jul 18/17	DMcKitrick	DMcKitrick	D4341	UR	P	0	Scaling/root planing - 4+ tth Approvat Darla McKitrick, RDH
Jul 18/17	DMcKitrick	DMcKitrick	D4341	UL	P	0	Scaling/root planing - 4+ tth Approvat Darla McKitrick, RDH
Jul 18/17	DMcKitrick	DMcKitrick	D4341	LR	P	0	Scaling/root planing - 4+ tth Approvat Darla McKitrick, RDH
Jul 18/17	DMcKitrick	DMcKitrick	D4341	LL	P	0	Scaling/root planing - 4+ tth Approvat Darla McKitrick, RDH

## FLUORIDE APPLICATION: VARNISH TECHNIQUE

A fluoride varnish may be administered to patients of any age. These products are safe for all restorative material and also for children under six. See clinic procedure checklist.

## SUPPLEMENTAL FLUORIDE

The most common use of a supplemental fluoride product is for caries prevention. Below are listed special cases and their optimum usage:

**Orthodontic patients** - once a day, preferably at night before going to bed.

**Radiation therapy patients (head and neck area)** - once a day, preferably at night before going to bed to prevent caries due to decreased salivary flow. Custom trays may be used for application.

**Rampant caries** - once a day to twice a day, preferably at night before going to bed, depending upon the patient.

**Preventive** - (child >6 or adult) once a day for best results preferably at night before going to bed.

**Cementum hypersensitivity** - use of fluoride gel or varnish for controlling root hypersensitivity. Some of the causes of tooth sensitivity result from recession or periodontal surgery exposing cementum.

If you feel supplemental fluoride would be beneficial, consult your instructor. Over-The-Counter products are available through the UTSD Bookstore. Prescription products require a dentist's signature and can be prescribed through the HER. Documentation must be made in the DHOTEN stating the product and usage instructions given to the patient.

## RECALL SYSTEM

The recall system is a source of patients for the students in both the first year and second year classes. Specific information is required on the Patient Number Form. Please be sure that the patient information is correct so that the patient can be contacted at the time of the next recall, although this cannot be guaranteed.

### **Purpose for a Recall System**

1. Students are given an opportunity to observe any changes in the patient's oral health and to determine if they have been able to motivate the patient to make changes in oral health habits.
2. The procedure will simulate the use of recall systems in a dental practice.
3. The Patient Number Form will be turned in to the Clinic Coordinator at the end of the second year.

### **Procedure for Placing Patients on the Recall System**

1. An entry will be made on the Patient Number Form after every patient is completed in our clinic.
2. The student will keep the Patient Number Form for his/her own use during the school year. Patients may be recalled during the months noted on the form.
3. At the end of the year, the Patient Number Form will be turned in to the Clinic Coordinator.
4. Patients must be made aware that the School of Dentistry should not replace their private practice dentist for their basic dental needs.



## APPOINTMENT PROCEDURE

### Before initial check-in - The student is expected to:

Sign name on clinic assignment sheet. **(No signature=clinic absence)**

Discuss with dental faculty the need for a periodic exam or local anesthesia.

Check cubicle and equipment for cleanliness. Follow Infection Control Checklist.

Assemble all necessary armamentarium.

Login and open EHR

Review with the patient the following:

- Name, home address, telephone numbers, emergency contact
- If any information has changed, go to patient services to update information.

Open digital radiographs and reduce window.

Proceed to reception room to meet patient and introduce self.

Bring patient into cubicle; offer to hang coat and/or hat.

Seat patient comfortably.

Open Medical/Dental History (Full) form in EHR: Take and record blood pressure, pulse, and respiration, and temperature in the medical history form as baseline. If a return visit, the student will put vitals in the DHOTEN, not on the form.

Interview the patient and make comments on all “yes” responses in the **Full Medical History** form. Do not have patient sign until instructor has done medical history check in. Note: there are 2 forms to complete the medical/dental history please complete both but **DO NOT HAVE PATIENT SIGN UNTIL AFTER INSTRUCTOR CHECKS YOU IN.**

ADD NOTE: Record the diagnosis and all vitals in EHR Notes/DHOTEN under the D and H and click on ADD NEW... USE MODIFY from then on to make changes to the note

First visit with patient:

Before checking in with faculty, the student will enter the following treatment codes: limited DH exam, case complete, and OHI code.

### MEDICAL/DENTAL HISTORY CHECK-IN WITH INSTRUCTOR STUDENT will:

Notify instructor that she/he is ready for a Medical/Dental History Check-In

Have EHR **Full Medical/Dental History** form open in window (in window full view)

Introduce patient to instructor, stand beside computer and review pertinent findings and medications with instructor.

Instructor will approve medical history, dental history forms and the treatment codes using ID badge and instruct you to obtain patient signature.

**Note: both medical and dental histories must be signed by patient and approved by an instructor; as well as, the consent for initial treatment.**

### CONTINUATION OF INITIAL VISIT--- STUDENT will:

Offer gauze square to female patients to remove lipstick.

Place patient napkin.

Ask patient to remove any removable dental prosthetic; place prosthetic in plastic zip bag.

Ask patient to rinse with mouthwash.

Complete Extra and Intra-oral exam using the **DH Extra-oral/Intra-oral Exam (DINTRA)** form (pull down from list of forms).

**Note: instructor must approve these forms on the day they are completed using ID badge**

Lubricate patient's lips **with cocoa butter**.

Check in with faculty before proceeding.

Dental charting and perio charting may be done before the next **Beginning check-in (with instructor's permission)** or after check-in and at subsequent appointments when the student is waiting for dental hygiene instructors.

Begin charting while waiting for instructor.

**CHECK-IN PROCESS:**

<b>INSTRUCTOR will:</b>	<b>STUDENT will:</b>
	Have clean mirror and clean gauze on bracket tray.  Introduce patient to instructor, stand beside pt. opposite the instructor; adjust operating light  <b>Open EHR to DH Extra-oral/Intra-oral Exam (DINTRA) form</b>
Clarify relevant information.	Ask any pertinent questions.
Review patient's x-rays if available.	<b>Have digital radiographs open</b>
Examine soft tissues	Observe instructor's examination. Edit notes in EHR <i>DH Extra-oral/Intra-oral Exam (DINTRA)</i> form as directed by instructor
Examine calcified deposits and perio conditions and classifies patient.  <b>Instructor will assign and initial DH case classification on CEF form (if calibrated both instructors will sign)</b>	Student will note DH case Classification in DHOTEN after instructor confirmation
Review gingival description/occlusion	Observe instructor's examination Edit notes in <i>DH Extra-oral/Intra-oral Exam (DINTRA)</i> form as directed by instructor
<b>Note: instructor will approve DH Extra-oral/Intra-oral Exam (DINTRA) form at this visit with id badge</b>	
<b>NOTE: STUDENTS MUST HAVE RADIOGRAPHS Before Completing Dental and Periodontal Charting</b>	

<p>Instruct student to:</p> <ul style="list-style-type: none"> <li>• complete periodontal charting</li> <li>• complete O’Leary plaque score</li> <li>• complete patient education</li> <li>• complete dental charting</li> <li>• complete Oral Risk Assessment</li> </ul>	<p>Continue or complete perio/dental charting as instructed by faculty... Student may do a plaque index on Plaque and bleeding index or Initial exam perio form depending on available clinic time and patient visit. Patient education must be completed after the O’Leary Plaque Score is done.</p>
<p>Advise student on individualized patient oral care instructions.</p>	
<p>Review perio chart AND/OR Review dental chart</p>	<p>Make corrections as indicated by instructor in EHR records</p> <p>Compute plaque index (in perio form of EHR) and note in DHOTEN (use Modify button) Instructs patient in oral hygiene.</p> <p>Take radiographs as prescribed, if they have not yet been taken.</p>
	<p>Oral Risk Assessment completed after Periodontal and Dental Charting</p>
<p>Advise student on treatment planning.</p>	<p>Student will formulate treatment plan and enter proposed treatment plan in EHR Note: instructor will approve the planned procedures</p> <p>Student will have patient read and sign treatment plan and consent form</p> <p><b>Note: Instructor will check to see that “signature on file” box is gray</b></p>
<p><b>Note: Instructor will approve with ID badge when all dental charting has been completed</b></p> <p><b>Note: Perio chart and/or O’Leary plaque score must be approved by the instructor for this visit...</b></p>	
	<p>Begin treatment discussed with and approved by instructor. Ask CA to clean removable prosthetic (if applicable).</p>

**TEMPORARY CHECK-OUT:**

INSTRUCTOR	STUDENT
	Straighten tray table and clean mouth mirror. Go to Instructor and request "temporary check checkout" from assigned instructor. Have clean mirror and clean gauze on bracket tray. Move to opposite side of patient to observe.
Examine hard and soft deposits.	Record instructions or errors (On Sticky Note) Complete treatment notes in EHR Have EHR notes/DHOTEN on screen
	<p><b><i>Convert codes of procedures done that day in clinic (for example, P to I, I to C...Planned to In-Process to Complete)</i></b></p> <p>NOTE: OHI code needs to be opened and closed to show that it is still in process IF no other procedure needs to be converted to a new status.</p>
Instructor will approve notes/DHOTEN with ID badge  Instructor will approve codes completed or in progress with ID badge and assign daily grade in EHR.  Instructor will make written comment on all grades less than a three.  Sign clinic evaluation form	Re-appoint patient in EHR.  Return clean removable prosthetic.  Remove patient napkin.  Return patient's purse and/or coat  Escort patient to waiting area.

**NOTE AT THIS POINT IN APPOINTMENT PROCEDURE:**

**THE FOLLOWING EHR FORMS SHOULD BE APPROVED BY FACULTY:**

1. Medical History
2. Dental History
3. DH Extra-oral/Intra-oral Exam (DINTRA)
4. Oral Risk Assessment
5. Treatment Plan
6. Dental Chart
7. Perio Chart/Plaque Index
8. Daily Clinic grade/approval of codes for the day
9. EHR Notes/DHOTEN

**FOR SUBSEQUENT CHECK OUTS:**

**THE FOLLOWING EHR FORMS SHOULD BE APPROVED BY FACULTY:**

1. *Perio Chart/Plaque Index*
2. *Daily Clinic grade/approval of codes for the day*
3. EHR Notes/DHOTEN

**SUBSEQUENT APPT. CHECK-IN:**

<b>INSTRUCTOR will:</b>	<b>STUDENT will:</b>
	Question patient regarding changes in medical history since last appointment. Record changes or lack of changes in EHR Notes/DHOTEN
	Take and record vitals and record in EHR Notes/DHOTEN
Review medical history Assure that planned procedures are entered in the student's schedule and a signed consent form is attached... if codes are not scheduled instructor will not be able to grade for the day.	Have medical history window opened and be ready to review patient's medical history status with instructor  <b>If any changes were made to Medical History form, student will obtain a new signature from the patient.</b>  <b>If any changes were made to the treatment plan, student will obtain a new signature of consent.</b>
	Perform abbreviated oral examination. Record changes in EHR Notes/DHOTEN.
	Go to Instructor and request instructor check-in. Introduce patient to instructor.
Radiographs taken upon radiology room availability...	
<b>NOTE: STUDENTS MUST HAVE RADIOGRAPHS PRIOR TO BEGINNING SRP TREATMENT</b>	
	<b>Have EHR opened to radiographs</b> Have clean mirror and clean gauze on bracket tray Stand beside patient opposite of pt. from instructor, adjusts operating light

<b>INSTRUCTOR will:</b>	<b>STUDENT will:</b>
Examine hard and soft tissues.	
Review planned procedures with student.	Review planned procedures with instructor.
Approve Perio/charting/plaque index etc. using ID badge	Compute plaque index using the Plaque/Bleeding Index unless a perio charting will also be done. In that case, put the plaque index on the perio chart.
	Instruct patient in oral hygiene. Begin treatment discussed with and approved by instructor.

**BEFORE FINAL CHECK-OUT:**

<b>INSTRUCTOR will:</b>	<b>STUDENT will:</b>
	Complete all scaling or re-evaluation of previously scaled quadrants.
	Complete dental charting. Use radiographs if available. Must have been completed prior to D.D.S. exam if applicable.
	Complete periodontal charting if needed for re-evaluation.
	Complete de-plaqueing (after final scale check or re-evaluation of previously scaled quadrants).
	Complete EHR Notes/DHOTEN
	Discuss recare/ maintenance with patient as well as any post op instruction

**FINAL CHECK-OUT:**

**72 hours prior to final appointment, send EHR message to PCC asking to have the record audited.**

<b>INSTRUCTOR will:</b>	<b>STUDENT will:</b>
	Go to Instructor and request a scaling check or polishing check.  Have clean mirror and clean gauze on bracket tray  Moves to the opposite side of patient from the instructor with evaluation form to observe
<b>Scale check:</b> Call off any remaining calculus. Check charting.  Instructor will sign CEF	Observe instructor; record remaining deposits as instructor indicates (may use sticky notes)
	Correct errors on charting and remove remaining deposits.
Verify the student's removal of remaining deposits.	
<b>Polish check:</b> Check for removal of soft deposits, stain and any remaining deposits recorded during the scale check. Check partials and dentures.	Observe instructor; record remaining plaque as instructor indicates (may use sticky notes)

<p>If patient is deemed to be plaque free:          Approve perio/plaque/bleeding index          Instructor will do final approval of completed procedures using ID badge          Instructor will approve the case complete <b>code only</b> using ID badge          Instructor will give a clinical grade in EHR and make written comments on all grades less than a three.          Instructor will approve DHOTEN/ note          Instructor will sign CEF, If this is patient's final visit , instructor will take white copy of CEF after student completes recare/appt. number info</p>	<p><b>Complete DH Case Complete Form; Complete DH Limited Care Form (if patient is not referred to a dental student for restorative treatment).</b> After chart audit, send EHR message to your facilitator regarding case complete.</p>
	<p>Remove remaining plaque</p>
<p>Rechecks plaque removal.          If patient is deemed to be plaque free:          Approve perio/plaque/bleeding index          Instructor will do final approval of completed procedures using ID badge          Instructor will approve the case complete <b>code only</b> using ID badge          Instructor will give a clinical grade in EHR and make written comment on all grades less than a three.          Instructor will approve DHOTEN/ note          Instructor will sign CEF, If this is patient's final visit , instructor will take white copy of CEF after student completes recare/appt. number info</p>	<p><b>Complete DH Case Complete Form; Complete DH Limited Care Form (if patient is not referred to a dental student for restorative treatment).</b> After record audit, send EHR message to your facilitator regarding case complete.</p>
	<p>Explain fluoride application to patient.          Apply fluoride. Stay with pt. Return clean removable prosthetic to patient.          Remove patient napkin, return purse, and/or coat.          Escort patient to waiting room.</p>

**AT THE COMPLETION OF THE FINAL APPOINTMENT:**

THE FOLLOWING EHR FORMS **SHOULD BE APPROVED BY FACULTY:**

1. *Perio Chart/Plaque Index*
2. *Daily Clinic grade/approval of codes for the day*
3. EHR Notes/DHOTEN
4. *ALL codes planned by the DH STUDENT SHOULD BE TO "C" STATUS* (including the case complete code)
5. *CASE COMPLETE CODE ONLY (not the form)*

**NOTE: CASE COMPLETE FORM IS UNAPPROVED SO THE PATIENT NUMBER ICON WILL REMAIN AQUA**



## PROTOCOL FOR TOPICAL ANESTHETIC

- A. Check the medical/dental history for information contraindicating the procedure or requiring further investigation and act accordingly.
- B. Obtain topical anesthetic from the 2<sup>nd</sup> floor dispensary. The Requisition Form must be signed by the dental hygiene faculty.
- C. Explain procedure to patient and provide appropriate individualized patient education. (Encourage patient not to swallow, as this may numb throat area).
- D. Select site for application. Dry and isolate the area.
- E. Apply a limited amount of topical anesthetic with a cotton pellet or swab.
- F. Curettes may be dipped in topical anesthetic when deep scaling.
- G. Make complete, accurate, dated entry in EHR DHOTEN.

## PROTOCOL FOR ORAQIX

- 1. Check medical history for information contradicting the procedure or requiring further investigation and act accordingly (Oraqix should not be used in patients with history of congenital or idiopathic methemoglobinemia, allergy or sensitivity to lidocaine and prilocaine and severe hepatic disease).
- 2. Dental Hygiene faculty will sign a Requisition Form for Oraqix use. Obtain Oraqix dispenser, blunt-tip applicator and cartridge of Oraqix from dispensary. (1 cartridge will be sufficient for most full mouth applications)
- 3. Remove the blunt-tip applicator from the plastic blister tray, break the seal and remove plastic cover from the cartridge-penetrating end of the cannula. Keep hands away from the exposed cannula during mounting and removal to prevent accidental injuries.
- 4. Attach the blunt-tip applicator to the tip of the Dispenser.
- 5. Reset the internal ratchet mechanism before loading the first cartridge. This is accomplished by pressing the **mechanism-reset button** towards the back end of the body
- 6. The air bubble present in the Oraqix cartridge allows the user to determine if the product is in a liquid or gel form. If the bubble is fixed or moves very slowly, cool the cartridge before use to bring the product back to a liquid form. The cartridge may be loaded into the tip or body of the Dispenser
- 7. Carefully assemble the body and tip of the Dispenser with the cartridge in place holding the Dispenser in front of you with the tip facing right, rotate the tip sleeve section away from you until locked in place.
- 8. The applicator tip may be bent to improve access to the periodontal pockets, using the cap. If a greater bend than 45° is desired, a double-bend technique is recommended Note: **Do not bend the applicator tip more than once in the same location. Breakage may be more likely if bent at the hub.**
- 9. Hold the Dispenser vertically and observe the transparent portion. The air bubble in the cartridge will be visible and can be removed by depressing the paddle. This will provide more consistent flow of Oraqix.
- 10. Dispense Oraqix by depressing the paddle. The volume of Oraqix used per tooth is dependent on the periodontal pocket space. Consult the Oraqix® (2.5%/2.5% lidocaine and prilocaine periodontal gel) package insert for specific dose information.

11. Oraqix is a viscous liquid. Dispensing slowly and evenly works best.
12. When the cartridge is nearly empty, the rubber plunger will be visible in the transparent section of the Dispenser.
13. **To reload the Dispenser**, first depress the reset button. You will hear the ratchet "click" back into the reset position.
14. Holding the Dispenser in front of you with the tip facing right, rotate the tip sleeve section toward you to unlock the Dispenser tip.
15. Remove the empty cartridge.
16. Insert a new Oraqix cartridge. A new blunt tip applicator may be used if needed.
17. Reposition the cartridge and tip assembly and lock in place as before.

### **At the End of Use**

1. **Carefully remove the blunt tip applicator. Re-capping makes this easier. Although the tip is blunt, use a one-handed technique to prevent accidental exposure to the contaminated cannula. Dispose of in the same manner as a contaminated dental injection needle. Place in the Sharps container in your cubicle**
2. Remove the empty cartridge as described above, **place empty or partially used cartridge in the Sharps container in your cubicle.**
3. If necessary, wash the surface of the Dispenser to remove any debris, blood or saliva that may be present. Return dispenser in 2 parts to dispensary for sterilization
4. Make complete, accurate, dated entry in EHR DHOTEN stating the amount of Oraqix used and areas of application.

### **PROTOCOL FOR ARESTIN™ USE IN THE DENTAL HYGIENE CLINIC:**

When indicated by the following criteria, Arestin™ may be put into the treatment plan after being approved by attending DDS faculty. The DDS will make a note in the EHR that Arestin™ was ordered, including the site where the Arestin™ is to be placed. The DDS will also need to approve the planned procedure in the treatment plan. The code for Arestin™ is 4381 (Chemotherapy per tooth) and the description in the EHR is chemotherapy per tooth. There is a \$0.00 fee for DH students to dispense Arestin™. The DDS must sign a dispensary requisition form for the Arestin™. Arestin™ and applicators may be obtained from the first floor dispensary with the signed requisition.

Indications for use of Arestin™:

### **Scaling and Root Planing Appointments**

- Arestin™ may be placed at the scaling and root planing appointment (4341 or 4342) if there are localized (1-2) sites per quadrant that have probing depths of ≥5mm with bleeding. If there are more than 1-2 sites per quadrant, these areas should be assessed at periodontal reevaluation for possible referral to graduate Periodontics.

## Periodontal reevaluation

- After complete periodontal charting, if there are 1-3 residual sites in the mouth with  $\geq 5$ mm pockets with bleeding, these areas should be recorded as areas needing debridement followed by Arestin™ placement to be done at the periodontal maintenance appointment. You may consider having the periodontal maintenance sooner than the usual 3 month interval.
- If there are more than 1-2 sites per quadrant that still present with  $\geq 5$ mm pockets with bleeding, a periodontal consultation should be obtained.

## Periodontal maintenance

- Areas noted for debridement and Arestin™ placement at re-eval will be treated accordingly
- Isolated areas that present at the maintenance appointment with  $\geq 5$ mm and bleeding may also be treated with Arestin following a thorough debridement.
- Isolated areas at any subsequent periodontal maintenance appointments may also be treated with Arestin™ following a thorough debridement.
- If there are numerous new or refractory sites, a periodontal consult should be obtained.

## PROTOCOL FOR LOCAL ANESTHETIC

- A. Determine the need for local anesthesia.
- B. Check medical history for contraindications to local anesthesia, such as first or third trimester pregnancy, allergy to local anesthetics, or other.
- C. Check medical history for contraindications to epinephrine, such as cardiac problems, allergy, or idiosyncratic reaction(s) to epinephrine, prohibited by patient's physician, possible drug interaction with medication(s) they are taking, high blood pressure, or other.
- D. Check medical history and ask patient if they are taking any medications, prescription or non-prescription. (Non-prescription cold remedies containing an antihistamine can elevate the patient's blood pressure).

At this point you should have determined:

1. Are there any contraindications to local anesthesia for this patient?
  2. Is epinephrine contraindicated for this patient?
- E. Take vital signs:
    1. If blood pressure is  $>140/90$  in an otherwise healthy appearing patient, repeat the blood pressure in 10 minutes. If still elevated, consult with your instructor. It may be necessary to send a medical consult to the patient's physician.
    2. If blood pressure is  $140/90$  or lower:
      - a. Consult with attending D.D.S. and request a syringe, needle and carpule(s). There is no charge. The anesthesia ordered must **be signed by a dentist on a requisition form** Request "2%

xylocaine with 1: 100,000 epi” or “2% xylocaine with 1:200,000 epi”. \*IF EPINEPHRINE IS CONTRAINDICATED, REQUEST “3% Carbocaine” or 4% Citanest Forte.

**\*Rule of thumb:** request one carpule per quadrant.  
(You may want to check with the dental faculty member about the type of anesthesia.)

- b. Go to the dispensary; get topical anesthesia (if you are working on multiple quadrants remember to get enough for each injection), a syringe, a needle, and the anesthesia. The student will sign a loan record for the needle and syringe.

**\*Rule of thumb:**

If you are working in the maxillary arch only, request a short needle.

If you are working in the mandibular arch only, request a long needle.

If you are working in both maxillary and mandibular arches, request a long needle.

- c. Consult with the dental faculty member assigned to the dental hygiene clinic. Have the chart ready for review. If dental faculty member is unavailable, consult with your instructor.

(Remember that the beginning and end of the clinic session are very busy times, therefore, you may need to wait for the dental faculty member to anesthetize your patient. Some dental faculty members may want to assess the patient before ordering the anesthesia).

3. Begin your work. If more anesthesia is needed:

- a. If you have at least one full carpule of local anesthetic remaining, find the dental faculty member and tell him/her that your patient needs more anesthesia.
- b. If you do not have enough local anesthesia remaining from the first injection, repeat the above procedure and then find the dental faculty member.
- c. Make complete, accurate, dated entry in EHR DHOTEN as to type and amount of anesthetic delivered and by whom
- e. The Dental student or Dentist giving the anesthetic must make their own chart note for the anesthetic given

## Local Anesthesia Guidelines for Maximum Recommended Dosages

Patient Classification	Maximum Vasoconstrictor Dose for Epinephrine and Levonordefrin	
	Epinephrine	Levonordefrin
Healthy (ASA I)	0.2 mg	1 mg
Medically Compromised (Ischemic Heart Disease)	0.04 mg	0.2 mg

Local Anesthetic Drug	Dose Per Cartridge ( based on 1.8 mL)	Maximum Recommended Dose (Healthy, 150 lbs)	Maximum # of Cartridges (Healthy, 150 lbs+)	Maximum # of Cartridges (Medically Compromised, 150 lbs+)
<b>Short Duration Plain</b>				
Lidocaine HCl, Plain 2%	36 mg	300 mg	8	8
Mepivacaine HCl, Plain 3%	54 mg	400 mg	7	7
Prilocaine HCl, Plain 4%	72 mg	600 mg	8	8
<b>Intermediate Duration with Vasoconstrictor</b>				
Articaine HCl, 4% w/ 1:100K epi	68 mg	Not determined by manufacturer*	7*	2*
Articaine HCl, 4% w/ 1:200K epi	68 mg	Not determined by manufacturer*	7*	4*
Licocaine HCl, 2% w/ 1:100K epi	36 mg	500 mg	11	2
Licocaine HCl, 2% w/ 1:50K epi	36 mg	500 mg, Epi is limiting factor*	5.5	1
Mepivacaine HCl, 2% w/ 1:20K levonordepfrin	36 mg	400 mg	11	2
Prilocaine HCl, 4% w/ 1:200K epi	72 mg	600 mg	8	4
<b>Long Duration</b>				
Bupivacaine, 0.5% w/ 1:200K epi	9 mg	90 mg	10	4

## REQUISITION FOR MATERIALS

Patient \_\_\_\_\_ Chart No. \_\_\_\_\_

Student \_\_\_\_\_ Operation \_\_\_\_\_  
Name ID NO.

Materials: 1. \_\_\_\_\_ Quantity: \_\_\_\_\_  
 2. \_\_\_\_\_ Quantity: \_\_\_\_\_  
 3. \_\_\_\_\_ Quantity: \_\_\_\_\_

Date \_\_\_\_\_ Instructor - Name \_\_\_\_\_ ID NO. \_\_\_\_\_

Clinic Charge \_\_\_\_\_

**Important — See reverse side.**

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## REQUISITION FOR ANESTHETIC AGENTS

PATIENT \_\_\_\_\_ CHART NO. \_\_\_\_\_

STUDENT \_\_\_\_\_ I.D. NO. \_\_\_\_\_

<input type="checkbox"/> Lidocaine 2% W/1:100,000 Epinephrine	# Carpules _____
<input type="checkbox"/> Lidocaine 2% W/1:50,000 Epinephrine	# Carpules _____
<input type="checkbox"/> Lidocaine 2% Plain – Latex Free *	# Carpules _____
<input type="checkbox"/> Lidocaine 2% W/1:200,000 Epinephrine – Latex Free *	# Carpules _____
<input type="checkbox"/> Carbocaine (Mepivacaine) 3% Plain	# Carpules _____
<input type="checkbox"/> Carbocaine 2% W/1:20,000 Neocobefrin	# Carpules _____
<input type="checkbox"/> Carbocaine 3% Plain	# Carpules _____
<input type="checkbox"/> Citanest (Prilocaine) 4% Plain	# Carpules _____
<input type="checkbox"/> Citanest Forte 4% W/1:200,000 Epinephrine	# Carpules _____
<input type="checkbox"/> Marcaine (Bupivacaine) 0.5% W/1:200,000 Epinephrine	# Carpules _____
<input type="checkbox"/> Septocaine (Articaine) 4% W/1:100,000 Epinephrine	# Carpules _____
<input type="checkbox"/> Other: _____	# _____
<input type="checkbox"/> Topical, 20% Benzocaine or Oraqix	# _____

\* MUST BE REQUESTED IN ADVANCE

Date: \_\_\_\_\_ Faculty Signature/ID#: \_\_\_\_\_ / \_\_\_\_\_

## CLINIC ASSISTANT ROTATION

STUDENT \_\_\_\_\_

Faculty Signature \_\_\_\_\_

DATE \_\_\_\_\_ AM PM

**Faculty, please circle one:** Satisfactory Unsatisfactory

The following are duties to be performed by the clinic assistants. The supervising faculty member that opened the clinic session will follow up on these procedures to ensure the clinic assistant has completed these tasks before signing this rotation sheet.

- \_\_\_1. Report to DH clinic at **8:30** am if assigned to AM rotation or 1:00 PM if assigned to PM rotation and remain on duty until dismissed by the instructor that opened clinic. **Do not leave instrument cart unattended if the DH Microscope Room (2422) is not locked.**
- \_\_\_2. The designated CA will obtain the instrument cart from central sterilization (for an all-day clinic session, the cart is not ready until 2:30 in the afternoon). Put yellow tally sheet in the designated slot in the DH Microscope Room (2422). If a particular student is not assigned to clinic that session, have the supervising faculty member unlock the storage room to store sterile instruments. **That room should remain locked and closed while clinic is in session.** The DH Microscope Room will remain unlocked during the clinic session but the door should remain closed.
- \_\_\_3. Restock patient education supplies and clean the countertops as needed.
- \_\_\_4. Replenish paper towels and gloves as needed for DH cubicles.
- \_\_\_5. Assist dental hygiene students with dispensary items, charting etc.
- \_\_\_6. Clean dentures and partials for patients. Supplies and ultrasonic bath DH Room (2422). Empty water out of ultrasonic bath on Thursday PM and wipe down with a paper towel. Refill with water on Monday AM.
- \_\_\_7. Follow-up on checked out equipment from the equipment clipboards and help disinfect/ disassemble and return to the proper storage area.
- \_\_\_8. The designated CA will return the instrument cart with contaminated instruments, covered with plastic, to central sterilization. Items must be counted together with CS staff (Cassettes and white/clear bagged items) and recorded on tally sheet (done in central sterilization).
- \_\_\_9. Mark "NA" next to the duties that do not apply. Have this rotation sheet signed by the instructor that opened clinic and he/she will return it to the clinic coordinator.

## PRE-CLINICAL LAB ASSISTANT DUTIES

Students \_\_\_\_\_

Faculty Signature \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

The following are duties to be performed by students assigned to be lab assistants. Assistants are not dismissed until lab is completely over and all duties have been satisfactorily completed. **Both names of assistants should be written on this form** and duties should be checked off as they are completed. Upon completion, this form is to be signed by the faculty who opened the lab session (check the Opening Schedule in the Microscope Room 2422 for this). Then place this sheet in the Preclinical Course Director's designated slot in that room.

- \_\_\_1. Obtain instrument cart at 1:00 p.m. from central sterilization (3<sup>rd</sup> floor; stop at office to let them know you are picking up the cart).
- \_\_\_2. Take cart to dental hygiene clinic at 1:00 p.m. and help distribute instruments to students from the cart. Put yellow tally sheet in designated slot in Rm. 2422.
- \_\_\_3. If there are still instruments on the cart at 1:25, inform the faculty that opened the lab session. **Instruments are not to be left on the cart.**
- \_\_\_4. Remain in clinic at the end of the session until all duties have been performed or until dismissed by the supervising faculty member.
- \_\_\_5. At the close of lab, cover the instrument cart (containing contaminated instruments) with plastic, remove clinic gown/gloves and return the cart to central sterilization (3<sup>rd</sup> floor; stop at office to let them know you are dropping off the cart). **You and a staff person will both tally items on the cart at central sterilization.**



## PEER EVALUATION ROTATION

STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

This rotation is designed to provide feedback to students and during performance of various clinical procedures. The Peer Evaluator must be in clinic on time and stay until dismissed by the assigned faculty.

### Instructions:

Peer review consists of watching a classmate perform a procedure and providing immediate feedback on her/his performance. **You must watch 5 procedures each with different students.** Use Section D in your DH Handbook to check how well the procedure is performed. Please be tactful when giving constructive criticism. Place the completed sheet in Ms. McKitrick's box in the Microscope Room.

When evaluating your peers consider the following:

- The procedure was performed with complete accuracy (no errors).
- Suggestions for improvement.

Student Observed (signature) \_\_\_\_\_

Patient Name \_\_\_\_\_

Procedure Observed \_\_\_\_\_

Feedback \_\_\_\_\_

---

Student Observed (signature) \_\_\_\_\_

Patient Name \_\_\_\_\_

Procedure Observed \_\_\_\_\_

Feedback \_\_\_\_\_

---

Student Observed (signature) \_\_\_\_\_

Patient Name \_\_\_\_\_

Procedure Observed \_\_\_\_\_

Feedback \_\_\_\_\_

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**SECTION D**

**CLINICAL PROCEDURES**

## COMPETENCY EVALUATION

Competency evaluations are specific to each course. The competency forms will be located in Canvas, and updated based on Clinical changes. The grading scale will be dependent on which Clinic level the evaluations are demonstrated. The competency forms will be at a beginning, developing, and competent level.

All competencies must be performed on English speaking patients, unless prior instructor approval has been given for the competency to be attempted on a non-English speaking patient.

Evaluation performance levels are defined as:

- 5 = during this evaluation, the student's performance of the procedure surpasses that of entry-level competency in judgment and skill. (\* Refer to Competency Sheet and Course Syllabus to identify Competency Demonstrations that constitute a level 5 evaluation.)
- 4 = during this evaluation, the student's performance of the procedure is at entry-level competency in judgment and skill. (\*Refer to Competency Sheet and Course Syllabus to identify competency demonstrations that constitute a level 4 evaluation).
- 1 = during this evaluation, the student's performance of the procedure is below entry-level competency in judgment and/or skill. (\*Refer to Competency Sheet and Course Syllabus to identify competency demonstrations that constitute a level 41evaluation). This evaluation indicates that you need more practice in order to become competent in performing this procedure.

## CLINIC PROCEDURES

Aseptic Technique/Infection Control  
Air Polishing  
Amalgam Finishing and Polishing Technique  
Calculus Detection  
Chemotherapeutic Agents  
Cleaning Removable Prosthesis  
Curets  
Dental Charting  
Desensitizing  
Disclosing Procedure  
Ethics and Professionalism  
Explorers  
Extra / Intraoral Examination  
Flossing  
Fluoride Application  
Implant Patients  
Instrument Sharpening  
Medical and Dental History  
Nutritional Counseling  
Periodontal Charting  
Periodontal Probe  
Phase-Contrast Microscope  
Pit and Fissure Sealant Application  
Polish and Floss  
Polishing – Seating Positions  
Scaling and Root Planing  
Sickle Scalers  
Tobacco Cessation Counseling  
Tooth brushing/Dentifrice  
Treatment Plan  
Ultrasonic Scalers  
Vital Signs

## ASEPTIC TECHNIQUE /INFECTION CONTROL

The student is expected to:

### Unit Preparation

Turn on PC and log in to EHR patient record.

1. Remove extraneous items from floor and field of contamination.
2. Remove jewelry, 20 second hand wash, put on gloves
3. Flush dental water lines for 30 seconds
  - \* Three hand pieces- hold up purge level for 30 seconds
  - \* Hold the button on the Air Water Syringe for 30 seconds
4. Clean unit, dental and operator chair bases, and cubicle area with germicidal wipe.
5. Clean with germicidal wipe: Clean dental unit, hand piece cords and adapter, chair and counter top, PC keyboard to remove blood and debris. **DO NOT TOUCH OR CLEAN MONITOR SCREEN.** Dry with paper towels.
6. Disinfect germicidal wipe. Wipe the following with germicidal wipe and let dry. **Dental unit to include:**
  - saliva ejector and high volume evacuator (including controls and cord)
  - light handles, switch and arm
  - tray table
  - air/water syringe and cord
  - hand piece adaptor and cord
  - dental chair, headrest control and arm release button
  - operator chair
  - counter tops and drawer pulls
7. Remove gloves; wash hands for one – 20 second washings.
8. Apply barriers to the following:
  - headrest
  - light handles and switch
  - tray table
  - air/water syringe
  - high volume evacuator and saliva ejector
  - PC keyboard – only if computer does not have a white keyboard
  - Backrest of operator stool and lever to raise/lower the stool
  - Pens or pencils
9. Place a patient napkin on the rear counter area. Place the following on the napkin.
  - Cocoa butter on gauze square with cotton applicator for lubricating patient's lips.
  - Sterile gauze squares for cleaning instrument tips during the appointment (remove debris as you work to avoid it from drying. Dried debris is hard to remove during sterilization procedures).
  - Disclosing solution swab
  - Cup with mouth rinse (Patient is to rinse 30 seconds prior to treatment.)
10. Place an unopened cassette bag on the bracket tray (to be opened when the patient is seated).
11. Assemble other needed items such as patient education supplies; place in the appropriate areas.

12. Place a cotton tip applicator near the PC for use as a stylus.

### Operator Preparation

1. Put on clinic gown
2. Put on glasses and mask. Fit face mask under glasses and tie securely.
3. Wash hands for 20 seconds, dry, and remove cassette from the autoclave bag. Place top in secure place. (The bag is not opened until after the patient is seated)
4. Use Hand Sanitizer. Rub until dry. Put on gloves.

### Unit Clean-up

1. Remove gown, gloves & mask and wash hands for 15 seconds and dismiss patient.
2. Put on gown, glasses, mask, and gloves.
3. Carefully remove gross debris from instrument tips with gauze squares or instrument brush (should be minimal if removing debris as you scale).
4. Dispose of "medical waste" in the biohazard bag (if needed).
5. Flush water lines for 30 seconds (with air/water syringe tip and hand piece attachments)
6. Remove barriers and dispose of non-medical waste in trash can.
7. WIPE CLEAN unit area with germicidal wipe as directed under "Unit Preparation", #5. Leave wet.
8. Instrument cassette sterilization:
  - Place instruments in correct order in cassette (cassette rails need to be secure).
  - Place in sterilization bags small items that will slip through openings.
  - **DO NOT** place paper or gauze in cassettes.
  - Place top on cassette and secure latches.
  - Place closed cassette in sterilization cart.
9. Instrument sterilization using autoclave bags:
  - Wrap groups of instruments in paper towels using gauze to cover instrument tips and protect mirror face.
  - Fold ends of towels over to protect instrument tips.
  - Label instruments bags with permanent pen indicating student name, DHI or II, contents, and date.
  - Seal bags.
10. Clean counter tops with antiseptic wipe.
11. With gloves on, wash glasses with antimicrobial soap, rinse and dry. Remove gloves and place glasses in plastic box or bag.
12. Wash hands.
13. Put on clean gloves and dispose of biohazard bag (if used) at "contaminated" window of dispensary. **DO NOT PUT BIOHAZARD BAG IN CUBICLE TRASH CAN EVEN IF UNUSED.**

14. Remove and dispose of gloves in trash container across from biohazard box.
15. Remove and dispose of gown and mask in cubicle wastebasket.
16. Wash hands again.

### **Infection Control**

1. Practice standard precautions
2. Follow good principles of personal hygiene on a daily basis.
3. Follow proper hand washing guidelines.
4. Keep fingernails short.
5. Wear approved clinic attire.
6. Do not wear jewelry when in clinic except as specified.
7. Keep hair securely pinned up and pulled back away from face.
8. Practice proper disinfecting protocol.
9. Verify sterile instruments.
10. Use appropriate barrier techniques, i.e. gloves, mask, protective eyewear.
11. Remove gloves when leaving the cubicle.
12. Wear gloves when cleaning cubicle.
13. Follow environmental surface asepsis, i.e. wipe clean/wipe again.
14. Provide a needle cap holder when a needle and syringe are present.
15. Manage and dispose of hazardous waste properly (red biohazard bag), in biohazard bin located at the check-in area of the dispensary.
16. **Keep forms and documents on the left counter area.** (this is not considered a “contaminated” area).
17. Professionalism

**COMPLIANCE WITH ALL STANDARDS IN THE INFECTION CONTROL SECTION OF THE SCHOOL OF DENTISTRY CLINIC MANUAL IS MANDATORY.**

## AIR POLISHING

The student is expected to:

1. A\_ Student must sign the check-out sheet to use the Cavi-jet or Airflow polishing unit.
1. Thoroughly review medical/dental history for information that contraindicates proceeding or will otherwise influence the procedure. (Do not use on patients who have a severe respiratory illness. Other contraindications include: patients with acute necrotizing ulcerative gingivitis or patients known or suspected of having Hepatitis B, AIDS, tuberculosis, or an HIV positive diagnosis, renal disease, metabolic disorders, patients on diuretics and known infectious diseases).
2. Explain procedure and rationale to patient, providing individualized patient education.

Assemble armamentarium:

- air polisher unit/Air Flow polishing unit
  - air polishing nozzle
  - plastic drape for patient
  - protective eye glasses for patient and operator
  - paper towels for patient
  - face mask and shield for operator
  - mouth mirror
  - sodium bicarbonate, aluminum trihydroxide powder used on patients with sodium restricted diets or glycine powder
  - saliva ejector
  - pre procedural rinse (essential oil or chlorhexidine-based antimicrobial)
  - lubricant for patient's lips with a non-petroleum product (i.e., cocoa butter)
3. Wrap hand piece, unit, and bar grips.
  4. Connect **BLUE** water line to water outlet. Make sure to turn on water connector knob at the attachment port.
  5. Connect **YELLOW** air line to air outlet.
  6. Fill powder chamber with either sodium bicarbonate or aluminum trihydroxide **BEFORE** unit is turned on. Glycine Powder should only be used in the Air Flow air polishing unit (If the need for more powder is desired during treatment, turn the unit off to relieve pressure in the powder chamber.)
  7. Plug in unit and turn on.
  8. Flush lines for two (2) minutes prior to nozzle attachment. (Push the **PURGE** button on the Cavijet unit to perform this function.)
  9. Make sure suction is ready to use.
  10. Have patient use a pre procedural rinse before using the air polisher.
  11. Drape patient with plastic apron and provide with paper towels and safety glasses.
  12. Put on gloves, mask, eyeglasses and protective gown and use appropriate aseptic technique.
  13. Adjust patient position to the proper angle.
  14. Utilize foot pedal in first position for delivery of water for rinsing the teeth and tongue.



15. Utilize foot pedal in the second position for delivery of water and air polishing powder for the prophylaxis of the teeth. (When foot is removed from pedal, a continuous bleeding of air flows through hand piece).
16. Change powder flow rate by rotating the adjustable pointer to **H** for heavy stain, and **L** for light stain (clockwise or counterclockwise) respectively.
17. Lubricate patient's lips with a non-petroleum lubricant.
18. Check cleaning spray. This spray can be contained by "cupping" rather than retracting the patient lips.
19. Place 2 X 2 gauze square on the patient's lip near the working area.
20. Direct tip of the hand piece nozzle approximately 3 – 4 mm from the tooth surface being cleaned; use direct vision and external fulcrums where possible, use a mirror for illumination as needed.
21. Center the spray on the middle one-third of the tooth and use a constant circular motion.
22. Aim nozzle toward the enamel area but not in the sulcus.
23. Direct hand piece nozzle at an angulation of 60 degrees on anteriors and 80 degrees for posteriors. The hand piece nozzle is held at 90 degrees when used on occlusal surfaces.
24. Polish 1-2 teeth for 1-2 seconds with the spray (second position on foot switch) and then rinse the area with water only (first position on foot switch).
25. Use your hand to cup the patient's cheek to contain the aerosol spray.
26. Use quick, constant sweeping motions of the hand piece in areas of soft tissue.
27. Avoid use of air polisher on amalgam, porcelain, composite or highly polished metal restorations.
28. Avoid use of air polishing on cementum, dentin, or soft tissue.
29. Use suction continuously.
30. Check for patient comfort both verbally and visually.
31. Evaluate patient to determine that all enamel surfaces are stain and plaque free.
32. Assess procedures and outcomes and determine ways to improve performance.
33. At the conclusion of the procedure use the **Purge** button to flush lines for two (2) minutes.
34. Clean and disinfect cubicle and air polishing unit. Wrap foot pedal in a plastic bag.
35. Return air polishing unit neatly into the storage container and return to Room 2412 (DH Storage Room).
36. Make complete, accurate, dated chart entry in EHR.
37. Professionalism
38. Infection Control

## CALCULUS DETECTION

The student is expected to detect and accurately record in the EHR:

1. Areas of granular calculus and detectable areas of moderate to large pieces of calculus with no tissue trauma.

## CHEMOTHERAPEUTIC AGENTS "Arestin Procedure"

1. Review medical history for any contraindications for the use a chemotherapeutic agent. Arestin should not be used in a patient who has a known sensitivity to minocycline or tetracyclines. Arestin should also not be used in pregnant or nursing patients.
2. Select the appropriate chemotherapeutic agent (Arestin is currently available from the dispensary).
3. Explain the rationale to the patient.
4. Have requisition signed by DDS for Arestin. One cartridge is needed for each site to be treated.
5. Arestin will be placed after completion of SRP, at perio re-eval, or at periodontal maintenance as advised by your instructor.
6. Insert the Arestin cartridge into the handle while exerting slight pressure.
7. Twist until you feel and hear the cartridge "lock" into place.
8. Should you need to manipulate the cartridge tip to reach difficult areas, gently bend the tip, leaving the blue cap on.
9. Place the cartridge tip into the periodontal pocket, parallel to the long axis of the tooth. Be sure not to force the tip into the base of the pocket.
10. Gently press the thumb ring to express Arestin powder while withdrawing the cartridge tip away from the base of the pocket.
11. Once delivery is complete, retract the ring and remove the Arestin cartridge and discard.
12. Patients should be instructed to delay brushing the treated area for 12 hours after treatment with Arestin and to abstain from using interproximal cleaning devices around the treated area for 10 days. Patients should also avoid foods that could traumatize the gingiva.
13. Professionalism
14. Infection Control

## CLEANING REMOVABLE PROSTHESES

The student is expected to:

1. Assemble the armamentarium. Gloves should be worn when handling prostheses.
2. Explain procedure to the patient and provide appropriate individualized patient education.
3. Have the patient remove their prosthesis:
  - Give patient a paper towel.
  - Provide a private environment for removal.
  - Respect patient's wishes not to talk or be seen without prosthesis.
4. Examine the patient's mouth and the prosthesis. Seek consultation regarding ill-fitting prostheses, ulcerations, inflammation, and cracked or broken prostheses.
5. Take partials/denture(s) to the DH microscope room and follow instructions there. Put patient's name on outside of baggie with sharpie pen. Place prosthesis in a zip-lock bag and add enough of the cleaning agent to completely cover it. Place the baggie into the ultrasonic bath for a length of time that removes the stain and/or calculus. Repeat procedure until all debris is removed.
6. Use a denture brush and water to remove any remaining debris from the prosthesis.
  - Brush over a sink lined with paper towels or filled with water to prevent breakage.
  - Be careful not to bend clasps.
  - Rinse the prosthesis and keep it stored in water in a secure place until the end of the appointment.
  - Give the denture brush to the patient for home use.
7. Check prosthesis:
  - No calculus or stain visible
  - Outer surfaces smooth in appearance and to patient's tongue
  - Absence of all polishing and cleaning agents
8. Assess procedures and outcomes and determine ways to improve performance.
9. Cleanup work area and armamentarium.
10. Professionalism
11. Infection Control

## CURETS

The student is expected to:

1. Grasp
  - a. Hold with index finger and thumb pads
  - b. Stabilize with pad of middle finger
  - c. Maintain contacts between index, middle, and third fingers
  - d. Place index finger and thumb pads at junction of handle and shank
  - e. Maintain handle between second knuckle and "V" of thumb and forefinger
  - f. Rotate instrument handle when adapting to tooth surface
  - g. Use light pressure for exploratory stroke
2. Fulcrum
  - a. Establish on stable tooth, finger, or prescribed extra oral
  - b. Establish on embrasure area, occlusal or incisal surface
  - c. Position as close to the working area as possible
  - d. Use constant, equal pressure
  - e. Pivot on finger pad for adaptation
  - f. Move hand (up down, side-side) when pivoting
3. Stroke
  - a. Select correct working end
  - b. Insert the toe with the blade closed
  - c. Open the blade to 60°-80° for working strokes
  - d. Move in direction toe faces
  - e. Hold side of toe and cutting edge against tooth during: exploratory stroke, and working stroke
  - f. Use short, overlapping strokes
  - g. Roll instrument between thumb and forefinger on line angle to adapt side of toe to tooth
4. Student actions
  - a. Maintain terminal shank handle as close to parallel with long axis of tooth as possible.
  - b. Use oblique, vertical and/or horizontal strokes.
  - c. Have no independent finger motion.
  - d. Apply pressure to remove calculus.
5. Technique
  - a. Use systematic sequence for scaling individual teeth or quadrants.
  - b. Adapt instrument appropriately:
    - anterior instruments from midline to proximal surface
    - posterior instruments from distal line angle to proximal surface
  - c. Position patient for efficient access to areas.
  - d. Assume operator position as needed for field of operation.
6. Professionalism
7. Infection Control

## DENTAL CHARTING

The student is expected to complete the procedure without the assistance of any other student:

1. Open EHR to patient record; open "Chart Add " folder; open MiPacs for radiographs
2. Use mirror and "Guidelines for Caries Detection" link in EHR
3. Place patient and operator in correct position
4. Use light, mirror, compressed air and radiographs to aid examination
5. Make recording on the proper teeth
6. Use cotton tipped applicator as stylus for recording.
7. Indicate missing teeth (right click on missing tooth # and make selection)
8. Identify existing conditions; click "Findings", "Existing Rest/Pro...", Make selection; click on tooth on odontogram; click icon on right with 2 teeth to add to odontogram
9. Identify suspicious carious areas and other conditions; click "Findings", "Conditions", Make selection; click on tooth on odontogram; click icon on right with 2 teeth to add to odontogram
10. Make tooth note as appropriate of if description is not available
  
12. Professionalism
13. Infection Control

## DESENSITIZING

The student is expected to:

1. Check medical/dental history for information contraindicating the procedure or requiring further investigation, and act accordingly.
2. Select the appropriate agent and assemble the armamentarium:
  - Topical Fluoride Varnish
    - fluoride varnish
    - cotton rolls
    - gauze square
    - benda brush
    - saliva ejector
  - Dentin desensitizer (Colgate Pro-Relief)
    - saliva ejector
    - mouth mirror
    - prophy cup
    - slow speed handpiece
3. Explain procedure to patient and provide individualized patient education:  
**Patient plaque control is the most important issue to convey to help improve hypersensitivity.**  
Discuss trigger foods.
4. Apply Dentin Desensitizer (Colgate Pro-Relief)
  - a. Obtain material in the Room 2422 (Microscope Room).
  - b. This agent can be applied prior to scaling and/or as a final polishing step.
  - c. Dry (with gauze square) and isolate area.
  - d. Place agent on a prophy cup. Using a slow speed handpiece slowly polish the desensitizing agent to the areas of sensitivity.
  - e. Re-apply to sensitive area if needed. If you are using fluoride varnish, please apply the Pro-Relief first then the varnish.
5. If hypersensitivity persists, these procedures may be repeated or another method of treatment can be attempted.
6. Make complete and accurate entry in progress notes.
7. Assess procedures and outcomes and determine ways to improve performance.
8. Professionalism
9. Infection Control

## DISCLOSING PROCEDURE

1. Thoroughly review medical/dental history for information that contraindicates proceeding or will otherwise influence the procedure.
2. Discuss the purpose and procedure of disclosing.
3. Assemble the armamentarium: disclosing solution, cotton tip applicator, mouth mirror and a hand mirror.
4. Remove excess saliva with saliva injector. Apply the solution to the clinical crowns of the teeth.
5. Ask patient to disperse liquid with tongue; do not use water.
6. Advise patient to expectorate or use suction.
7. Guide the patient in discovering the deposits.
8. Explain the terms plaque, biofilm, material alba, and food debris. (Utilize the phase-contrast microscope if indicated at this point.)
9. Record the plaque index in the patient's dental record.
10. Patient education should be completed at this point prior to the removal of deposits.
11. Professionalism
12. Infection Control

## ETHICS / PROFESSIONALISM / CORE VALUES

The following are some factors that will be considered under professionalism. The student is expected to demonstrate ethical, professional conduct and judgment both in the clinic and classroom. Representative examples are given but will not necessarily be limited to these examples. There are degrees of unprofessionalism within some of the examples given that may not result in a failure for the clinic daily grade at the discretion of the faculty.

Examples of positive professional conduct include:

1. Maintain patient confidentiality.
2. Place the patient's welfare first when planning and implementing patient care.
3. Concern for the patient's welfare, safety and comfort.
4. Provide treatment in accordance with the treatment plan after checking in with supervising faculty.
5. Discuss review of medical history with faculty prior to instrumentation.
6. Acknowledge and adhere to all medical history alerts.
7. Be prepared with all necessary supplies, instruments and equipment at beginning of appointment/procedure.
8. Abide by UTSD clinic policies and regulations.
9. Accept suggestions for improvement and evaluation in a mature manner.
10. Maintain physical, mental and emotional composure/attitude in all situations.
11. Maintain respect, concern and be cooperative toward fellow classmates, dispensary/records personnel and faculty.
12. Demonstrate sound clinical judgment by integrating knowledge and skills into patient care commensurate with level of experience.
13. Maintain honesty with faculty members, patients, staff and colleagues.
14. Show greater concern with quality treatment for patients rather than a quest for grades.
15. Demonstrate adequate and appropriate communication (Verbal, non-verbal, attitudinal).
16. Does not provide unsupervised treatment.
17. Complete all patient records and forms comprehensively and accurately.
18. Carry out all procedures in a timely and efficient manner with a focus on patient needs.
19. Coordinate patient care to assure patient needs are met.



## EXPLORERS

The student is expected to:

1. Grasp (use modified pen grasp).
  - a. Hold with index finger and thumb pads.
  - b. Stabilize with pad of middle finger.
  - c. Maintain contacts between index, middle, and third fingers.
  - d. Place index finger and thumb pads at junction of handle and shank.
  - e. Maintain handle between second knuckle and "V" of thumb and forefinger.
  - f. Rotate tip between thumb and forefinger when adapting to keep flush side of tip on tooth surface.
  - g. Use light pressure.
2. Fulcrum
  - a. Establish on stable tooth, finger, and vestibule on gauze or prescribed extra oral.
  - b. Establish on embrasure area, occlusal, or incisal surface.
  - c. Position close to work area, if possible.
  - d. Use constant, equal pressure.
  - e. Pivot on fingertip for adaptation.
  - f. Move hand (up-down, side-side) when pivoting.
3. Stroke
  - a. Make no independent finger motion.
  - b. Select correct working end.
  - c. Insert smallest portion of tip.
  - d. Insert tip at oblique angle to epithelial attachment.
  - e. Insert with tip contacting tooth.
  - f. Maintain side of tip on tooth.
  - g. Keep terminal shank parallel with long axis of tooth.
  - h. Maintain maximum contact of working end with tooth (1-2 mm).
  - i. Move tip obliquely or vertically to epithelial attachment.
  - j. Move explorer in direction tip is pointed.
  - k. Use short, overlapping strokes
  - l. Use overlapping strokes.
  - m. Cover area from epithelial attachment to margin of gingiva (circumferentially).
4. Technique
  - a. Use systematic sequence.
  - b. Use correct explorer tip for each surface.
  - c. Choose the explorer type recommended for specific area or needs.
  - d. Use mouth mirror for tissue retraction as needed.
  - e. Use mouth mirror for indirect vision.
5. Patient-operator positioning
  - a. Assume operator position required for field of operation.
  - b. Position patient for efficient access to field of operation.
6. Professionalism
7. Infection Control

## EXTRA / INTRAORAL EXAMINATION

The student is expected to:

1. Apply methods and materials
  - a. Assemble gauze squares and equipment.
  - b. Explain the purpose and routine order of the examination to the patient.
  - c. Ask patient to rinse with mouth rinse for 30 seconds. Pour remaining contents of cum into sink.
  - d. Ask patient to hold safety glasses or remove corrective glasses.
  - e. Put on gown, mask, glasses, and wash hands for 20 seconds.
  - f. Open cassette, use hand sanitizer, and put gloves.
2. Ask patient to remove corrective glasses if wearing them. Ask patient to indicate if there is any discomfort when palpating.
3. Complete Extra oral Exam
  - a. Observe from front, noting symmetry of face and neck.
  - b. Have patient move head from side to side to detect masses or restricted mobility.
  - c. Inspect color and texture of skin on face.
  - d. Inspect eyes and eyelids (opened and closed).
  - e. Palpate occipital nodes bilaterally. Inspect neck for color and texture of skin.
  - f. Palpate pre & post-auricular nodes bilaterally. Check behind ears.
  - g. Palpate parotid gland bilaterally.
  - h. Palpate bimanually the sub mental and submandibular nodes along angle of mandible and under chin.
  - i. Palpate bidigitally along sternocleidomastoid muscles for cervical lymph nodes. Turn head to side and down.
  - j. Palpate thyroid gland with index finger and thumb. Ask patient to swallow while palpating.
  - k. Palpate TMJ bilaterally from front. Ask patient if opening mouth causes discomfort.
  - l. Remove gloves and discard.
4. Complete intra-oral exam
  - a. Ask patient to wear corrective glasses or safety glasses.
  - b. Put on fresh gloves
  - c. Observe lips opened and closed. Dry lips and labial mucosa. Recheck.
  - d. Palpate lips bidigitally.
  - e. Observe and palpate maxillary and mandibular mucobuccal fold.
  - f. Palpate gingiva bidigitally.
  - g. Retract cheeks to observe buccal mucosa. Dry and recheck.
  - h. Manipulate duct opening of parotid gland, noting saliva.
  - i. Palpate each cheek bidigitally or bimanually.
  - j. Observe tongue: Wrap with gauze to inspect.
    - Dorsal surface. Use mouth mirror to observe
    - Lateral surface. Use mouth mirror to observe
  - k. Palpate entire tongue bidigitally.
  - l. Observe ventral surface of tongue, floor of mouth and lingual frenum. Dry and check salivary flow from submandibular gland.
  - m. Palpate floor of mouth bimanually.
  - n. Observe and palpate hard and soft palates.
  - o. Inspect oral pharynx and tonsillar region. Depress tongue with mouth mirror.
  - p. Ask patient to close together on posterior teeth and check occlusion.
5. Observe deviations from normal and record accurately on the clinical exam (Grad) form in EHR
6. Follow routine order of inspection.
7. Professionalism
8. Infection Control

## FLOSSING

The student is expected to:

1. Select appropriate length of material (12-18 inches)
2. Wind material around the middle or fore fingers of each hand.\* (Variations are acceptable)
3. Secure floss/tape with the index finger and thumb of each hand, with a length of  $\frac{3}{4}$  to 1 inch between each hand.
4. Introduce 1 inch of floss interproximally through the contact point with a see-saw motion.
5. Wrap the floss around the tooth in a "C" shape.
6. Slide the floss up and down the tooth surface, while holding the material firmly against the proximal surface.
7. Carry the floss below the gingival margin.
8. Perform the procedure on the adjacent tooth in the inter-proximal space by moving from the sulcus to the contact, avoiding the papillary tissue.
9. Remove the floss by holding the material against one tooth and using a see-saw motion through the contact.
10. On the maxilla, the floss is stretched over the thumbs, which guide the floss. Place one thumb on the lingual, and one thumb on the facial side with approximately 1-inch of floss between the thumbs.
11. On the mandible, the floss is stretched over the index fingers which guide the floss. Place one thumb or index finger on the buccal, and one thumb or index finger on the lingual side with approximately 1-inch between the fingers.
12. Reposition and repeat motions, winding used floss around the take-up finger to permit access to a fresh span.
13. Follow definite sequence.
14. Adapt to a patient's ability and preferences, if not harmful. Recommend flossing aids as appropriate such as holders, super – floss, etc.
15. Professionalism
16. Infection Control

\*Wind most of the floss around the finger of the least dominant hand. The finger of the other hand will serve as a take-up reel for the used floss.

## FLUORIDE APPLICATION

The student is expected to:

1. Explain the benefits of fluoride, describe the application procedure, and obtain the consent of the patient or parent if minor. The need for fluoride is based on the patient's risk factors for caries and this should be explained to the patient as part of this process. Make notations in the EHR if the patient refuses fluoride.
2. Assemble all necessary supplies.

## TRAY TECHNIQUE

### VARNISH TECHNIQUE

1. Dry teeth with air. (Gauze may be used to dry teeth by quadrant or sextant.)
2. Mix the varnish with the applicator brush until it is uniform in color.
3. Apply a very thin coat of varnish with a bend-a-brush or cotton tip applicator.
4. Rinse immediately to set the varnish.
5. Advise the patient not to eat crunchy foods or brush for 4-12 hours.

### \*Contraindications

1. Ask patient if allergic to colophonium resin or active ingredient in the product being used.
2. Do not apply on bleeding gingiva.

## IMPLANT PATIENTS

The student is expected to:

1. Review patient assessment data to determine contraindications to treatment or other factors that will influence the procedure.
  2. Assemble the appropriate armamentarium:
    - mirror - metal mouth mirror is fine; just avoid hitting or scraping implant(s).
    - plastic probe\*
    - plastic scaler\*
    - super floss
    - dental floss
    - auxiliary aids – whatever is appropriate “nylon coated” proxabrush, end tuft brush
    - gauze – helps to “shoeshine” implant(s)
    - tin oxide or fine (pink) proxy – to polish implant(s)
- \*Check out plastic implant instruments from the dispensary.**
3. Use correct patient and operator positioning.
  4. Explain the procedure to patient and present appropriate patient education and psychological support (i.e., home care instructions, why procedure is being done, post-operative instructions, etc.).
  5. Review the patient assessment data and treatment plan assessment procedures to decide which area to scale, and consider the following variables:
    - ability to complete the area
    - patient comfort and acceptance
    - need for tissue conditioning
    - patient needs
    - location
  6. Use appropriate type of instruments according to the nature and location of the deposits. (Metal instruments can be used on natural teeth, and plastic instruments must be used on implants.)
  7. Correctly grasp instrument, establish fulcrum, position cutting edge and activate instrument according to the basic principles of instrumentation. \*\*
  8. Completely scale each tooth and/or implant(s) so that:
    - all surfaces are calculus free
    - gingiva is not bleeding profusely or lacerated
  9. De-plaque teeth and/or implants with appropriate agents to remove plaque. (Implants may be polished with tin oxide or fine (pink) proxy.)
  10. Use appropriate auxiliary aids for complete plaque removal.
  11. Allow patient to rinse thoroughly with water.
  12. Observe the patient for signs of discomfort and use pain-control techniques as needed to ensure comfort.
  13. Evaluate the procedure and final product to determine that criteria were met and identify ways in which performance could be improved.
  14. Make complete, accurate, dated chart entry in EHR.
  15. Clean up treatment area and armamentarium.
  16. PROFESSIONALISM
  17. INFECTION CONTROL

\*\*Refer to *Periodontal Instrumentation* by Gehrig.


## INSTRUMENT SHARPENING

(Sharpening Horse Technique and It's About Time)

The student is expected to:

1. Assemble armamentarium to include: 2x2 gauze, sharpening stone, Sharpening Horse tool, water or oil depending on the stone used, test stick, safety glasses or loops with light attached.
2. Evaluate sharpness continually while using instruments in the clinical situation; if necessary, obtain another sharp instrument or sharpen the instruments during the procedure.
3. Explain the procedure and provide pertinent, individual education to patient when sharpening instruments in the clinical situation.
4. Sharpen instrument utilizing basic sharpening procedures (refer to Fundamentals of Periodontal Instrumentation 8<sup>th</sup> edition Module 24 pgs. 616-623" *The Moving Instrument Technique*") remove any debris from instrument.
  - evaluate instrument before sharpening to determine if proper contour is present.
  - establish correct angle between stone and cutting edge according the method being used.
  - maintain correct angle between stone and cutting edge.
  - utilize proper grasp and stroke.
  - work on stable work surface with maximum illumination.
5. Test for sharpness before determining if procedure is complete.
6. Evaluate instrument before the end of sharpening procedure for changes in contour or design features.
7. Use procedures to ensure patient safety and comfort and maximize operator efficiency and effectiveness.
8. Evaluate the procedure and final product to determine ways to improve performance.
9. Professionalism
10. Infection Control

## PROTOCOL FOR SOPROLIFE INTRA-ORAL CAMERA

1. A Soprolife intra-oral camera may be obtained from the second floor dispensary with a signed requisition form.
2. The Soprolife kit will contain a hand-piece, intra-oral tip, and dental barrier.
3. Remove Soprolife intra-oral camera from kit. The camera is assembled by the dispensary with the dental barrier and intra-oral tip attached to the hand-piece. Connect the camera cord to the Sopro hand-piece. "Camera" will be displayed on the unit screen when the connection is made.
4. Soprolife operates in three modes. The "daylight mode" will allow the clinician to use the white light for intra-oral images. The "diagnosis mode" aids in detection of caries. The "treatment mode" is used during treatment.
5. Select appropriate mode by using the two buttons on the body of the Soprolife. Button I: pressing on button "I" makes it possible to switch from daylight mode to diagnosis aid mode and inversely. Button II: Pressing on the button "II" makes it possible to switch from daylight mode to treatment aid mode and inversely.
6. Adjust focusing modes. On the hand-piece, there is a rotating ring used to focus in four different modes.
  - Extra-oral (Portrait).
  - Intra-Oral (1 to 5 teeth).
  - | LIFE (cavities and pulp chamber observation)
  - Macro (details that cannot be seen with naked eye).
7. If the image is blurry check the dental barrier to see if it is correctly positioned on the camera head. **\*Rule of thumb:** The camera head should be placed face down when inserting it into the Sopro dental barrier.
8. Create a photography folder in the X-Ray (MiPACS) EHR. Click the "Capture" icon which will turn green when activated.
9. Slightly touch SoproTouch  or briefly press the footswitch as soon as the desired image appears on the monitor. If an assistant is available, the images may also be captured using the "Capture Image" tab located on the monitor screen. The image is automatically stored, and displayed on the screen.
10. Click "End Session" and delete unwanted images prior to saving captured images. Captured images must be approved by faculty to save images in the EHR.

### At the End of Use

1. Disinfect the Sopro camera with a Caviwipe. Remove dental barrier from the hand-piece. Re-attach the intra-oral tip prior to returning camera. Dispose of the blue sterilization wrap.
2. Return the Soprolife camera back to the second floor dispensary.

### Diagnostic Mode

1. The Soprolife diagnosis mode is an aid in the detection of caries. The auto fluorescence technology allows the clinician to detect occlusal or interproximal decay. Soprolife has not been proven to detect incipient caries.
2. When the camera is in diagnosis mode it will display a blue light. The blue light will cause healthy dentin to fluoresce with a green color.

3. Any other color than acid green, light green or blue (according to thickness of enamel) displayed in the image are alert signals.
4. Green/black, bright red, black/red, or grey areas are alert signals. Suspicious areas should be checked for calculus, plaque, and preventative materials that can interfere with caries detection.

### MEDICAL AND DENTAL HISTORY COMPETENCY

The student will complete a medical/dental history on all patients. The type of data collected will dictate proper clinical procedure. The medical history will be reviewed, and updated if necessary, at the beginning of each consecutive appointment.

1. Assemble armamentarium prior to seating patient.
2. Take blood pressure, pulse, respiration and temperature before starting the competency. Make “D” and “H” notes (of the DHOTEN) in the Treatment History tab of the EHR. Document vital signs in the EHR before reviewing medical history with instructor.
3. Review with the patient the Patient Information, needed for record keeping:
  - name, home address, telephone numbers, emergency contact
  - If any information has changed, send an EHR message stating changes to your PCC
4. **For the DH1 competency (process):** Review the following categories with patient (ask questions) in front of instructor: *Baseline Data, General, HEENT, Cardiovascular, and medication information.*
5. Review/question each category of medical conditions listed. Make notations for affirmative answers in “comments” at the end of each category; double click and use text box and date when the condition was diagnosed, what happened, medications, etc.
6. Place medications in the medication tab, not in the form. Note in the Treatment History if previously taken medication has been discontinued. Delete medications from the medication tab and add the new medication in the medication tab, not into the Medical History. Look up all medications (OTC and herbal included) in Lexi-Comp found in the EHR link and be knowledgeable about pharmacological category, indications for use and contraindications; warnings, precautions and adverse reactions to treatments; drug interactions and dental considerations.
7. Assess need for medical consultation and /or antibiotic premedication or any medical alert (right click on medical alert and highlight) Note...some medications won't automatically be posted as an alert even if listed on the medical history.
8. Review the Dental History page (paying particular attention to any affirmative answers).
9. Make appropriate notations in Treatment History DHOTEN not included under the “H” section.
10. Have instructor review medical and dental history prior to having the patient sign both medical and dental history on the signature pad and before starting the Clinical Exam, exploring, probing, OHI, etc.
11. Communication with patient; good eye contact, pronounces conditions correctly, explains unfamiliar conditions to patient.
12. Professionalism



## NUTRITIONAL COUNSELING

The student is expected to:

1. Review medical/dental history for information to determine if diet survey is indicated.
2. Explain to the patient all the procedures and rationale for 24 hour dietary recall.
3. Complete 24 hour food diary with patient at initial appointment.
4. Analyze the frequency of foods eaten according to their exposures to fermentable carbohydrates. (Analysis must be completed prior to counseling the patient, but not at the same appointment that the food diary is completed).
5. Calculate the exposures according to the directions on the 24 hour dietary recall sheet.
6. Discuss the results with the patient.
7. Analyze the frequency of foods eaten according to my Pyramid and make appropriate recommendations. Go to <http://www.choosemyplate.gov/> to individualize your nutritional counseling.
8. Calculate patient's nutritional score and make recommendations to the patient.
9. Assist patient in setting nutritional goals.
10. Make complete and accurate, entry in the treatment notes into the EHR including all nutritional recommendation & calculations.
11. Professionalism

## PATIENT EDUCATION

The student is expected to:

1. Include patient education in every clinical appointment.
2. Perform a salivary flow rate assessment on each new patient appointment (prior to the pre-procedural rinse). Check the salivary pH.. The CARISCREEN meter should be used at this time also. Record the results in the EHR
3. Complete the Limited Exam and analyze the findings relative to disease risk.
4. Disclose and record the O'Leary Plaque Index and discuss results with the patient showing them areas of biofilm.
5. Teach the appropriate toothbrushing technique and interdental plaque control and allow the patient to remove the existing biofilm (repeat this at each appointment). Record information in the EHR.
6. Complete the Oral Risk Assessment form and identify disease risks specific to the patient.
7. Recommend other preventive therapies relative to the risks identified and discuss these with the patient. Record in the EHR.

8. Explain disease processes to the patient in lay terms they can understand. Use illustrations, teaching aids and/or the microscope to enhance learning.
9. Demonstrate in the patient's mouth any OPT aids recommended and allow them to practice with feedback. Use communication and teaching principles and techniques such as modeling, prompting, cueing and feedback.
10. Select an appropriate treatment plan and explain it to the patient.
11. Professionalism
12. Infection Control

## PERIODONTAL CHARTING

The student is expected to:

1. Assemble mirror, Hu-Friedy PCPUNC probe, and Naber's probe
2. Place patient and operator in correct position
3. Use light and mirror to aid in examination
4. Chart periodontal conditions of patients 18 years or older unless indicated by patient's condition.
5. Document in EHR the following:
  - a. Probe depths (PD)
    - 1) Record six number readings per tooth within 1mm of instructor's measurement.
  - b. Bleeding on probing (BOP)
  - c. Free gingival margin - CEJ (FGM-CEJ)
    - 1) The measurement must be within 1mm of instructor's measurement
  - d. Tooth mobility
  - e. Furcation involvement
  - f. Note areas where there is inadequate attached gingival (make a tooth note in the EHR)
6. Professionalism
7. Infection Control

## PERIODONTAL PROBE

The student will be able to:

1. Grasp (modified pen grasp)
  - a. Hold with index finger and thumb pads.
  - b. Stabilize with pad of middle finger.
  - c. Maintain contacts between index, middle, and third fingers.
  - d. Place index finger and thumb pads at junction of handle and shank.
  - e. Maintain handle between second knuckle and "V" of thumb and forefinger.
  - f. Rotate instrument handle between thumb and forefinger when adapting to tooth surface, keeping tip parallel and in contact with tooth surface.
  - g. Use light pressure.
2. Fulcrum
  - a. Establish on stable tooth, finger, prescribed extra oral, or vestibule on gauze.
  - b. Establish on embrasure area, occlusal, or incisal surface.
  - c. Position close to work area.
  - d. Use constant, equal pressure.
  - e. Pivot on finger pad for adaptation.
  - f. Move hand (up-down, side-side) when pivoting.
3. Stroke
  - a. Make minimal independent finger motion.
  - b. Maintain side of tip on tooth and slide tip gently under the gingival margin.
  - c. Place working end parallel (or as parallel as possible) to surface being probed.
  - d. Cover entire col area.
  - e. Use 1 mm walking stroke.
  - f. Walk around entire sulcus.
  - g. Remain in sulcus during consecutive strokes.
  - h. Overlap strokes on reinsertion.
  - i. Insert to epithelial attachment with light pressure.
4. Technique
  - a. Use systematic sequence.
  - b. Use mouth mirror for indirect vision.
  - c. Maintain correct patient/operator position.
  - d. Read probe markings correctly.
5. Professionalism
6. Infection Control

## PHASE-CONTRAST MICROSCOPE

All steps must be prepared prior to patient viewing.

The student is expected to:

### PREPARE THE EQUIPMENT (IF NOT ALREADY PREPARED)

1. Remove the dust cover.
2. Turn on the computer.
3. Hit "ok" button in dialog box. Push button. Double click on "Motic Images Plus 2.0" icon. Go to the "file" tab, select "capture window". Expand it.
4. Turn on the microscope. (Green switch is on the back of the microscope base)
5. Move the light intensity control (rheostat) to the brightness position. (Rheostat is located on the lower right side of microscope base). Red display lights will appear.

### PREPARE THE SLIDE (Chair side)

6. Explain the procedure to the patient and obtain consent.
7. Assemble the armamentarium:
  - glass slide
  - cover slip
  - sterile water in dropper dispensing bottle
  - scalars/curettes
8. Place one drop of water on the slide for each site to be examined.

### OBTAIN THE SAMPLE

9. Make a clinical assessment of the mouth to determine the most advanced and severely diseased sites: deep crevices, adjacent to crowns, areas of malalignment.
10. Use a sterile instrument to obtain a sample from the most apical portion of the gingival crevice selected. (Avoid including any calculus).
11. Use a second instrument to dislodge the sample into the drop of water. (Do not break up the sample).
12. Place a single cover slip over the sample.
13. Use an instrument to gently compress the cover slip.
14. Evaluate the sample. A thin sample free of calculus is essential.
15. Blot excess water with a tissue or paper towel.

### MOUNT THE SLIDE

16. Place the prepared slide, cover slip up, onto the microscope stage.

### CENTER THE SPECIMEN OVER THE LIGHT

17. Use the knobs under the stage to move the field: larger upper knob moves the slide front-to-back; smaller lower knob moves the slide left-to-right.

### SELECT THE OBJECTIVE (THIS SHOULD REMAIN ON 40X)

18. Rotate the lens turret until the 40X objective clicks into place above the specimen.

### SET THE CONDENSER

19. Rotate the condenser wheel (in front, under the stage) until 40 appears in the window.

### RAISE THE STAGE

20. Observe the distance between the objective and the cover slip of the slide.
21. Use the large outer knobs on either side of the microscope stand to raise the stage until the lens of the objective appears about to touch the cover slip.

### ADJUST THE FINE FOCUS

22. Look through the microscope lenses.
23. Use the small fine focus knob (located outside of knob to raise the stage) to bring the specimen into sharp focus.

### **POSITION THE FOCUS LOCK**

24. Rotate the focus lock (located between the left-hand coarse focus knob and microscope stand) up and toward you until it is tight.

### **ASSUME THE PROPER SCANNING POSITION**

25. Let your left hand adjust the fine focus knob while your right hand moves the specimen on the stage, using the stage controls.

### **IDENTIFY THE ORGANISMS VISIBLE: CLASSIFY AS TO STATE OF HEALTH**

26. Locate the microcosm of the healthy crevice:

- Some cocci
- Some filamentous organisms
- WBC's, 6/field or fewer
- Low count vibrios

27. Locate the microcosm of marginal gingivitis:

- Cocci (TMC)
- Filamentous organisms
- WBC's 0 – 12/field
- Spirochetes
- Spinning and/or gliding rods
- Amoeba
- Trichomonads

28. Locate the microcosm of destructive periodontitis:

- Cocci (TNC)
- Filamentous organisms
- WBC's, few to TMC and vibrios.
- Vibrios
- Spirochetal pumps
- Spirochetal brush forms
- Gliding, palisading rods
- Amoeba
- Trichomonads

29. Bring the patient to the microscope at this point.

30. Communicate information to patient regarding the microorganisms present relative to their oral health.

31. Turn off computer, camera, and microscope (end of clinic) or power down the light (during clinic)

32. Replace dust cover on unit at the end of clinic.

33. Place slide in the bio-hazardous sharp container.

34. Make the notation in EHR regarding the findings and information given the patient.

35. Professionalism
36. Infection Control

## PIT AND FISSURE SEALANT APPLICATION

The student is expected to:

1. Review medical/dental history, general assessment, and oral inspection prior to treatment for information contraindicating treatment.
2. Explain procedure to patient and/or parent.
3. Assemble armamentarium:
  - mouth mirror
  - explorer
  - articulating paper
  - articulating paper holder
  - cotton pellets or small sponges
  - cotton pliers
  - etching material
  - sealant material
  - cotton roll holders
  - cotton rolls and Dri-angles and buccal shields
  - paste or pumice
  - toothbrush or contra-angle brush
  - UV curing light
  - protective eyeglasses for operator and patient
  - floss
  - finishing burs or stones
  - fluoride
4. Position patient comfortably. Utilize proper operator positioning.
5. Place protective eyeglasses on patient.
6. Maintain field:
  - a. Position light for maximum illumination.
  - b. Evaluate teeth scheduled for sealants
  - c. Isolate teeth required
  - d. Remove saliva and debris routinely to provide adequate vision and patient comfort.
  - e. Replace "wet cotton rolls"
7. Follow the instructions of the desired sealant material:
  - a. Evaluate teeth scheduled for sealants.
  - b. Mechanically cleanse the enamel with toothbrush, or contra-angle brush
8. Thoroughly rinse the tooth surface.
9. Isolate the tooth surface using cotton rolls and cotton roll holder and protect from any contamination.
10. Dry the tooth surface with compressed air from 10-20 seconds.

## VISIBLE LIGHT APPLICATION (ULTRADENT)

1. Etching procedure:
  - a. Apply etchant to the entire occlusal surface for 15 – 20 seconds for permanent teeth, and 15 – 20 seconds for deciduous teeth.
  - b. Apply etchant with a continuous, gentle dabbing motion.
  - c. Cover the entire occlusal surface with the etchant, including the inclined planes up to the tips of cusp tips.
  - d. At least 2 – 3 mm of surrounding enamel should be etched around buccal and lingual pits and grooves.
  - e. Rinse the tooth surface thoroughly with an oil free spray of water.
  - f. Dry the tooth surface with compressed air for 10 – 20 seconds.
  - g. The surface of the tooth should have a dull, whitish appearance, indicating complete etching.
  - h. The tooth should be isolated from the tongue, saliva, and tissue fluids.
2. Priming procedure:
  - a. Apply PrimaDry and leave 5 seconds.
  - b. Dry by gently blowing area with moisture-free and oil-free air.
  - c. Do not rinse.
3. Sealant application:
  - a. Apply sealant to the etched surface.
  - b. Confine the sealant to the etched surfaces.
  - c. Have patient close eyes while visible light is on.
  - d. Place end of curing light tip (wand) 1-2 mm above the tooth surface.
  - e. Cure for the desired amount of time for sealant material (according to light manufacturer)
  - f. Check surface of the sealant with explorer.
  - g. Rinse with water or rub with a wet cotton roll to remove unpolymerized resin.
  - h. Check occlusion with articulating paper.
  - i. Floss between teeth after sealant placement.
  - j. Have supervising instructor check placement of sealant.
  - k. Give fluoride treatment.
  - l. Make complete, accurate, dated chart entry in EHR.
4. Professionalism
5. Infection Control

## POLISH/DEPLAQUE AND FLOSS

The student is expected to:

1. Assemble the armamentarium.
  - a. check odontogram for types of restorations
  - b. select correct abrasive agents
2. Check the medical/dental history for information contraindicating the procedure.
3. Seat and position the patient comfortably. Utilize correct operator positioning.
4. Explain the procedure to patient.
5. Discuss technique to be used with instructor.
6. Place eyeglasses on patient.
7. Inspect teeth for contraindications to polishing and select teeth to be polished.
8. Disclose the patient's mouth and discuss areas of plaque with the patient.
9. Use abrasive agents in order of most abrasive to least abrasive changing cups between abrasives.
10. Establish a fulcrum.
11. Use intermediate pressure & maintain slow, constant speed with the prophylaxis angle.
12. Flare the cup into the crevicular and proximal areas.
13. Adapt edge of cup to tooth contour.
14. Adapt occlusal brushes to pits and fissures.
15. Use auxiliary polishing aids as needed.
16. Use caution in retracting corners of the mouth or other soft tissue areas.
17. Wipe cup clear of saliva and debris as needed to avoid splatter.
18. Floss all interproximal areas. (Refer to flossing procedure checklist).
19. Re-disclose and check with mirror and air. Remove plaque as necessary.
20. Clean removable dentures or other removable appliances and return to patient.
21. Evaluate the procedure and final product to determine ways to improve performance.
22. Clean up treatment area and armamentarium.
23. Professionalism
24. Infection Control



## POLISHING – SEATING POSITIONS

<b>Operator Position</b>	<b>Area</b>
FRONT	Max. Right Facial to Midline Max. Left Lingual to Canine
BEHIND	Max. Left Facial to Midline Max. Anterior Lingual Max. Right Lingual-Posterior
BEHIND	Mand. Left Facial to Midline Mand. Anterior Lingual- (Behind and Front)
FRONT	Mand. Right Facial to Midline Mand. Left Lingual-Posterior Mand. Right Lingual-Posterior

## SCALING AND ROOT PLANING

The student is expected to:

1. Review patient assessment data to determine contraindications to treatment or other factors that will influence the procedure.
2. Assemble the appropriate armamentarium.
3. Use an aseptic technique.
4. Use correct patient and operator positioning.
5. Explain the procedure to patient and present appropriate patient education and psychological support (i.e., home care instructions, why procedure is being done, postoperative instructions, etc.).
6. Evaluate the patient's pain and anxiety levels. You may use Corah's Dental Anxiety scale to aid in this evaluation. Use appropriate pain management techniques (topical oraqix, and/or local anesthesia supervising DDS will administer).
7. Review the patient assessment data and treatment plan assessment procedures to decide which area to scale, and consider the following variables:
  - Ability to complete the area within time available or required. Since partial calculus removal on a tooth is undesirable, select an area of the mouth that can be scaled and root planed to completion in the time available at this appointment.
  - Patient comfort and acceptance. To make the first scaling appointment less complicated and to help orient the patient to treatment, you may want to select either the sextant with the fewest teeth or the sextant with the least severe periodontal disease.
  - Need for tissue conditioning. Tissue conditioning is accomplished by initiating a daily program of plaque removal and warm salt water rinsing. The goals of such a program are: 1) gingival healing, 2) a lowered bacterial accumulation, and 3) establishing plaque control behaviors by the patient.
  - Patient needs. When the patient indicates an area of discomfort, that area may be completed first.
  - Location. When two quadrants are to be treated at the same appointment, select a maxillary and mandibular quadrant on the same side of the mouth.
8. Formulate a plan as to the sequence of instruments to be used.
9. Use appropriate type, sharp, correctly contoured instruments according to the nature and location of the deposits.
10. Correctly grasp instrument, establish fulcrum, position cutting edge and activate instrument according to the basic principles of instrumentation.
11. Completely scale each tooth so that:
  - a. all surfaces are calculus free
  - b. there is no undue tissue trauma.
12. Allow the patient to rinse thoroughly with water. Irrigate with an antimicrobial mouth rinse when indicated.
13. Evaluate the procedure and final product to determine that criteria were met and identify ways in which performance could be improved.
14. Make complete, accurate, dated chart entry into the EHR record.
15. Clean up treatment area and armamentarium.
16. Professionalism
17. Infection Control

## SICKLE SCALERS

The student is expected to:

1. Grasp (modified pen grasp)
  - a. Hold with index finger and thumb pads.
  - b. Stabilize with pad of middle finger.
  - c. Maintain contacts between index, middle, and third fingers.
  - d. Place index finger and thumb pads at junction of handle and shank.
  - e. Maintain handle between second knuckle and "V" of thumb and forefinger.
  - f. Rotate handle when adapting to tooth surface.
  - g. Use light pressure for exploratory stroke.
2. Fulcrum
  - a. Establish on stable tooth, finger, vestibule on gauze, or prescribed extra oral.
  - b. Establish on embrasure area, occlusal or incisal surface.
  - c. Position as close to working area as possible.
  - d. Use constant, equal pressure.
  - e. Pivot on finger pad for adaptation.
  - f. Move hand (up-down, side-side) when pivoting.
3. Stroke
  - a. Select correct working end.
  - b. Insert tip with blade closed.
  - c. Move in direction tip faces.
  - d. Maintain tip and cutting edge flush with tooth during: insertion; exploratory stroke; and working stroke.
  - e. Use short, overlapping strokes
  - f. Roll instrument between thumb and forefinger on line angle to adapt tip to tooth.
  - g. Apply moderate to heavy pressure to remove calculus.
  - h. Use light pressure for exploratory stroke.
4. Student actions
  - a. Hold handle as close to parallel with long axis of tooth as possible.
  - b. Use with oblique or vertical stroke.
  - c. Have no independent finger motion
5. Technique
  - a. Use systematic sequence for scaling individual teeth or quadrants.
  - b. Adapt instruments:
    - 1) Adapt anterior instruments from midline to proximal surface.
    - 2) Adapt posterior instruments from line angle to proximal surface.
  - c. Position patient for efficient access to areas.
  - d. Assume operator position as needed for field of operation.
6. Professionalism
7. Infection Control

## TOBACCO CESSATION COUNSELING

The student is expected to:

1. **Ask** every patient about tobacco use to identify all tobacco users. Determine if they have contemplated quitting.
2. **Advise** the tobacco user to quit by personalizing the message while utilizing active listening, sensitivity and empathy. Give information in a clear unambiguous way advising the patient to quit using tobacco. Make the message relevant to their periodontal disease, any identified pathology/disease or medical history information (HBP, cardiovascular disease, Diabetes, etc.).
3. **Assess** the patient's willingness to quit and level of addiction (if they current are a tobacco user) by administering the Tobacco History Form in the EHR. Assess the type, amount and frequency of use. Identify the stage of change and note this in the DHOTEN. Use Motivational Interviewing skills (OARS) while going through the 5Rs by asking open ended questions, active listening, reflection and summarizing.

0-2 Very low dependence	6-7 High dependence
3-4 Low dependence	8-10 Very high dependence
5 Medium dependence	
4. **Assist** the patient with a quit plan, set a quit date (at least two weeks out) and make a note in the EHR. Discuss nicotine replacement and/or pharmacological therapies as appropriate for the patient's medical history and level of dependence. Refer to a Tobacco Dependence counselor or MD if more assistance or a prescription is needed.
5. **Follow-up** with a phone call in one week and document in the EHR. Follow-up at the next appointment with either encouragement or praise for quitting and follow the 5As and 5Rs.
6. **Add** D1320-Tobacco Counseling to the treatment plan selecting appropriate diagnostic code from Harmful Oral Habits category. **Document** all activities performed in the treatment (T) and next appointment (N) sections of the DHOTEN note(s).
7. Professionalism

**Examples of treatment notes from tobacco cessation counseling (should reflect activities performed and/or planned):**

**For Tobacco Cessation completed in one appointment with a precontemplative patient:**

T: Assessed tobacco use and readiness: Moderately addicted and in the Precontemplation Stage.  
Advised regarding personal risks and recommended patient quit.  
N: 6 month recall. Revisit tobacco cessation readiness.

**For tobacco cessation done in multiple appointments:**

Appt #1:

T: Assessed tobacco use and readiness: Severely addicted and in the planning stage. Advised regarding personal risks and recommended patient quit.

N: Discuss NRT and pharmacotherapy and set quit date.

Appt #2:

T: Discussed Chantix and high dose nicotine patch. Pt. referred to MD. Quit date set for August 29<sup>th</sup> will begin Chantix 2 weeks prior.

N: Perio Re-eval. Follow-up on tobacco cessation.

**The student is expected to fill out Tobacco History form (available in EHR under Forms).**

## TOOTHBRUSHING/DENTIFRICE

The student is expected to:

1. Assess patient needs: medical history, oral exam, gingival description, case classification.
2. Determine oral hygiene regimen and nutritional habits.
3. Question as to when dental home care procedures were last performed.
4. Disclose patient.
5. Complete and record the plaque index.
6. Provide brushing instructions:
  - a. Allow patient to brush in the usual way.
  - b. Request patient to identify remaining plaque deposits. (They should be seated upright in the dental chair with the light and hand mirror angled to aid their visualization).
  - c. Suggest alteration in brushing technique if appropriate.
  - d. Demonstrate brushing in the patient's mouth. Make modifications as necessary and incorporate aspects of other techniques as appropriate.
  - e. Request the patient to perform in his/her own mouth. Give constructive feedback and reinforcement.
  - f. Demonstrate tongue brushing. Have patient: 1) extend the tongue; 2) Place the brush as far posteriorly as possible; 3) Sweep the brush anteriorly, displacing the tongue as little as possible.

### BRUSHING INSTRUCTIONS FOR:

#### (1) Facial and Lingual Surfaces (Follow a definite sequence)

- (a) Grasp the toothbrush in order to maintain control during all movements.
- (b) Point the bristles apically at a 45° angle to the long axis of the tooth.
- (c) Place the bristles at the gingival margin. The first row of bristles will be close to the crevice. The adjacent row will touch the gingival margin.
- (d) Press lightly. The bristles will contour themselves into the crevice and inter-proximal area.
- (e) Apply 10 short back-and-forth vibratory or circular strokes. Do not lift the brush or use a scrubbing motion.
- (f) Relax the bristle pressure and move the brush to the next segment, overlapping at least one tooth.

#### (2) Anterior Lingual Surfaces

- (a) Insert the brush vertically.

- (b) Place the bristles of the toe of the brush at the crevicular area and vibrate.
- (c) Pull the bristles over the tooth surface toward the incisal edge.

(3) Occlusal Surfaces

- (a) Scrub by moving the bristles back and forth.

- 7. Professionalism
- 8. Infection Control

## **TREATMENT PLAN**

The student is expected to:

- 1. Complete all patient records and diagnostic aids, assessing all information which will influence dental hygiene treatment. Forms and procedures include medical and dental history, extra/intraoral exam, gingival description, dental charting, periodontal charting, and oral risk assessment.
- 2. Using all patient assessment data, determine a dental hygiene diagnosis. In periodontally involved cases, the dental hygiene diagnosis should include type, extent, and severity of periodontal disease.
- 3. Based on dental hygiene diagnosis and other assessment data, prepare a comprehensive treatment plan for patient care, including dental hygiene therapeutic services and other preventive services as determined from assessment data.
- 4. Enter a sequential treatment plan into the EHR.
- 5. Discuss comprehensive treatment plan with the instructor and have him/her approve it.
- 6. Discuss the comprehensive treatment plan with the patient, have patient sign the treatment plan consent and make entry in progress notes that the treatment plan has been discussed with the patient, approved and consent form signed.
- 7. Make complete, accurate, chart entry in the EHR.
- 8. Professionalism

## ULTRASONIC SCALERS

The student is expected to:

1. Review medical/dental history, vital signs, chart, and patient assessment form for data that contraindicates proceeding with treatment or will otherwise influence the procedure. Patients with pacemaker should have the Piezo used, not the Cavitron.
2. Explain procedure and rationale to patient, providing individualized patient education.
3. Have patient use a pre procedural rinse before using the ultrasonic scaler.
4. Assemble armamentarium:
  - ultrasonic scaling unit
  - plastic ultrasonic drape for patient
  - pre procedural rinse
  - glasses for patient
  - paper towels
  - face mask & shield
  - mouth mirror
  - saliva ejector
  - ultrasonic scaler inserts
5. Connect **BLUE** water line to water outlet. Make sure to turn on water connector knob at the attachment port.
6. Make sure that the ultrasonic unit is securely plugged in and turn on the unit (Cavitron only).
7. Make sure suction is ready to use.
8. "Bleed" ultrasonic water line for two minutes.
9. Check ultrasonic insert for damage.
10. Fill the ultrasonic hand piece with water and insert appropriate insert. If using the Piezo, attach appropriate Piezo tip to unit handpiece.
11. Drape patient with plastic apron and provide with tissues and safety glasses.
12. Put on gloves, mask, and protective eyewear or face shield.
13. Use the appropriate insert for the calculus and/or plaque that is present in the patient's mouth.
14. Adjust ultrasonic unit to correct power setting and water flow for the tip that you are using.
15. Use correct hand piece cord management.
16. Adjust patient position to the proper angle.
17. Using a modified grasp, with light touch and appropriate fulcrum
18. Apply instrument to the teeth using correct angulations.  
(Piezo tip- utilizes lateral surfaces and lower 2 mm of tip)  
(Ultrasonic- utilizes lower 2 mm of tip)
19. Keep working end in constant motion, controlled, and short overlapping strokes.

20. Maintain visibility by keeping correct patient/operator position.
21. Scale the teeth utilizing a system that minimizes trauma to both teeth and gingival tissue, changing to appropriate ultrasonic inserts as necessary in order to adapt to changing tooth topology, and filling the hand piece with water before inserting another ultrasonic insert.
22. Use suction continuously.
23. Check for patient comfort both verbally and visually.
24. Give pre-and post-operative instructions.
25. Assess procedures and outcomes and determine ways to improve performance.
29. Clean and disinfect cubicle and ultrasonic unit.
30. Rinse and dry ultrasonic insert/s, place in sterilization cassette and place on cart for sterilization.
31. Make complete, accurate, dated chart entry in EHR.
32. Professionalism
33. Infection Control



## VITAL SIGNS

The student is expected to:

1. Explain all procedures and rationale to the patient.
2. Take Blood Pressure:
  - a. Have the patient seat upright, roll up sleeve, flex arm slightly and rest on the arm of the chair at heart level.
  - b. Disinfect ear pieces to stethoscope.
  - c. Put sphygmomanometer cuff one inch above the elbow with compression bag over the brachial artery.
  - d. Place manometer where it can be easily read.
  - e. Palpate the radial artery and inflate the cuff until the pulse disappears, continue to inflate another 20-30 mm Hg. The cuff should be deflated slowly at 2-3 mm HG per second until the radial pulse reappears. The point at which the pulse disappears and then reappears on deflation is called palpatory systolic pressure. Release all pressure in the cuff.
  - f. Place stethoscope over the brachial artery slightly below the cuff and inflate cuff to 20-30 mm Hg. above the previously determined palpatory systolic pressure.
  - g. Release the pressure at a rate of 2-3 mm Hg. /second.
  - h. Listen for systolic number & note. Listen for diastolic number & note.
  - i. Record and date systolic over diastolic pressure, e.g. 120/80 in progress notes.
  - j. Recognize abnormally high readings.
  - k. Repeat procedure if reading is not within the normal range.
  - l. Tactfully advise the patient about the reading. For a patient with blood pressure significantly above normal (> 210 – systolic and > 120 - diastolic) advise the faculty and have the Dispensary RN recheck the readings.
3. Take the Pulse.
  - a. Palpate for 60 seconds a readily available artery –usually either the radial or brachial artery. Press the fleshy portion of the index and middle fingers onto the patient’s skin gently enough to feel the pulsation but not so firmly that the pressure occludes the artery. Use carotid artery, if radial pulse is not able to be detected.
  - b. Evaluate and record the rate, e.g. 60/min. in progress notes of patient chart.
  - c. Advise the faculty if reading exceeds 80 beats per minute.
4. Measure Respiration
  - a. Observe the patient’s chest unobtrusively by keeping the fingers on the patient’s pulse as if continuing to take the pulse. Observe the rise and fall of the chest for a minimum of 30 seconds (ideally for one minute).
  - b. Measure the rate of respiration and record it accurately, e.g. 14/min. in progress notes.
  - c. Advise the faculty if readings diminish to 12 per minute or exceed 28 per minute.
5. Take Temperature if needed or indicated – Temp-a-Dot (found at surgical dispensary)
  - a. Peel back wrapper to expose handle end of thermometer.
  - b. Remove thermometer taking care not to touch that part which is placed in patient’s mouth.
  - c. Place thermometer under tongue as far back as possible into either heat pocket.
  - d. Have patient press tongue down on the thermometer, keeping mouth closed.
  - e. Keep thermometer in mouth for one minute.
  - f. After removal, allow ten seconds before reading the temperature. (The last blue dot indicates temperature).
  - g. Record temperature in progress notes of patient chart.
6. Evaluate the patient’s vital signs and correlate them with other physical and medical history findings to determine the treatment plan.
7. Professionalism