CLASS OF 2013

DIVISION OF DENTAL HYGIENE

PROGRAM MANUAL

UNIVERSITY OF MISSOURI-KANSAS CITY
SCHOOL OF DENTISTRY
WELCOME

Welcome to the University of Missouri-Kansas City Division of Dental Hygiene! This clinic and program manual is provided to acquaint you with the policies and procedures of the School of Dentistry and the Division of Dental Hygiene. Your time and effort expended in clinical activities here at UMKC and at clinical rotation sites will prepare you to meet the challenge of a rewarding career as a dental hygienist. In an effort to provide comprehensive patient care, your clinic experiences will give you the opportunity to work closely with dental students, dental hygiene faculty, and dental faculty.
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Section 1 — Introduction

UMKC Division of Dental Hygiene Programs

The University of Missouri-Kansas City School of Dentistry offers two Baccalaureate degree programs and a Master of Science degree program for dental hygienists.

**Baccalaureate Degree**  
**Basic Preparation**

The Entry Level Clinical Program, also known as Basic Preparation, provides the opportunity for the student to complete two academic years of college preparatory work, taking specific general education requirements and then matriculating into the profession’s training program. A minimum of 124 semester hours is required for the degree.

The goals of this program are to prepare the student for professional licensure in order to enter dental hygiene clinical practice, dental hygiene education, public health, hospital dental programs, dental specialties and public school dental programs.

**Baccalaureate Degree**  
**Degree Completion**

The Degree Completion Program provides the opportunity for the student who has earned a Certificate and/or Associate Degree in Dental Hygiene to continue his/her education in dental hygiene. The student will be awarded a Baccalaureate Degree after completing further requirements in the areas of liberal arts and dental hygiene. A minimum of 124 semester hours are required for this degree.

The goals of this program are to prepare the student for practice in the areas of dental hygiene education, program administration, public health, research, and hospital dentistry.

**Master of Science Degree in Dental Hygiene Education**

The purpose of the graduate program is to prepare dental hygienists for careers in dental hygiene education, research and administration. Basic knowledge and experience in conducting research is gained through related course work and the completion of a research project. Teaching experience is gained through clinical and classroom teaching responsibilities with dental hygiene and/or dental students. Studies in health services administration, gerontology, special patient care, and oncology are also available.
PHILOSOPHY OF THE DIVISION OF DENTAL HYGIENE

Mission

The primary mission of the Division of Dental Hygiene is to graduate a dental hygienist who can actively participate in the improvement of the public’s oral health. It is also the aim of the faculty to provide a baccalaureate degree program that is equivalent to baccalaureate programs in other disciplines, thereby providing upward mobility for graduates. Through the integration of the basic, behavioral, dental and clinical sciences, the dental hygiene student will be able to function effectively as a health care professional working with diverse populations in a constantly changing society. Graduates must be able to use the skills of problem-solving, decision-making and evaluation so that behaviors and practices are derived from intentional choices. They must become lifelong learners, directing their professional growth during and beyond the educational programs.

Program Goals

• To develop a graduate who possesses the skills and knowledge to competently, legally and ethically assess, plan, implement and evaluate dental hygiene care in a culturally diverse society.
• To develop a graduate who possesses the ability to assess his/her own work and actively plan for continued growth.
• To encourage participation in professional associations for the advancement of dental hygiene and the promotion of oral health.
• To foster an attitude of life-long learning and scientific inquiry.
• To foster a commitment to community engagement.
INTRODUCTION TO CLINICAL EDUCATION AND PROGRAM COMPETENCIES

Overview

Although dental hygienists serve in a variety of roles in the oral health care field, dental hygiene is primarily a clinical discipline. The clinical curriculum occupies a large part of every dental hygiene program and includes instruction in cognitive (critical thinking), psychomotor (doing) and affective (valuing) skills. Clinical dental hygiene integrates basic, behavioral, dental and dental hygiene sciences that extend throughout the curriculum. The primary goal of the curriculum at UMKC is the preparation of a dental hygienist who possesses the basic competencies for entry into dental hygiene practice. It is also the aim of the faculty to produce graduates who consider the individual patient, are committed to comprehensive care and possess the ability and desire to assess their own work and actively plan for continued growth.

As you progress through the curriculum, you will be expected to work towards mastery of a set of competencies. Competencies have been defined as a set of standards or criteria each learner is expected to achieve. In a competency-based program, all graduates are expected to independently demonstrate certain behaviors by the time they graduate. The competencies (standards of performance) which are expected of graduates of the UMKC Dental Hygiene Program have been determined by experts in dental hygiene education, practice and other appropriate resources. They represent, in the judgement of the faculty, the minimal level of knowledge, attitudes and skills to make you qualified to enter dental hygiene practice.

COMPETENCIES EXPECTED OF A UMKC GRADUATE

Assessment

1.0 OUR GRADUATES MUST BE COMPETENT IN ASSESSING PERSONS OF ALL AGES/STAGES OF LIFE IN ORDER TO DESIGN, IMPLEMENT AND EVALUATE DENTAL HYGIENE CARE IN A DIVERSE SOCIETY. Upon completion of the clinical curriculum, the graduate must be able to:

1.1 Obtain, review, update and record a comprehensive medical, social and dental history.

1.2 Recognize conditions and risk factors that necessitate special considerations prior to or during treatment.

1.3 Obtain, record and interpret vital signs.
1.4 Perform and document an examination of the soft and hard tissues of the head and neck, oral cavity, dentition and the periodontium.

1.5 Perform and document oral health indices.

1.6 Discriminate pertinent and significant findings from those that are non-significant or within a range of normal.

1.7 Recognize the need for assessment procedures such as study models, radiographs, clinical photographs and/or salivary testing.

1.8 Implement the following assessment procedures: radiographs, study models, and clinical photographs.

1.9 Value the need for consistently performing patient assessment at clinically acceptable standards of care.

### Treatment Planning

2.0 OUR GRADUATES MUST BE COMPETENT IN DENTAL HYGIENE TREATMENT PLANNING AND CASE PRESENTATION FOR PERSONS OF ALL AGES/STAGES OF LIFE IN A DIVERSE SOCIETY.

2.1 Develop a dental hygiene diagnosis.

2.2 Develop an appropriate, properly-sequenced, comprehensive plan of dental hygiene care based on the assessment data.

2.3 Discuss the findings, treatment options, time requirements, costs, consequences of delaying treatment and co-responsibilities with the individual/recipient of dental hygiene care and obtain informed consent.

### Education and Health Promotion

3.0 OUR GRADUATES MUST BE COMPETENT IN HEALTH EDUCATION STRATEGIES FOR THE PREVENTION OF DISEASE AND THE PROMOTION OF HEALTH.

3.1 Evaluate an individual’s behavioral, cognitive and psychomotor preparation for oral health self-care strategies.

3.2 Develop an individualized plan for prevention of disease or protection of optimal oral health in cooperation with the person.

3.3 Monitor compliance with the agreed-upon plan and make alterations as necessary for the maintenance or protection of health.

### Preventive and Therapeutic Services

4.0 OUR GRADUATES MUST BE COMPETENT IN THE PROVISION OF PREVENTIVE AND THERAPEUTIC DENTAL HYGIENE SERVICES FOR PERSONS OF ALL AGES/STAGES OF LIFE.
4.1 Provide dental hygiene care to promote client health and wellness through the evaluation and application of evidence-based knowledge and practice.

4.2 Provide child and adult prophylaxis, professional fluorides, sealants and overhang removal, and finishing and polishing restorations.

4.3 Provide dental hygiene interventions for persons with all types of periodontal disease.

4.4 Evaluate the outcomes of dental hygiene interventions using indices, examination techniques and client self-report.

Support Procedures

5.0 OUR GRADUATES MUST BE COMPETENT IN USE OF SUPPORTIVE PROCEDURES TO FACILITATE THE PROVISION OF DENTAL HYGIENE CARE.

5.1 Recognize the need for and use appropriate pain control techniques — local anesthesia, nitrous-oxygen analgesia and/or behavioral management strategies.

5.2 Recognize the need for and use scaling and polishing devices such as sonic scalers, ultrasonic scalers and air-abrasive polishers, finishing and polishing of restorations, densitization, bleaching and overhang removal.

Infection And Hazard Control

6.0 OUR GRADUATES MUST BE COMPETENT IN INFECTION AND HAZARD CONTROL PROCEDURES TO PREVENT TRANSMISSION OF INFECTIOUS DISEASES.

6.1 Employ radiation safety principles in procedures for the protection of patients, staff and self.

6.2 Select and use appropriate methods of infection control prior to, during and after dental hygiene procedures.

6.3 Value the need for consistently performing infection control procedures and for continually revising practices as dictated by changing standards of care.

Management Procedures

7.0 OUR GRADUATES MUST BE COMPETENT IN MANAGEMENT PROCEDURES.

7.1 Prevent or manage medical emergencies that arise during the provision of dental hygiene care.

7.2 Provide appropriate life-support measures for medical emergencies that may be encountered in dental practice.

7.3 Use time and motion management to efficiently deliver care.

7.4 Accurately document medico-legal records.
7.5 Manage the child, adult or geriatric patient by recognizing the needs, expectations and values of the individual.

7.6 Use effective communication strategies to interact with diverse population groups.

7.7 Uphold ethical and legal behavior in all situations.

7.8 Protect the individual’s right to privacy.

7.9 Utilize critical-thinking and problem-solving skills.

7.10 Demonstrate professionalism in judgement, actions, and reactions.

7.11 Value the need for life long learning to maintain professional competence.

### Community Oral Health

8.0 OUR GRADUATES MUST BE COMPETENT IN COMMUNITY ORAL HEALTH STRATEGIES FOR PERSONS OF ALL AGES/STAGES OF LIFE IN A CULTURALLY DIVERSE SOCIETY.

8.1 Assess community oral health needs and available resources and services for health improvement and access.

8.2 Provide screening, referral, and educational services that allow clients to access the health care system.

8.3 Manage, assist, and provide community oral health services in a variety of settings.

8.4 Evaluate outcomes of community-based programs and plan for future activities.

### Information Technology

9.0 OUR GRADUATES MUST BE COMPETENT IN THE UTILIZATION OF INFORMATION TECHNOLOGY TO ASSIST IN EVIDENCE-BASED DECISION MAKING.

9.1 Effectively and efficiently utilize information databases to access the latest research on patient conditions.

9.2 Evaluate scientific literature.

9.3 Make evidence-based decisions and treatment recommendations.

### Personalizing Competencies

Faculty will use these standards to plan learning experiences in each semester of the curriculum so that you will have the necessary tools to assist you in your acquisition of skills, knowledge and values. Faculty will serve as facilitators who help students in the learning process. The learning process is unique to each individual. Faculty will work to adapt to each student’s learning needs. To assist students in their growth, faculty will be concerned with providing resources, feedback and reinforcement. Students will receive verbal and written feedback based on their performance relative to the specified competencies. In clinical
courses, faculty will also use the competencies for evaluation and grading; however, evaluated experiences will occur in the latter part of each semester to give each student sufficient opportunity for practice prior to testing.

For students, the list of expected competencies serves as a guidepost for you as you progress through the curriculum from beginner to a skilled clinician. A skilled clinician is one who can consistently, independently and responsibly practice without faculty supervision. As you progress through the curriculum, faculty feedback will tell you how you are doing in relation to pre-determined standards ... not other students.

An important part of being a professional is possessing the ability to self-evaluate. You will be expected to learn to use these criteria to evaluate yourself.

**COMPETENCIES EXPECTED OF A UMKC GRADUATE IN THE DEGREE COMPLETION AND GRADUATE PROGRAMS**

**Overview**

In addition to the basic competencies expected of all UMKC graduates, a set of five competencies have been developed for those students seeking additional educational opportunities in degree completion and graduate programs. This set of competencies is less discipline-oriented and more employment-oriented. The competencies include skills required to function in the workplace.

**Competency 1**

**Managing Self** — Ability to take responsibility for one’s own education and performance, including the awareness, development, and application of one’s own skills and competencies

**Competency 2**

**Managing Information** — Ability to pose a researchable question, collect evidence, understand and apply evidence, use technology to manage literature and data

**Competency 3**

**Communication** — Interacting effectively with a variety of individuals and groups to facilitate the gathering, integrating, and conveying of information in many forms, i.e., verbal, written, visual

**Competency 4**

**Managing People and Tasks** — Ability to direct, plan, organize, and coordinate work done by others; involves making decisions, motivating people, and managing conflict

**Competency 5**

**Mobilizing Innovation and Change** — Conceptualizing and setting in motion ways of initiating and managing change that involves significant departures from the current mode
PERSONAL HYGIENE & APPROPRIATE ATTIRE

Goal

The goal of the dress code is to provide guidelines for students so that they can maintain a professional appearance, increase the confidence of patients in the care they will receive, and improve infection control. Faculty are responsible for enforcement of these guidelines. Please be aware that specific PERSONAL PROTECTIVE EQUIPMENT AND INFECTION CONTROL GUIDELINES SUPERSEDE DRESS CODE GUIDELINES UNDER CERTAIN SITUATIONS. Please consult the PPE section of the handbook on Academic and Other Student Policies and the Infection Control Section of the Clinic Manual for specific information regarding clinic attire.

When participating in lectures, preclinical or production laboratory, and clinic, students must comply with the following guidelines concerning dress and personal appearance:

1. CLINICAL AND LABORATORY DRESS MUST CONFORM TO APPLICABLE SAFETY AND INFECTION CONTROL REGULATIONS. See the Clinic Manual for guidelines regarding appropriate Personal Protective Equipment (PPE).

   Clinic PPE must be worn in patient care clinics. It is not to be worn in other areas of the building (elevators, stairs, lobby, restrooms, etc.) and must not be worn in the laboratory. Clothing worn in the building must be clean and neat. Lab coats that cover arms and legs must be worn during laboratory sessions; along with safety glasses, mask and gloves.

2. Surgical “scrubs” (printed or solid) may be worn. The color of the tops and bottoms must match. Scrubs must be clean, unwrinkled and of materials typically used in a health care setting. No denim scrubs will be permitted. An appropriate solid-color tee shirt should be worn under the scrub top. Scrubs cannot be substituted for approved PPE.

3. In lieu of scrubs (as defined above), “business casual” clothing or better may be worn. “Business casual” includes trousers/slacks for men and women, or for women the option of wearing skirts or dresses. “Polo-style” knit shirts or dressier wear are acceptable for tops. All clothing must be professional in appearance and materials. Jeans, tights, bare midriffs, and shorts are not acceptable. Tee-shirt (worn alone as a top) or tank tops are not acceptable. All clothing must be clean and unwrinkled.
4. Clean socks or hose and shoes are required. Shoes must be professional in appearance. Athletic-style footwear may be worn with scrubs. Sandals and other open-toed footwear are not acceptable.

5. Personal hygiene, including body and clothing, should always be above reproach.

6. Hair, beards, and mustaches must be clean and neat. Hair should be secured in such a way that it will be out of the operating field.

7. No facial or oral piercings may be worn.

8. Moderation should be used in regard to make-up. Length of nails should not interfere with instrumentation.

9. Chewing gum is not permitted in patient care areas.

10. Except for recognized religious purposes, head covering is unacceptable.

In clinic and production lab, students not wearing appropriate attire will not be allowed to participate in clinic or lab activities, and may have negative time units assessed against them. Repeat offenders may be suspended from the clinic and/or brought before the Honor Council.

In lectures and preclinical laboratories, students not wearing appropriate attire will be reminded of the proper dress. Repeat offenders may be brought before the Honor Council.

*Approved January 29, 2003*

**Academic Standards Policy**

Professional education in the health sciences manifests characteristics that are unique among advanced educational programs. Academic Standards of the School of Dentistry are established to ensure that the public, whose health will be entrusted to graduates of its programs, will receive care of professionally acceptable quality and that the care will be provided in an ethical and professional manner. *(Consult the Student Handbook for additional policies.)*
Section 2 — General Policies:

- Human Rights
- Health
- Safety
- Security

Human Rights Policy

Statement

The Board of Curators and the University of Missouri-Kansas City are committed to the policy that there shall be no discrimination on the basis of race, color, creed, sex, age, national origin, disability, or Vietnam era veteran status. This policy pertains to educational programs, admissions, activities and employment practices. Pursuant to and in addition to this policy, the university abides by the requirements of the Americans with Disabilities Act, Titles VI and VII of the Civil Rights Act of 1964, revised order no. 4, Executive Orders 11246 and 11375, sections 799a and 845 of the Public Health Service Act, Title IX of the Education Amendments of 1972, sections 503 and 504 of the Rehabilitation Act of 1973, section 402 of the Vietnam Era Veterans’ Readjustment Act of 1974, and other federal regulations and pertinent acts of Congress. The Affirmative Action Office is responsible for all relevant programs and may be contacted at (816) 235-1323. Office hours are 8:00 a.m.–5:00 p.m., Room 356 of the administrative center, 5115 Oak Street. Persons with speech or hearing impairments can contact the University using Relay Missouri: 1-800-735-2966 (TT) or 1-800-735-2466 (Voice).
**PATIENT BILL OF RIGHTS**

**We Will Respect Your Rights**

To make you more comfortable as you begin treatment, we have prepared this notice of your rights as a patient at the UMKC School of Dentistry.

Our faculty, staff and students strive to give you the finest and most complete dental care possible without regard to race, religion, sex, nationality or handicap.

What follows is a list of our responsibilities to our patients:

**Right #1** We will explain your diagnosis, the treatment we recommend, the cost of treatment, and the results we expect from your treatment. We will answer any questions you may have about your treatment.

**Right #2** We will provide as much information as you request before we begin treatment.

**Right #3** We will respect your right to privacy in health care. Your dental records are confidential and will be released only with your consent.

**Right #4** We will give you considerate and respectful care, complete treatment for your dental needs, and a treatment plan that progresses steadily and continuously.

**Right #5** Should you decide to refuse our treatment, we will do our best to offer alternative treatment. If you decide not to pursue any treatment, we must explain the possible risks to your health.

**Right #6** We will respond promptly to your requests for service, help and relief from pain.

**Right #7** We will offer you the opportunity to participate in research studies or procedures. You do not have to accept.

**Right #8** The Coordinator of Patient Services (COPS) can address your concerns during or following treatment.

The COPS serves as a channel to faculty, staff and students by working with them to solve any problem that might arise with clinical services or procedures.

You can call COPS at (816) 235–6271. If the patient coordinator is not in the office, leave a message, and the coordinator will contact you promptly.
STUDENT HEALTH SERVICES

Introduction
The School of Dentistry in concert with Hospital Hill Health Services Corporation and the UMKC Student Health and Wellness Service are pleased to offer the students of the University of Missouri-Kansas City-School of Dentistry, health care programs as outlined on the following schedule of benefits.

HOSPITAL HILL HEALTH SERVICES

Primary Care
Professional services will be provided through physicians of the Hospital Hill Health Services Corporation. Primary care services will be delivered through the Department of Internal Medicine, Gold Clinic, 4th floor, at the Truman Medical Center.

Appointments
Appointments may be scheduled through the Gold Clinic at 816-404-3935. Students requiring after hours or weekend care should contact the emergency room at the Truman Medical Center, 816-404-1500.

Schedule of Benefits
Schedule of Benefits for Students of the University of Missouri-Kansas City-School of Dentistry, provided by Hospital Hill Health Services Corporation (HHHSC)

Insurance
Students covered by major medical health insurance:
HHHSC will waive the deductible and co-insurance for all covered physician services at the Truman Medical Center (TMC) Gold Clinic or through the TMC Emergency Room. HHHSC will determine if your coverage qualifies for this program.*

Students covered by major medical health insurance:
HHHSC will apply a 20 percent discount on all covered physician services rendered at the Truman Medical Center (TMC) Gold Clinic or through the TMC Emergency Room.*

ID Required
All students must bring a student identification card at the time of service. Students with major medical insurance must bring a description of insurance benefits and a current insurance eligibility card and agree to assign all benefits to HHHSC and the Truman Medical Center.

*This program does not include any waiver or discount of hospital charges.
UMKC Student Health and Wellness Service

Location
Room 115, 4825 Troost
Transportation is available via the UMKC shuttle bus.
Phone: 816-235-6133
Web: www.umkc.edu/studenthealth/

Primary Care
The Student Health and Wellness Service is staffed by a nurse practitioner, a registered nurse and an administrative assistant. Our goal is to help students optimize their health and develop healthy lifestyles.

A nurse practitioner is a nurse with advanced graduate education in the assessment and treatment of acute and chronic illnesses. A nurse practitioner can assess, diagnose and treat acute illnesses and stable chronic illnesses, and can prescribe medication for these illnesses.

When an illness needs further evaluation, the staff will assist the student with an appropriate referral, taking into consideration any existing health insurance.

Appointments
Clinic Hours
Please call for an appointment and current schedule:
816-235-6133. Walk-ins accepted on a space-available basis.

Morning Appointments:
• Monday - Friday 8:30 a.m.–12:30 p.m.

Afternoon Appointments:
• Monday, Thursday & Friday: 1:30 p.m.–4:30 p.m.
• Tuesday & Wednesday: 1:30 p.m–6:30 p.m.

Fees
There is no charge for a visit and assessment. Some services or laboratory testing may involve a charge. Students will be made aware of any charges before they are incurred. Prescriptions may be filled at any pharmacy and may be covered by the student’s health insurance if available.

Students who have health insurance through Student Assurance Services (the UMKC student health policy) will maximize their benefits by visiting the Student Health and Wellness Service first.

Services
Common complaints that can be assessed and treated include:
• Abdominal discomfort or pain
• Allergies
• Elevated temperature
• Indigestion
• Muscle sprains and strains
• Skin rashes and lesions
• Upper respiratory infections, coughs, colds, sore throats
• Urinary tract infection
• Vaginal discharge

If you are unsure whether a clinic visit is needed, call or e-mail the clinic to discuss your symptoms.

Other Services
• Allergy injections with student-furnished serum (administration fee)
• Blood pressure measurement
• Contraceptive counseling
• First aid (nonemergency)
• Immunizations (cost + administration fee)
• Nebulizer treatment for acute asthma
• Physical examinations
• Pregnancy testing
• Reference laboratory access
• STD testing
• TB testing (cost + administration fee)

Onsite Laboratory Tests
Our facilities can test for the following onsite:
• Blood glucose
• Hemoglobin
• Pregnancy
• Strep throat
• Urinalysis

Wellness Services
The Student Health and Wellness Service is committed to assessing and meeting the health information needs and health concerns of UMKC students in order to prevent illness and promote health.

Disease Prevention Services
• Informational brochures and targeted handouts
• Smoking cessation
• Web site: www.umkc.edu/studenthealth/

Health Promotion Services
• Education on health issues
• Health fair booths
• Classroom presentations
• Wellness presentations
• Alcohol awareness activities
SCHOOL OF DENTISTRY
EMERGENCY EVACUATION PLAN

Should it be necessary to evacuate the UMKC School of Dentistry, a safe and orderly evacuation will be assured by following a four-step process:

**Step 1: Warning or Alarm (Notification)**

Should a fire occur, the building fire alarm will be sounded to notify all building occupants to initiate evacuation. If an emergency evacuation is necessary for other reasons, the Administration and UMKC Police will use their discretion to determine the best method of notification to initiate a safe and orderly evacuation.

To report any emergency situation, notify UMKC Police at 235-1515.

**Step 2: Evacuation**

Once an emergency evacuation notice is given, all personnel should be evacuated from the building in the following manner:

1. Maintain silence. Everyone will be able to hear emergency orders. A calm atmosphere saves lives.
2. Shut down any gas-fired, electrical, or mechanical equipment if possible.
3. Walk to the designated exit. Exits are identified by EXIT signs.
4. Throughout your exit route, beginning with your room or office door, shut every door after you pass through it, especially the stairwell doors.
5. If you are unable to evacuate because of smoke or fire, go to a room with windows to the outside of the building. Shut and seal door behind you with materials to prevent smoke entering the room. Open or break out a window and hang a sheet, towel, or some object out the window and await rescue.
6. **Never use an elevator during an emergency evacuation.** Power might be lost for a number of reasons which would trap people in the elevator cars. Persons under I.V. sedation should be removed in wheel chairs available in these areas where such medications are used.
7. The stairwells adjacent to the passenger elevators will be designated for use by emergency personnel. All persons evacuating the school should remain to the right when using these stairs.
Step 3: Assemble Outside

All groups exiting to the north should assemble in the area south of Children’s Mercy Hospital. Those exiting to the south should assemble in the park across 25th Street. All personnel should assemble in their designated area and remain quiet and orderly.

Step 4: Evacuation Assessment

The Office of the Dean will appoint the necessary number of personnel monitors for each floor, who will:

1. Account for all personnel in that working group, department, or quadrant who were in the building when the evacuation was begun. The evacuation officer should take a list of those personnel to the assembly area and check each person in.

2. Report to UMKC Police as soon as possible anyone who failed to evacuate the building. Include the name of the individual who failed to evacuate, last known destination, and any information available as to possible reason they did not evacuate.

3. Inform those in their working group or department when notified by UMKC Police that they may either return to the building or go home.

BASEMENT FLOOR — EVACUATION ROUTES

EXIT 1

Dock Door — Primary exit for all areas.

ROUTE 2

Secondary Stairwell to first floor and exit via first floor Exit #1 (south front doors).
FIRST FLOOR EVACUATION ROUTES

SOUTH FRONT EXIT — #1
(Main Entrance)
- Room 168, 168A, 168B
- Rooms 187–90, 193, 197, 1105–07
- Grad. Periodontics — Room 187, Cubicles 201–213
- X-ray — South Section
- Orthodontic Department — Rooms 180A–J
- Patient Accounts — Room 198
- Cashiers — Room 194
- Pedodontic Department — Room 191A–191C
- Module 2
- Modules 4 and 5
- Modules 6, 7, and 8

WEST EXIT — #2
(North Hall)
- Record Room
- Modules 9–12 and 12A
- Special Patient Care — Room 110A–J
- X-ray — North Section — Rooms 137–148
- Rooms 132 and 130
- Room 123, 123A, 123B
- Rooms 105A and 105
- Graduate Periodontics/Research Office, 115–115B

EAST EXIT — #3
(North Hall)
- Dispensary — Rooms 178 and 178A
- East Student Lab — Room 179
- Modules 13 and 14
- Modules 16 and 16A
- Modules 17 and 18
- Central Sterilization — Rooms 108A–F
- Rooms 160, 161, 194A and 194B
- Locker Room — Room 109

Alternate Routes
Closest route as listed above that is not blocked.

CAUTION: TEST ALL DOORS FOR HEAT BUILDUP BEFORE OPENING.
SECOND FLOOR EVACUATION ROUTES

EXIT #1
FROM CLASSROOM 202:

– All Persons in Classroom 202 — Anatomy Lab and Offices

FROM CLASSROOM 202:

Rooms 249, 251, 252, and 253
Room 250

– Dissecting Lab — Room 259

– BMC and TV Areas — Rooms 260A, 260M, 288, and 289A

EXIT #2
NORTHWEST EXIT

– Rooms 260 – 269

– Canteen — Rooms 236 and 237

– Upper Floors

EXITS #3 AND #4 —
FROM CLASSROOM 209

– All Persons in Classroom 209

EXIT #5
NORTHEAST EXIT

– Rooms 272 and 273

– Student Locker Room — Room 242

– Upper Floors

– Photography — Rooms 274 and 2-2

EXIT #6
FROM CLASSROOM 217

– All persons in Classroom 217A, 217B, 217C, and 217D

– Somers Clinic (Faculty Practice)

– Lab #280 through 286

– Rooms 283 through 285
THIRD FLOOR — EVACUATION ROUTES

ROUTE #1 — (358)
To Second Floor and Exit Conference Room 3146
by Northwest Door
– Offices — 3141, 3142, 3143, 3144, 3147, 3148,
  3151E, 3152, 3152A, 3153
– Labs — 3149, 3150B, 3151, 3151A, 3151B, 3151C, 3151D,
  3151E, 3152, 3152A, 3153

ROUTE #2 - (388)
To Second Floor and Exit
by Northwest Door
– Offices — 374, 377, 382, 387, 392, 391, 366, 393, 394,
  and 395
– Dental Lab — Rooms 390 and 397
– Lecture Rooms — 364 and 365
– Oral Surgery — West End

ROUTE #3 — (3112)
To Second Floor and Exit
by Northeast Door
– Offices — 3155, 3156, 3157, 3158, 3159, 3161, 3162, 3163,
  3164, 3125
– Library — 3130, Reception 3154
– Labs — 3127, 3128, 3129, 3129A, 3129B, 3160, 3160A,
  3160B, 3160C, 3160D

ROUTE #4 — (3124)
To Second Floor and Exit
by Northeast Door
– Visual Aids — Resource Area of Library (East End) —
  Room 3111
- Student Locker Room 3133
- Electron Microscope Area Room 3127
- Graduate Orthodontics Lab — Room 3132
- Student Lounge — Room 3125
- Dental Hygiene Lounge — Room 3117
FOURTH AND FIFTH FLOORS — EVACUATION ROUTES

Fourth Floor

ROUTE #1
– Dean’s Office — Room 441
– Business Office — Room 449
– Purchasing — Room 416
– Word Processing Center — Room 416
– Student Affairs — Room 420

ROUTE #2
– Dental Hygiene — Room 415
– Mail/Xerox Center Room
– Alumni — Room 402
– Continuing Education — Room 403
– Faculty Lounge — Room 434

Fifth Floor

ROUTE #1
– Is the primary means of evacuation, ROUTE #2 is alternate route. Rooms P06, P09

SECURITY PROCEDURES

Overview
Due to the ever-increasing need to protect students, staff, and faculty and to prevent loss of property from these people and from the University, the following policies were implemented. These procedures were developed in concert with University Security.

I. 1st and 2nd Floor Access
The entrance doors on the first and second floors will be open from 7:00 a.m. until 5:00 p.m., Monday through Friday.

II. Evening and Weekend Access
For entrance to the School of Dentistry after 5:00 p.m. and on weekends, a card access system has been installed. In order to use the system, you will need a UMKC Identification Card that has been validated by the UMKC Police Department. The card access system is located at the east entrance of the second floor. The system is computer controlled and will record who enters, the date and time of entry. The system is only activated during times when the building is normally locked; you don’t need to use it when the building is open. Entry can be gained up to 11:00 p.m. through the week and up to 10:00 p.m. on weekends. No one is to remain in the building after these hours unless written approval has been granted by the Business Office.
Library Hours

Students must be out of the building within 30 minutes after the library closes unless working in the laboratories. Library hours are as follows:

- 7:30 a.m. — 9:00 p.m. Monday through Thursday
- 7:30 a.m. — 6:00 p.m. Friday
- 1:00 p.m. — 5:00 p.m. Saturday
- 5:00 p.m. — 9:00 p.m. Sunday

IV. Lab Hours

The laboratories will be open for student use until 11:00 p.m. weekdays and from 10:00 a.m. to 10:00 p.m. on Saturdays and Sundays.

V. Sunday Access

On Sundays, the only part of the building accessible to students will be the library and laboratories unless special authorization is received from the Business Office in advance.

VI. Visitors

All other visitors, except students, their immediate families, staff or faculty desiring entry to the building after 5:00 p.m. weekdays and on weekends must have a security pass from the Business Office.

VII. Subject to Search

When exiting the building, all briefcases, packages, or parcels may be subject to inspection by the Police Officer or Security Guard.

VIII. Signature Required

Certain items require student’s signature to be issued from the Dispensaries. Students are responsible for the value of these items until returned.
CLINIC LAYOUT AND ORGANIZATION

Teams and Cubicles

The clinic is divided into three teams:
- Team 1 = Cubicle #s 234–283 (49 cubs.)
- Team 2 = Cubicle #s 14–67 (53 cubs.)
- Team 3 = Cubicle #s 68–127 (59 cubs.)

Dental Hygiene = Cubicle #s 26–49 (24 cubs.)

TOTAL CUBICLES = 185
- Research/Graduate periodontics = Cubicle #s #200–213
- Orthodontics = Cubicle #s #214–233
- Grad Prosthodontics = Cubicle #s 128–149

OFFICE SPACE
- Team 1 — Room 1105
- Team 2 — Room 104
- Team 3 — Room 160
- Dental Hygiene Recall Appt., Room 197

TEAM CLERKS
- Susan Marcum
- Barbara Wilson
- MaraLea Griffith
- Pam Parmalee

Cubicle #268 will be saved for Endodontic surgery. Each clinic will have approximately 14 faculty, one clerk and four dental assistants assigned to it.

See diagram on next page.
SEVERE WEATHER POLICY

Evacuation Locations

At this time of year severe weather often comes to the Midwest. As a precaution, the Risk Management committee would like everyone to know the two locations at the School of Dentistry that are designated as severe weather evacuation locations (or “storm shelters”):

- The north side of the clinic (1st floor) in the vicinity of the Emergency Clinic, Dental Hygiene Clinic, Team 2 and Team 3 (see page 3.4)
- The basement (see page 3.5)

Evacuation Procedure

If severe weather evacuation is necessary, an announcement will be made via the building paging system. Patient treatment should be suspended as soon as practical and the provider should escort his or her patient to one of the designated locations. Personnel located in areas other than the clinic (1st floor) or basement should use the stairs to evacuate to the designated areas. Please stay calm and evacuate in an orderly fashion. If you are unable to use the stairs please take an elevator the 1st floor. If for any reason you are unable to get to the 1st floor or basement please seek shelter as far from windows as possible.
OVERVIEW

I. School Hours

The dental hygiene clinic will be open from 9:00 a.m. to 4:00 p.m. Lunch is from 12:00 p.m. to 1:00 p.m. To allow time for completion of patient records and other paperwork, faculty approval, securing instruments, and cubicle cleanup, patients should be dismissed 15–45 minutes prior to the end of the clinic session at 11:15–11:45 a.m. and 3:15–3:45 p.m. Afternoon appointments should start at 1:00 p.m. This will allow the students time to prepare for the afternoon patients.

Junior dental hygiene students are involved in pre-clinic and clinic activities on Wednesdays and Fridays. Seniors are in clinic on Tuesdays and Thursdays.

II. Summer Hours

The summer session will be eight weeks in duration, during June and July. Summer clinic hours will be from 9:00 a.m. to 4:00 p.m., with lunch from 12:00 p.m. to 1:00 p.m. Patients should be dismissed by 11:45 a.m. and 3:45 p.m.

III. Mandatory Attendance

No unexcused absences will be allowed. All absences must be approved by the Clinic Coordinator or by the Program Director. (See corresponding course syllabi for attendance policy.)

Excused absence forms must be completed, submitted and approved prior to missing classes or clinic.

Absence Because of Illness

If a student is absent from clinic or a clinic rotation due to illness, it is the student’s responsibility to cancel his/her patients’ appointments and to notify the appropriate faculty and the clinic coordinator. All missed rotations must be made up.
REQUEST FOR EXCUSED ABSENCE

This form is to be completed and submitted to the Division Director PRIOR to missing classes.

Today’s Date __________________

Student Name ____________________

I request permission to be away from class for the following reason:

____________________________________________________________________________________

This absence will take place on the following date/s:

____________________________________________________________________________________

Please complete the list of missed classes below and secure a signature from the appropriate faculty member. When all signatures are obtained, please present this form to the program director for signature and approval.

<table>
<thead>
<tr>
<th>CLASS TO BE MISSED</th>
<th>DATE OF ABSENCE</th>
<th>FACULTY SIGNATURE INDICATES PERMISSION TO MISS CLASS</th>
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</table>

I understand that permission to miss class has been granted by the faculty members whose signatures appear above. The responsibility for securing class material missed is placed upon me. I further acknowledge that each faculty member has the right to determine how my absence will be made up. It cannot be automatically assumed that quizzes/exams missed will be offered on a make-up basis. Make-up assignments, exams and quizzes will be at the discretion of the faculty member. Furthermore, clinical time and rotations will need to be made up at the discretion of the clinic coordinator.

Student Signature

Program Director
RULES & REGULATIONS

CLINIC

Safety and Infection Control

CLINICAL DRESS MUST CONFORM WITH APPLICABLE SAFETY AND INFECTION CONTROL REGULATIONS. See the Infection Control Manual for guidelines regarding appropriate Personal Protection Equipment (PPE).

Surgical Scrubs

Surgical “scrubs” of any solid color must be worn in the clinic. Both top and bottom must be worn and they must be of the same solid color. Scrubs must be clean, unwrinkled and of material typically used in a health care setting. Demin scrubs are not appropriate. Scrubs are not to be considered PPE.

Footwear

Clean, neat socks or hose and shoes are required. Clean athletic-style footwear is typically worn with scrubs. Sandals and other open-toed footwear are not acceptable. Feet and ankles must be covered.

Personal Hygiene

Personal hygiene, including body and clothing, should always be above reproach. No visible facial or oral piercings may be worn.

Hair

Hair, beards, and mustaches must be clean and neat. Hair should be secured in such a way that it will be off the shoulders and out of the operating field.

Nails

Length of nails should not interfere with instrumentation. No fingernail polish in bright colors is allowed.

PPE

When working in the clinic, a student must have available clinic dress and PPE available so that he/she can treat patients in the clinic.

LECTURES, PRECLINICAL & PRODUCTION LABORATORY

Cell Phones

Cell phones must be turned off during class, lab sessions and clinic.

Urgent messages during class times may be relayed by phoning Tamara Carson at 816-235-2050.
ADDITIONAL RULES AND REGULATIONS

No Food in Any Clinic Area

There must be no food, no drink and no gum chewing in the teaching laboratories, or clinic areas. Everyone should clean his or her own lunch or snack debris by depositing it in the waste receptacles. Everyone should exercise care in carrying food and drink through the halls.

Dental Chair

At the end of the day, place the dental chair in full upright and fully raised position, turn off master switch, place light back against wall, place operator’s stool back neatly in cubicle and return your mobile cart to its proper place. The cart should be placed on the sink side of the cubicle and no cubicle should have more than two carts.

Return all materials to module cabinet, CSR or dispensary promptly. Only one item should be in sight in the cubicle at the end of the day — the tissue box.

If the student is repeatedly remiss in maintaining the proper order in her/his cubicle, the infractions will reflect negatively on the student’s grade at the faculty’s discretion.

Contacting Patients

Try to contact the patient by phone either at work or home during clinic hours. If there is no response, document date and time of the call in the patient’s computer chart and have the entry authenticated by faculty in administrative notes.

If you are unable to reach the patient after three phone calls, obtain a postcard from the Pam Parmalee and write to the patient. You should ask the patient to contact you before a specific date if treatment is desired. The date the postcard is sent and the date the patient is to contact the student should be documented in the patient record.

If you receive no response from the patient by the specified date, you should inactivate the patient’s record.

Keeping Appointments

Keep your appointments with patients. Expect them to do the same. Inactivate the records on patients who are uncooperative or have not assisted you in using your clinic time productively.

Review Records

Prior to a patient’s visit, students should review the patient’s record and identify procedures they may complete. Visualize the procedures from beginning to end before starting the treatment. Review the medical histories and previous treatment on all patients. You should ask your patients to bring a list of all current medications when you confirm their appointments.
Planning

Plan your patient load according to your available time. Haste creates more problems than it solves. Schedule your appointments according to your most efficient level. As your skill develops (during clinic III–IV), work toward scheduling at least two patients per clinic period or half day.

“Sign In” Required

NEVER TREAT A PATIENT BEFORE YOU ARE “SIGNED IN” BY A FACULTY MEMBER.

After you have seated the patient and updated their medical history, have a faculty member sign you in. The “sign in” is your legal license to deliver patient care.

“Sign Out” Required

Faculty and student will make sure proper entries have been made in the treatment and progress notes before signing the students out. Make accurate and complete entries in the progress and treatment notes. Record everything that happens dentally and that involves patient relations and reactions. Record reasons for broken and late appointments. Opinions should not be included, only facts. Information should include type and amount of anesthetic used including vasoconstrictors, information relating to procedures and any other pertinent treatment information for the patient. (See SOAP entry for details.)

Radiographs & Study Casts

Radiographs must be displayed in CMS while treating the individual. The student is responsible for reviewing the need for and current status of radiographic findings.

Peer Assistance

Students not actively treating a patient may choose to assist a peer dental hygiene or dental students. This is an excellent way to foster collaboration and to learn and exchange ideas.

Absence Time

In order to achieve competency and time efficiency in all aspects of dental hygiene care, students must plan and utilize clinic time for maximum efficiency. Students are strongly encouraged to attend and actively participate in all clinic sessions and clinical rotation assignments. Maximum allowable absence time for each clinical course is included in each clinical course outline. Students will be assigned to satellite clinical activities on a rotating basis (Radiology, Kansas City Regional Center, UMKC Specialty Clinics, etc.). Absence time from these sites will be closely monitored and will count against allowable absence time and must be made up. In the event absence time must be taken on a clinic day, the student must contact his/her scheduled patients and clinic instructor. If the absence occurs on a day in which the student was to be on rotation, he/she must notify the faculty or staff at that site and the clinic coordinator.
Time spent in the clinic must be productive! If a student does not use the time for clinic activities, absence time will be documented.

Supervising Dentist Roles and Responsibilities

1. Examine patients who present for annual recall appointments and initial diagnosis appointments.
2. Make a dental diagnosis for each patient as needed.
3. Order appropriate radiographs.
4. Make referrals for care needed beyond the dental hygiene clinic.
5. Consult on complex medical histories.
6. Complete all charts, diagnosis, exit exams and medical consultation letters on appropriate clinical patients.
7. Prepare prescriptions for medications as needed.
8. Review all radiographs and discuss findings with the students.
9. Discuss cases with the students and make recommendations for comprehensive patient care.
10. Be familiar with clinic policies and the operation of the Clinic Management System.

CLINIC OPERATIONAL GUIDELINES

PATIENT ASSIGNMENT & SCHEDULING

Introduction

The School of Dentistry provides comprehensive care for thousands of patients each year. Dental hygiene students play an active and important role in this health care delivery system. You will be providing preventive maintenance care for patients placed on recall. You will also provide initial periodontal therapy for patients who are just beginning their dental treatment.

MANAGEMENT OF STUDENT DENTAL HYGIENE SCREENING AND REFERRED PATIENTS IN THE DENTAL HYGIENE CLINIC

UMKC SCHOOL OF DENTISTRY

I. Dental Hygiene Student Acquisition of Patients (Screening By Dental Hygiene Student)

Dental hygiene students can solicit and appoint new patients that wish to be seen in the dental hygiene clinic. Patient care protocol is as follows:

1. During the initial appointment the following will be accomplished:
   A. Medical history will be recorded.
   B. Reason for visit/Chief complaint will be recorded.
C. In the absence of dental emergencies, diagnosis and dental hygiene treatment may be contin-
ued in the dental hygiene clinic.
D. Appropriate radiographs will be ordered and the fee for radiographs will be collected from the 
patient. Radiographs will be reviewed by dental hygiene student, dental hygiene faculty, and the 
dental faculty, as soon as the radiographs are available, then the dental examination may be 
completed.

2. The new patient will pay for an initial diagnosis during this appointment. Dental hygiene faculty 
will review the periodontal examination of the patient and the dental faculty will evaluate the 
remainder of the examination.

3. The dental faculty will summarize to the dental hygiene patient general needs for future treatment. 
If there are emergency needs, or treatment needed to avoid emergency situations, the dental fac-
culty will inform the patient of such needs and the patient has a choice of scheduling the earliest 
available emergency clinic, available dental student, referral to other clinics, or choose not to 
have treatment at this time. There must be documentation in the patient’s record (in the progress 
and treatment notes) as to the advice given and the choice the patient made for emergency care. 
The patient should receive a copy of this information.

4. Dental hygiene patients not requiring emergency care will be informed of general needs for future 
treatment beyond dental hygiene care and that there will be a waiting period of one to six months 
for assignment with a dental student upon completion of therapy by the dental hygiene student. 
Documentation of general treatment needs will be summarized in the progress and treatment notes 
and information about future general treatment needs will be given to the patient. Emergency and 
after hours emergency care will be available for this patient of record.

5. Upon completion of dental hygiene treatment, the dental faculty assigned to dental hygiene will 
document in the Patient Referral Note what treatment needs are necessary and to be accomplished 
by which area (third year, fourth year, AEGD, DOS, Not Accepted, etc.). The dental hygiene stu-
dent and dental faculty will transfer patient by computer. The dental hygiene student may transfer 
the patient to a specific dental student as long as both the receiving dental student and faculty 
agree. Upon assignment to a dental student, the student will provide a transfer examination of the 
patient at no charge. Before treatment by the dental student, a complete treatment plan will be pre-
sented to the patient to be approved by dental faculty and signed by patient.

6. If the patient should not have other treatment needs, the patient is to be placed in the dental 
hygiene recall bank with the appropriate recall/maintenance (month/year) given. Note that the 
patient will then be assigned to the dental hygiene recall bank. If the patient no longer desires 
treatment in our clinic, then the patient’s record should be inactivated with the reason for the inac-
tivation documented in the record.
**PATIENT SCREENING**

**UMKC SCHOOL OF DENTISTRY**

<table>
<thead>
<tr>
<th>Message Center General Screening 88844</th>
<th>Message Center Edentulous Screening 88877</th>
<th>Student Initiated, Emergency Chair, and Screening Scheduling Bank Screening 88877</th>
<th>Dental Hygiene Student Screening 88877</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient calls message center for screening appointment.</td>
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<tr>
<td>2. Screening is performed by Team Faculty.</td>
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<tr>
<td>3. Faculty explains S.O.D. policies and determines if patient has time and finances for comprehensive care.</td>
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<tr>
<td>4. Patient reports to front desk on day of appointment so that record may be designated as &quot;Open Access&quot;. Do not sign-in record.</td>
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<tr>
<td>5. When patient is brought in to the teams for screening, the record is not to be signed-in but is to be treated as general screening process.</td>
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</tr>
<tr>
<td>6. Student and faculty explains S.O.D. policies and determines if patient has time and finances for comprehensive care.</td>
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</tr>
<tr>
<td>4. Following intraoral inspection: A. If patient meets criteria #3 above and is a potential patient, faculty make screening notes. The patient is potentially accepted for treatment and orders for radiographs are made along with radiographs added to the treatment plan. Radiographs are taken.* B. If patient does not meet criteria for acceptance as a patient, the patient is categorized as Not Accepted in the screening notes and is referred to private practice or outside clinic.</td>
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<tr>
<td>Radiographs are not ordered.</td>
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<tr>
<td>7. Following intraoral inspection: A. If patient meets criteria #6 above and is a potential patient, faculty make screening notes. The patient is potentially accepted for treatment and orders for radiographs are made along with radiographs added to the treatment plan. Radiographs are scheduled.* B. If patient does not meet criteria for acceptance as a patient, the patient is categorized as Not Accepted in the screening notes and is referred to private practice or outside clinic.</td>
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<tr>
<td>Radiographs are not ordered.</td>
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<tr>
<td>5. Follow the S.O.D. policies and determine if patient has time and finances for treatment.*</td>
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<tr>
<td>B. If patient does not meet criteria for acceptance as a patient, the patient is categorized as Not Accepted in the screening notes and is referred to private practice or outside clinic.</td>
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<tr>
<td>Radiographs are not ordered.</td>
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<tr>
<td>6. Radiographs are ordered.</td>
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<tr>
<td>8. The accepted patient is then assigned to student (with student number in the demographics tab change assigned doctor) and the record is then activated.</td>
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<tr>
<td>6. The accepted patient is then assigned to student (with student number in the demographics tab change assigned doctor) and the record is then activated.</td>
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<tr>
<td>6. If patient needs further treatment, faculty make referral recommendation.</td>
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<tr>
<td>9. Following this process, the record may be signed-in for future diagnostic and treatment procedures.</td>
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<tr>
<td>7. Following this process, the record may be signed-in for future diagnostic and treatment procedures.</td>
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</tr>
<tr>
<td>7. CMS makes appropriate assignment.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Student makes appointment with potential patient in scheduler. Those acquiring patients from Ms. Haney must obtain name of patient directly from her before scheduling in scheduler.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Screening Appointment with Dental Hygiene Student.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Dental faculty orders radiographs if patient is likely to be accepted for treatment.*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If patient brings radiographs that are diagnostic and timely (in this case, orders for digital radiographs will not be made), they are to be taken to the radiology window with the screening sheet and will be utilized for screening review. Following scanning into CMS, these original radiographs will be mailed back to the patient.
Consult Protocol

When ordering a dental consult, access this consult under the “demographics” tab and identify which dental specialty you need the consult from, i.e. perio. Be very specific in your written request for the consult, i.e. treatment rendered to the patient, dates and specific needs regarding the consult. A faculty member, must thumb the consult. All dental consults are to be ordered via CMS. When a dental faculty performs the consult, make sure he or she personally documents his or her findings and recommendations in CMS, not just verbally to the student or faculty for them to enter additional comments.

Primary Treatment Categories

(One Treatment Discipline Selected)
Comprehensive Patient Care Third Year
Comprehensive Patient Care Fourth Year
Complete Denture (Edentulous)

Referred To: (One Category Selected)

<table>
<thead>
<tr>
<th>Category</th>
<th>Referred To</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Year Dental Student</td>
<td>Dental Student</td>
</tr>
<tr>
<td>3rd Year Dental Student</td>
<td>Emergency</td>
</tr>
<tr>
<td>4th Year Dental Student</td>
<td>Graduate Periodontics</td>
</tr>
<tr>
<td>AEGD</td>
<td>Hygiene</td>
</tr>
</tbody>
</table>

Note: The majority of patients assigned for treatment are from the General Clinic Screening Protocol.

Patient Assignment

Grad. Periodontics

1. Patients referred to graduate periodontics from outside dentist:
   A. Upon conclusion of treatment in graduate periodontics, the patient is to be referred back to the outside dentist from whom the patient was referred.
   B. If the patient does not wish to have treatment from the outside dentist and chooses to have comprehensive care at the University of Missouri-Kansas City School of Dentistry, the patient must be screened as all new prospective patients.

2. Patients of record from graduate periodontics (who were referred from within our clinic) and graduate periodontics maintenance clinic patients:
   A. Graduate periodontics faculty will confirm that the patient can be treated in the predoctoral clinic. If the patient can be assigned to the predoctoral clinic, then the resident will discuss case with team coordinators and the coordinators will assign the patient to a student on a timely basis.
B. Comprehensive care patients assigned to predoctoral students may have their periodontal treatment referred to graduate periodontics on a prescription basis as long as a complete treatment plan has been developed.

C. If the graduate periodontics faculty should determine that the patient should be transferred to AEGD, the patient will be referred to AEGD and Dr. Thurmond will review case prior to acceptance in AEGD.

D. If case is deemed to complicated, patient should be referred outside our clinic

AEGD

1. Patients from general clinic screening are placed in an AEGD screening bank. They will be scheduled within one month for screening in that clinic.

2. Patients may be directly assigned to a resident from general clinic screening if resident requests that specific patient.

Special Patient Care

1. Patients are scheduled in DOS for complete exam from general screening.

Recall System

The recall system is operated by the Clinical Administration with the support of staff clerks. Recall patients will be scheduled with dental hygiene students by the Preventive Department clerk. If a dental hygiene student wishes to reserve a time to schedule a patient on his/her own, this can be done by recording “HOLD” into the appropriate area utilizing the electronic scheduler. The department clerk will not schedule a patient for this time. If unable to fill the “HOLD”, the student should notify the department clerk with 48 hours advanced notice.

Students are responsible for confirming assigned appointments with the patient. Long distance telephone calls may be made to confirm patient appointments by calling the dental school switchboard. Should the patient need to contact you they should call 816-235-2100 and ask either for you to be paged or to leave a message for you. DO NOT give your home phone number to patients.

Cancellations & No Shows

If a patient cancels or “no-shows” for an appointment, the student is responsible for finding another individual or using the time for productive clinic activities. Appointments should be scheduled in a timely manner. If you are unable to schedule a person in a timely fashion or you encounter difficul-
ties in patient management, the person should be referred to the patient representative at (816) 235-2124.

Individuals needing to return for another appointment with the dental hygiene student should be taken by the student to the department clerk’s office. The next appointment can then be scheduled in the Dental Hygiene appointment book before the patient leaves.

**Inactivations**

**Individuals seeking care should be inactivated when two broken or cancelled appointments occur on short notice or without a legitimate excuse or two no-show appointments occur.** The broken appointments or cancellations should be noted in the treatment and progress notes and accepted by a faculty member. To inactivate the person, write the reason for the inactivation in the treatment notes and bring it to the attention of the Preventive Department clerk.

**Hold**

People who request a delay in treatment due to travel, illness, etc., may be placed on “HOLD” for a period of sixty (60) days. To place an individual on “HOLD”, record the reason in the chart and obtain an approving faculty signature. Individuals will be automatically removed from “HOLD” when treatment begins, but need to be treated or inactivated at the end of the sixty (60) day period. A second “HOLD” period will be granted only under unusual circumstances.

**After-Hours Treatment**

**Emergency Procedures**

Please be informed and inform individuals seeking dental hygiene care of the following after-hours emergency procedures for those being actively treated:

1. Have the person call 235-2011 and leave their number, or you call and leave the person’s number.

2. Emergency personnel will call and give directions to the individual seeking dental hygiene care.

If the emergency requires medical attention, direct the individual to the nearest hospital.

Report the incident to the Office of the Assistant Dean for Clinical Programs the next clinical day. Appropriate reports and record data entries must be completed (see Risk Management).
TREATING MINORS

Signatures Required

Parent’s or legal guardian’s signature is required in order to treat any person under the age of eighteen years of age unless the person requires emergency treatment or is emancipated (i.e., married or self-supporting).

Parent or guardian must sign both the initial screening form or the reexamination assessments, (i.e. medical history, med list, etc.) and the treatment prescription.

Adult Supervision

An individual under the age of sixteen may receive treatment when accompanied by a responsible adult (over eighteen), other than a parent or legal guardian, after the above signatures are obtained. Children may not be left unattended anywhere in the building.

Children are not allowed in the clinic area unless they are receiving treatment.
TEACHING CLINICS*

STANDARDS OF CARE

GENERAL CARE STANDARDS

Admissions

• All prospective patients will be offered a screening consultation within eight weeks of contact when the patient screening service is in operation.

• During the screening consultation appointment patients will be presented information concerning the School of Dentistry. A brief oral examination will be conducted. Radiographs will be taken as appropriate and as time permits.

• Patients will be admitted to the teaching clinics for treatment on the basis of matching the patient’s needs with the scope of the educational program to assure the delivery of care within an appropriate range of expertise of the students and the supervising faculty.

• No patients will be denied admission to the teaching clinics on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran.

• Patients who are denied admission will be informed at the time of the decision and the reason for that decision. A small number of patients may be referred later based upon diagnostic findings.

• Patients who seek or are referred for limited services which are within the scope of the clinical programs will be admitted for care. The patient must consent to limited treatment and the limitation of care must be clearly documented. Such limitations will not be detrimental to the patient’s health and well-being.

Timeliness of Care

• Comprehensive care patients will be assigned to a student or a patient waiting bank within two weeks of the screening consultation. Patients placed in a waiting bank will be informed in writing of the approximate date of assignment to a dental student.

• Patients will have the opportunity to receive their comprehensive clinical examination within four weeks of their assignment to a student.

• Treatment plans will be developed and approved by a faculty member and the patient within three weeks of completion of the comprehensive examination.
- Patients will be seen in a timely manner as indicated by their treatment needs when school is in session.

Informed Consent

- All comprehensive care patients (or parents, guardians, or responsible adults when treating an incompetent or pediatric patient) will be completely informed of their oral health needs prior to the onset of treatment. This information will include diagnosis, treatment alternatives, cost estimates, time commitment required, and any significant risk or consequence associated with either the treatment or non-treatment of their conditions.

- All patients will acknowledge their understanding of their oral condition, the proposed treatment, and the existence of treatment alternatives and cost estimates by signing an appropriate phased treatment prescription and program. Major changes in a treatment prescription will also require the patient’s signature.

Patient Records

- A patient record will be established and maintained which documents all diagnostic and therapeutic actions as well as significant communication related to patient care. The record will include the health history, treatment consultation reports, dental charts, progress notes, correspondence related to care, laboratory reports, prescription data for medications, prescription data for dental laboratory services, and radiographs.

- A generic non-descript medical alert label will be attached to the outside of the patient record when the care provider’s attention to previous health history findings are of significance to the process of care.

- Patient records will remain confidential and be managed in accordance with University guidelines, state and federal law.

Comprehensive and Limited Care

- All patients seeking comprehensive care will be presented with a treatment plan proposal following all appropriate consultations and faculty approval.

- As treatment progresses, treatment plans may be modified as necessary to reflect the changing needs of the patient in terms of clinical conditions, response to therapy, financial factors, and patient availability.

- At a minimum, reexamination and treatment plan update will occur annually.

- At completion of comprehensive care, patients will undergo an “Exit Examination” by a faculty member as prescribed by UMKC School of Dentistry Quality Assurance program.
Limited care services will be made available to patients who seek selected services such as, but not limited to, dental hygiene, oral surgery, porcelain veneers, home bleaching, and consultations, as long as the service being sought is within the scope of the educational program and will improve the oral health status of the patient. Limited care patients will not be placed in a recall system. They will be notified of such. The importance of comprehensive care will be explained and emphasized to limited care patients.

All comprehensive care patients will be notified of any agreed-upon inactivation from care. Severance of the professional relationship between the school and the patient will be done by mail with appropriate referral when indicated.

Emergency Services

Emergency services will be provided for patients who are not patients of record on a space available basis during normal emergency clinic hours. Those patients who need financial assistance will have financial arrangements made by Patient Accounts.

Patients of record of the school who need emergency care during normal business hours will be seen by their assigned student in the appropriate team whenever possible.

Pediatric patients of record of the school who need emergency care during normal business hours will receive care from the student assigned to pediatric emergency service for that day.

Patients with serious infections, traumatic injury, and severe pain will be evaluated as soon as is reasonably possible.

Infections and traumatic injuries beyond the scope of competence of those staffing the clinic will be immediately referred to the Oral & Maxillofacial Surgery Department.

Patients of record of the school who need emergency care after normal business hours will call their assigned student doctor. If the student doctor cannot solve the problem, the appropriate team faculty member will be contacted. If the faculty member cannot resolve the problem, the patient will be seen by the faculty member assigned to after-hours emergency care for that day.

Disabled Patient Care

Patients with physical, emotional, medical, and developmental disabilities will be given full access to the service for diagnostic and emergency management.

Patients with disabilities that are beyond the management skill level of the faculty and students in the general clinic will be referred to the Special Patient Care Clinic or the Kansas City Regional Center for Developmental Disabilities.
• The quality and timeliness of care for disabled patients will meet the standard of the School of Dentistry except where the nature of the disability makes compliance impossible (e.g., uncooperative developmentally disabled patient, severe seizures, and palsy states).

• Disabled patients will have the same radiology, diagnostic assessment, recall, and prevention protocols as routine patients.

**Patient Safety**

• Universal precautions will be consistently used by all Dental Health Care Providers.

• Patients will be treated in a clean workstation by care providers who use contemporary infection control and biohazard management strategies.

• Patient care will be performed by or under the supervision of School of Dentistry faculty members.

• Patients will receive diagnostic and treatment services in a manner that is consistent with the patient’s medical history and any medical consultations. This will include the consideration of appropriate premedications, timing of the procedure, post-operative medications, choice of anesthesia and pain control, and the selection of the services to be rendered.

• Patients will have health histories updated in a manner that is consistent with the history of the individual patient. At minimum the history will be updated once per year during active care.

**Medical Emergency**

• In case of cardiac arrest or other life-threatening emergencies, the Medical Emergency Response System will be activated by calling Code Blue Number 4444 during normal clinic hours. The Campus Police (1818) will be called after operational hours.

• Appropriate faculty, clinical staff, and all students will be currently certified in basic life support procedures.

• Appropriate and current medical equipment and devices, drug kits, and first aid kits will be available to each clinic.
TREATMENT STANDARDS

Oral Diagnosis

- All patients accepted for treatment will be assigned to an appropriate student and will receive a comprehensive examination in accordance with general clinical protocols.

- All patients will receive additional appropriate diagnostic tests when there are indications that such testing is reasonable and justified by symptoms or findings identified during the comprehensive examination. These diagnostic tests may include, but are not limited to, special clinical examination procedures such as joint function, neurological assessment, and laboratory tests. In suspected cases of adult abuse (abuse of adults over 60 or abuse of a handicapped adult), the Missouri Department of Social Services and/or law enforcement are to be contacted.

- During diagnostic procedures patients who are found to have mucosal lesions, salivary dysfunctions, neurosensory disorders, chronic facial pain, and temporomandibular disorders will receive appropriate referral.

Radiology

- The guidelines and policies regarding the use of ionizing radiation established by UMKC School of Dentistry will be followed in making decisions on whether to expose a patient to ionizing radiation. Those same guidelines will be used as the major decision criteria in practicing radiation safety during the exposure of patients to imaging modalities. Consistent with the guidelines and policies, the use of intraoral dental radiographs will be limited to the amount of exposure necessary to arrive at a diagnosis. Ordering and taking of films without clear clinical justification must be avoided.

- All radiographs will be labeled with the name of the patient and the exposure date and findings recorded in the patient record.

- The developing facilities and handling of radiographic images will meet standards that produce high-quality images and prevent damage or loss of films.

- Radiographs will be taken by non-dentists only when authorization is obtained from a dentist.
Periodontics

- All dentulous patients accepted for treatment at the school for general care should receive a periodontal screening or a comprehensive periodontal examination.

- Comprehensive care patients will be evaluated for periodontal integrity as treatment progresses. New findings will be recorded and compared with the initial clinical findings in the patient record to determine the efficacy of the treatment plan.

- Comprehensive care patients will not receive advanced restorative, prosthetic, implants, or orthodontic care until the patient's periodontal condition has been stabilized, evaluated and approved by periodontal faculty.

- Periodontal surgery will not be carried out for patients needing such services until they demonstrate the consistent ability to maintain an acceptable level of oral hygiene required for post-surgical long-term care.

Prevention of Disease

- New patients will have documented in their record oral hygiene procedures utilized by the patient.

- Patients will be given oral hygiene instructions to best meet their needs. Such instructions are documented in the patients' records.

- Recommended changes in the home care regimen is documented in the record and patient response to oral hygiene instruction is presented during subsequent appointments.

- Etiology of disease is noted and appropriate management of the patient is prescribed (control of habits, modification of oral hygiene procedures, use of adjunctive devices, use of pharmacologic agents, etc.).

- Professional prophylaxis procedures will be accomplished at appropriate and regular intervals to maintain optimal oral health. Annual Recall Diagnosis and Recall/Maintenance Forms are used at appropriate intervals.

- Appropriate treatment planning and sequence of appointments are given to patients seeking care.

- Patient is kept on a recall/maintenance interval appropriate to maintain their oral health (control of or prevention of caries and periodontal disease and maintenance of restorations and/or prostheses).

- Smoking Cessation Program is provided for patients who wish to participate.
MANAGEMENT OF LIMITED CARE PATIENTS
UMKC SCHOOL OF DENTISTRY
DIVISION OF DENTAL HYGIENE

Patients that are seeking limited treatment through the Division of Dental Hygiene at UMKC School of Dentistry should adhere to the following protocol:

1. All limited dental hygiene treatment patients will be informed of the limitation of the care they will be receiving.

2. Limited treatment patients should be made aware that clinical radiographs (type will be based on patient needs) will be needed and that the cost of these radiographs will be their responsibility. If the patient refuses the recommended radiographs, limited treatment will most likely be denied. Any patient that has current radiographs is encouraged to supply those at the initial visit.

3. All limited treatment patients will be assigned a patient record and patient number. As a patient of record, after hours care will be available if needed.

4. The dental hygiene assessment will be documented selecting the initial diagnosis, adult prophylaxis and initial chart with teeth prompts from the action menu of the CMS. The patient will be charged for the initial diagnosis. The patient is responsible for these charges.

5. Upon completion of the assessment and necessary radiographs are taken, dental hygiene faculty will confirm findings up to this point. An initial diagnosis will need to be completed by the supervising dental faculty with evaluation of the radiographs prior to any dental hygiene treatment being rendered.

6. Dental hygiene care will be thoroughly documented in the treatment notes. The student will be responsible for documenting any care rendered and the need for any further evaluation and/or treatment.

7. Patients presenting with significant dental needs and/or oral conditions at risk for periodontal or periapical abscess formation will be required to enter the regular School of Dentistry Screening and Diagnosis system before dental hygiene treatment can be rendered or they may choose to terminate treatment.

8. Limited treatment patients should not be a part of the dental school recall pool. If these patients want to seek further treatment, they will need to go through the regular School of Dentistry Screening and Diagnosis system for a comprehensive diagnosis and treatment plan or seek care at a private dental office.
PAYMENT POLICIES

General Payment Policy

It is the general policy of the School of Dentistry not to grant deferred payments for professional dental treatment. This policy is based on the fact that the professional fee schedule of the School of Dentistry is lower than that found in private practices. Payment for bridges, crowns and partial removable prosthodontics must be made in full in advance of any preparation of teeth. Payments for full dentures and endodontic procedures must be made in full before starting treatment. The fees for all other dental treatment will be collected during the clinic period in which treatment is performed. Any fees listed with a range, as “individual consideration”, or any fee not listed should be established in advance of treatment with the department chairperson.

Deferred Payments

Deferred payments may be extended subject to the approval of the Dental School Business Office, under the following conditions:

Medicaid & Rehabilitation Patients

Clients of Medicaid and rehabilitation agencies will be extended deferred payments only after the School of Dentistry has received written authorization from the appropriate agency.

Orthodontic Patients

Patients of the Orthodontics Department may be extended deferred payments subject to the approval of the Dental School Business Office.

Treatment Exceeding $300

Fees for treatment, other than orthodontics, exceeding $300, may be considered for deferred payment. The deferred payment schedule will require a minimum monthly payment of $50.00 and a maximum of 12 months to pay the balance due. Deferred Payment Applications are initiated in the Patient Accounts Office and are subject to the approval of the Dental School Business Office. There will be a $10.00 Credit Analysis Fee on each approved Deferred Treatment Contract.
Treatment Under $300

Approval of deferred payments for treatment plans under $300.00 will be considered only under circumstances of immediate emergency nature or under conditions where denial of credit would detract seriously from a student’s opportunity to receive needed clinical experience or when it would deprive him/her of recognition of clinical achievement. Such applications for deferred payments will be considered only upon the recommendation of the student and any of the following: (1) Assistant Dean for Clinical Programs; (2) Director of Clinical Practice; or (3) Chairman of Oral Surgery Department with the approval of the Business Office.

Such recommendations for deferred payment will be made on the forms provided for that purpose. Deferred payments for emergency treatment for the relief of pain or treatment of acute infection or injury may be made upon the recommendation of the faculty member responsible for the area of emergency treatment. (Fee limit $50.00.)

Discount Policy

Discounts will be allowed only if an approved form for the discount has been obtained from the Dental School credit manager (Office of Patient Accounts). Such forms will carry an expiration date and discounts for treatment after that date will require a new authorization form. Discounts apply only to the Predoctoral Dental and Dental Hygiene Clinic.

Eligibility for Discount

The discount is 50% (except for gold work as noted in the fee schedule). Discounts are available to the following patients:

1. Full-time Academic and non-Academic employees of the University of Missouri, their spouses and dependent children under 21 years of age. This also applies to retirees of the University.

2. Dental School students’ parents, spouses and dependent children under 21 years of age. This is to include undergraduate and graduate dental students and dental hygiene students, and Truman Medical Center Residents.

Policy Exceptions

Exceptions to the discount policy will be made only with the approval of the Dean.
REDUCTION OR WAIVER OF DENTAL FEES

Introduction

A department chairperson or authorized faculty may reduce or waive a clinic fee at his/her discretion when treatment is to be provided as part of a research project; as a demonstration case for student teaching; or as an essential, not otherwise available, aspect of a student’s clinical teaching experience. He/she may also authorize reduction of the fee to the extent that he/she considers professionally justified for replacement of a restoration or appliance. The approval of either the Assistant Dean for Clinical Dentistry or Director for Clinical Practice will be required if the reduction or waiver exceeds $300.00.

In an effort to remain fair and ethical when fee waiving treatment for patients receiving dental hygiene services, criteria have been developed to help facilitate this process. By developing criteria, it is hoped that this will give those patients that truly need help with the costs of treatment the opportunity to have some services rendered at either a reduced cost or fee waived based upon their needs. In determining the need for fee waiving several steps should be followed by the student first.

Guidelines

1. The student is required to explain the rationale for each procedure that has been treatment planned and compare/contrast the fees at the UMKC SOD with those of private practice (UCR). These UCR fees are presented in the fee booklet for the SOD. Thus, an attempt to sell the need for specific dental procedures (and its discounted costs) to the patient should be made. It should not be assumed by the student that fee waiving will be done on any patient that states “costs are an issue.” It is the student’s responsibility to see what costs the patient might be able to afford first before any fee waiving is discussed.

2. There will not be any fee waiving done until the completion of treatment has occurred.

3. Patients will be informed of several criteria that must be met in order to receive any type of fee waiving. Those criteria are listed in a separate document that must be presented to the patient and signed by the patient.

4. If a patient fails to meet the stated criteria, they will be billed for any treatment that has been performed to date.

5. Fee waiving will not cover the costs of an adult prophy, radiographs or an initial diagnosis.

6. If a patient is in true need of some sort of fee waiving, dental hygiene faculty will visit with the patient to make sure that all of the necessary information has been covered. The
student will want to consider if any and/or how much treatment has been fee waivered for this patient in the past.

7. Dental hygiene faculty will be responsible for documenting in the patient’s record what treatment is to be fee waivered.

Please keep in mind that this is a service that will be offered upon patient need. It is a complimentary service the school is able to provide for required teaching experiences and those truly in need of more advanced treatment. By using the above guidelines, the student should be able to determine those patients that truly need help with the costs of treatment.

**Approval Form**

The department chairperson will approve the reduction or waiver on the form provided for this purpose. These forms are available from the Patient Accounts Office.
Some of the dental hygiene services that you need have been accepted for fee waivering. Along with this fee waivering come expectations for you as a patient. They are as follows:

- You will arrive on time for each and every scheduled appointment.
- No fee waivering will be granted until all dental hygiene treatment is completed.
- If for any reason you do not follow through with the needed appointments, you will be billed for any/all dental hygiene services that have been rendered.
- You understand that UMKC does not routinely fee waiver dental treatment. You have presented with some very specific circumstances. It should not be assumed that any future dental treatment will be fee waivered.

I have read the above statements and agree to the expectations as indicated.

Date:
Patient signature:
Student signature:
Faculty signature:
**Fee Schedule**

For a complete listing of clinic procedures and fees please refer to the “Clinic Fee Schedule” in CMS.

**Missouri Medicaid**

*All new patients with Missouri Medicaid cards should be referred to the Patient Accounts Office.* If it is determined by the authorized Patient Accounts personnel from available information that a new patient is an eligible H.E.W. patient, the Patient Accounts Office will complete a numbered HEW registration form and enter the information in the computer. The HEW registration form is retained by Patient Accounts.

At the reception desk, the receptionist will handle the HEW patient and his or her folder in the same method any patient’s folder is handled.

**Medicaid Copayment**

All new patients with Missouri Medicaid cards should be referred to the Patient Accounts Office.

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**Prior Authorization for Payment**

**Approval Required**

The request forms on this treatment, with the necessary documents, are completed by Patient Accounts, approved and signed by an authorized faculty member, and submitted to Jefferson City for approval. The approved forms are to be returned to the Patient Accounts Office, School of Dentistry. A copy of the request for prior authorization will remain on the pay card. No treatment will be rendered on any service requiring prior approval until the School of Dentistry has in its possession said approval.

**Limitations**

There is a time limitation of 120 days for treatment to be completed from the date the authorization is approved: effective 7/1/78. Missouri Welfare will not cover crown and bridge treatment. No Exceptions.
CLINIC POLICY REGARDING INSURANCE

Standard Coverage

Patient must provide a Dental Insurance Claim Form which can be obtained from the insured’s employer. The patient information section must be filled out and must be signed in the places where signatures are required. There may be circumstances where more than one claim form will need to be provided.

Patient Payment & Reimbursement

The school does not accept “Assignment of Benefits.” Therefore, patients are expected to pay as services are rendered. Patient Accounts will file the insurance claims daily as treatment is completed. Patients will be reimbursed by their individual insurance carriers.

An insurance case will consist of dental treatment completed within the calendar year. We will file the insurance claims on a monthly basis as treatment is completed.

Any insurance collection problems, as a result of layoffs, contract disputes or contract coverage are to be resolved by the insured with his employer and insurance company.

It is necessary to receive proper documentation for payment from Patient Accounts prior to initiating any treatment on patients whose payment is deferred; i.e., payment plan or insurance.
## USE OF DISPENSARY

### Items Located in the Dispensary

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasive Rolls</td>
<td>LAB/Dispense</td>
</tr>
<tr>
<td>Absorbent Paper Points #30, #50, #60-Dispense</td>
<td></td>
</tr>
<tr>
<td>Accufilm IV Kits &amp; Back Stock</td>
<td>CARD</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>back stock/Faculty Thumb Print</td>
</tr>
<tr>
<td>Acetaminophen-back stock/Faculty</td>
<td>Thumb Print Dispense</td>
</tr>
<tr>
<td>Aesthetic Finishing Bur Kit</td>
<td></td>
</tr>
<tr>
<td>Alcohol-back stock/Dispense</td>
<td></td>
</tr>
<tr>
<td>Alginate Scoops</td>
<td></td>
</tr>
<tr>
<td>Alginate-back stock/students have in cart/Dispense</td>
<td></td>
</tr>
<tr>
<td>All Bond Kits &amp; Back Stock</td>
<td>CARD</td>
</tr>
<tr>
<td>Aluwax-back stock/CART</td>
<td></td>
</tr>
<tr>
<td>Amalgam (Single &amp; Double Spill)</td>
<td>Loop-back stock/TEAM SUPPLY CABINETS/dispense</td>
</tr>
<tr>
<td>Amalgam Polishing Bur Kit</td>
<td></td>
</tr>
<tr>
<td>Amalgam Polishing Back Stock (Green &amp; Brown Polishing Cups &amp; Points)</td>
<td></td>
</tr>
<tr>
<td>Anesthetic-Xylocaine 1:100,000 back stock/CART &amp; Polocaine</td>
<td></td>
</tr>
<tr>
<td>Apex Locators-Faculty Thumb Print</td>
<td></td>
</tr>
<tr>
<td>Arch Forming Plier Back Stock</td>
<td></td>
</tr>
<tr>
<td>Arti Spot Kits &amp; back stock-CARD</td>
<td></td>
</tr>
<tr>
<td>Articulating Paper Bausch-back stock/kit</td>
<td></td>
</tr>
<tr>
<td>Articulating Paper-Dispense</td>
<td></td>
</tr>
<tr>
<td>Articulating Paper-Mynol-Dispense</td>
<td></td>
</tr>
<tr>
<td>Aspirin-back stock/Faculty Thumb Print Dispense</td>
<td></td>
</tr>
<tr>
<td>Aspiring-back stock/CART/Dispense</td>
<td></td>
</tr>
<tr>
<td>Atridox-back stock/Faculty Thumb Print</td>
<td></td>
</tr>
<tr>
<td>Automatrix I &amp; II Kits &amp; Back Stock-CARD</td>
<td></td>
</tr>
<tr>
<td>Ball Classps-.036, .032, .024-Dispense</td>
<td></td>
</tr>
<tr>
<td>Band Aids-back stock/CART</td>
<td></td>
</tr>
<tr>
<td>Beauty Cast-back stock/LAB/Dispense Blankets-CARD</td>
<td></td>
</tr>
<tr>
<td>Bleach &amp; Water in Denture Cups-Dispense</td>
<td></td>
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<tr>
<td>Bleaching Lights-Faculty Thumb Print</td>
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<tr>
<td>Blood Pressure Kits-CARD</td>
<td></td>
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<tr>
<td>Blue Inlay Wax-back stock/LAB/Dispense</td>
<td></td>
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<tr>
<td>Boxes-back stock/kit</td>
<td></td>
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<tr>
<td>Boxing Wax-back stock/Dispense</td>
<td></td>
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<tr>
<td>Bracket Placement Gauge Back Stock</td>
<td></td>
</tr>
<tr>
<td>Broaches (Coarse, Medium, Fine, X-Fine, XX-Fine)</td>
<td></td>
</tr>
<tr>
<td>Bur Carbide Cricut Straight #557-back stock/Dispense</td>
<td></td>
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<tr>
<td>Bur Carbide Cricut Tapered #699 &amp; 701-back stock/Dispense</td>
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<tr>
<td>Bur Carbide Fissure #56-back stock/Dispense</td>
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<tr>
<td>Bur Carbide Inverted Cone #33 ½ &amp; 35-back stock/Dispense</td>
<td></td>
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<tr>
<td>Bur Carbide Pear #330-back stock/Dispense</td>
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<tr>
<td>Bur Carbide Round/#s1/4, ½, 2, 4, 6, 8-back stock/Dispense</td>
<td></td>
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<tr>
<td>Bur Carbide Tapered Fissure #169-back stock/Dispense</td>
<td></td>
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<tr>
<td>Burn Cream-back stock/kit</td>
<td></td>
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<tr>
<td>Burs Surgical Length #2 &amp; #4 Sterilazed-CARD</td>
<td></td>
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<tr>
<td>Calibra Cement Kits-CARD</td>
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<tr>
<td>Caulk Tray Adhesive-back stock/Cart/Dispense</td>
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<tr>
<td>Cavitr-in back stock/kit/Dispense</td>
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<tr>
<td>Cavirion 30K &amp; Cavijet Tips-CARD</td>
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<tr>
<td>Cavirion 25K straight, left &amp; right, TFI-10 straight, TFI-3 beavertail, CaviMed, &amp; Prophyjet Tips</td>
<td>back stock</td>
</tr>
<tr>
<td>Cavirion 25K, CaviMed, &amp; Prophyjet Tips-CARD</td>
<td></td>
</tr>
<tr>
<td>Cavitron 30K straight, left &amp; right, TFI-10 straight, TFI-3 beavertail, CaviMed, &amp; Prophyjet Tips-back stock</td>
<td>back stock</td>
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<tr>
<td>Cavitron jet tip-back stock</td>
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<tr>
<td>Coe Comfort back stock/CARD</td>
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<tr>
<td>Coe Comfort Kits-CARD</td>
<td></td>
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<tr>
<td>Coe Soft Kits &amp; Back Stock-CARD</td>
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<tr>
<td>Coe Soft-back stock/CARD</td>
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<tr>
<td>Coe Syringe Tips-back stock/CART</td>
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<tr>
<td>Composite Caddy-back stock</td>
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<tr>
<td>Composite Guns -back stock/CARD</td>
<td></td>
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<tr>
<td>Composite Polishing Bur Kit</td>
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<tr>
<td>Compound-Green &amp; Gray Stick, Red Cake-back stock/CART/Dispense</td>
<td></td>
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<tr>
<td>Convertible Cap Remover Instrument &amp; Blade Kit &amp; Back Stock</td>
<td></td>
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<tr>
<td>Copper Bands</td>
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<tr>
<td>Cotton Pellets-back stock/kit</td>
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<tr>
<td>Cotton Rolls-back stock/TEAM SUPPLY CABINETS/dispense</td>
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<tr>
<td>Cotton Tip Applicators-back stock/TEAM SUPPLY CABINETS/dispense</td>
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<tr>
<td>Cotton Wood Sticks-back stock/Dispense</td>
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<tr>
<td>Cotton Wood Sticks-Dispense</td>
<td></td>
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<tr>
<td>Crosscut Tapered Burs #s 699, 701, Diamond Burs #s 847-KR-31-016, 856-31-016, 877-31-010, 368-31-023</td>
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<tr>
<td>Crown &amp; Bridge Remover</td>
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<tr>
<td>Crown Forms Clear-back stock/Dispense</td>
<td></td>
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<tr>
<td>Crown Removers</td>
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<tr>
<td>Cure Shields &amp; Light Shields-back stock/kit</td>
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<tr>
<td>Cure Sleeve-Light &amp; Handle Cover-back stock/TEAM SUPPLY CABINET Vaccum Surgical Splint Clear Firm-back stock/Dispense</td>
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<tr>
<td>Dental Floss Mint &amp; Regular-Dispense</td>
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<tr>
<td>Dental Hygiene Cameras-CARD</td>
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<tr>
<td>Dento-Infuser Tip &amp; Syringe-back stock/CART</td>
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<tr>
<td>Denture &amp; Partial Home Care Kits-Dispense</td>
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<tr>
<td>Denture Cups-back stock/CART</td>
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<tr>
<td>Denture Repair Kits-CARD</td>
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<tr>
<td>Denture Repair-back stock/CARD</td>
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<tr>
<td>DiaComp Bur Kit</td>
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<tr>
<td>Diamond Polishing Paste-back stock/CARD</td>
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<tr>
<td>Diamond Polishing Paste-Dispense</td>
<td></td>
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<tr>
<td>Disclosing Tablets-back stock/CART</td>
<td></td>
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<tr>
<td>Disclosing Wax Containers-back stock/CARD</td>
<td></td>
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<tr>
<td>Disclosing Wax-CARD</td>
<td></td>
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<tr>
<td>Dispensing Bottles-back stock/kit</td>
<td></td>
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<tr>
<td>Disposable Brush Tips-back stock/CART/Dispense</td>
<td></td>
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<tr>
<td>Disposable Impression Syringes-back stock/CART</td>
<td></td>
</tr>
<tr>
<td>Disposable Impression Trays-Dispense for Crown &amp; Bridge Only NOT Study Models</td>
<td></td>
</tr>
</tbody>
</table>
Disposable Prophy Angles-CART
Disposable Prophy Brushes-back stock/CART
Distal End Cutter Back Stock
Dri Angles-Plain Small & Large,Silver Small & Large-back stock/CART/Dispense
Drylay Bottles-back stock/kit
Dryact Flow Kit & back stock/CARD
Duralay Kits-CARD
Duralay Lubricant-back stock/CARD
Duralay-back stock/CARD/Dispense
Duralay-back stock/Dispense
Duralay Lubricant-back stock/CARD
Duralay-back stock/CARD
Duraphat-back stock/Dispense
Durelon Cement & Liquid Kits-CARD
Durelon Cement-back stock/CARD
Electro Surgery Tips-back stock/kit/CARD3 Sets
Electro Surgery Unit-CARD1 Unit
Empty Denture Cups-Dispense
Endo Bottles & Caps-back stock/Dispense
Endo Burs-EndoZ, #2 & #4 Surgical back stock/kit
Endo Clamps-CARD
Endo Files-21, 25 & 30mm-back stock/kit
Endo Kits 18mm, 21mm, 25mm & 30mm-CARD
Endo Ring Sponges Sterilized-Dispense
Endo Ruler-back stock/kit
Endo Syringes
Endo Tray Covers-back stock
Endo Wrap Sterilized-Dispense
EndoRing Sponges-back stock/Dispense
Enhance Kits & back stock/CARD
EPT Kits-CARD
Esthetic X Kit & back stock/CARD
Esthetic X Shade Guide-back stock/kit
ET Carbide Trimming Bur Kit
ET Short Carbide Bur Kit
Eva Kits & back stock/CARD
Exam Gloves-X-Small, Small, Medium, Large & X-Large-back stock/Team SUPPLY CABINETS/Dispense
Excavator #31L-back stock/kit
Excellence Hand Soap-back stock/Dispense
Explorer #16-back stock/kit
Face Masks Cone, Tie & Loop-back stock/TEAM SUPPLY CABINET/Dispense
File Mates-back stock/kit
File Mates-CARD
Filled Sodium Hypochlorite & Water
Bottles-back stock/Dispense
Finger Spreaders-back stock/kit
Fitchecker Kits & Back Stock-CARD
Fixodent Denture Powder-back stock/Dispense
Fixodent-Dispense
Floss Threaders-Dispense
Fluoride Neutral & APF-back stock/CARD
Fluoride Trays Small, Medium & Large-back stock/CARD
FluoroCore Kits-CARD
FluroCore-CARD
Forceps-Locking & Nonlocking-back stock/kit
Formocresol-back stock/Dispense
Funnels-back stock
Gates Glidden Drills & Back Stock
Gauze 2 x 2-back stock/TEAM SUPPLY CABINETS/Dispense
Gauze 4x4-back stock/Dispense
Gerinclye Tray-back stock/kit
Glass Slabs-back stock/kit
Glick #1-back stock/kit
Glick & Pluggers
Glove N Care-back stock/GLOVE LIST/Dispense
Gluma Desensitizer-back stock/Dispense
Glucometer
Glycerin-back stock/Dispense
Gly-Oxide-back stock/CARD
GPX Gutta Percha Remover (30, 40 & 50)
Grand Rounds Camera-Dr. Jay Jones, Dr. Susan McMillan, Dr. Bob Peterson, Dr. Richard Prine, Dr. John Park, Dr. Chris Rice, Dr. Tim Taylor, Dr. Greg Johnson ONLY/CARD
Gray Quik Stick Back Stock
Green Occlusal Wax-back stock/CARD
Green Occlusal Wax-Dispense
Gutta Percha-back stock/CARD
Hand Lotion-CARD
Hand pieces-Slow & High Speed & Instrument-CARD
Head Rest Covers-Dispense/TEAM SUPPLY CABINET
Hedstroms 25mm
Hemostat Solution-back stock/CARD/Dispense
Hold Tray Adhesive-back stock/CARD/Dispense
Hot Packs-back stock/Dispense
Hour Timers-back stock/kit
Hydrogen Peroxide-back stock/CARD
Ibuprofen
Ibuprofen-back stock/Faculty Thumb Print Dispense
Ice Packs-back stock/Dispense
Imax Periotips & Syringe-back stock/CARD
Implant Scalers
Impression Material Dispensers-back stock/kit
Instructions for Denture & Partial Insertion back stock/Dispense
Integrity A2 & A3.5 back stock/CARD
Integrity Kits-CARD
Integrity Mixing Tips-back stock/kit
Integrity Slides-back stock/kit
Intra Oral Camera-Faculty Only/CARD1 Camera
Inverted Cone Burs 6s 33 1/2, 35, Fissure Burs #56
IRM Kits-Students have in cart/CARD
IRM-back stock/Students have in cart/CARD
Jet Kits-CARD
Jet-back stock/CARD
Jiffy Tubes-Curved & Straight-back stock/Dispense
Jiffy Tubes-Curved & Straight-Dispense
Ketac Cement Kits-CARD
Ketac Cement-back stock/CARD
Ketac Silver Kits & back stock/CARD
Kleenex-back stock
Laundry Detergent-back stock
Lentulo Spiral Fillers
Life Kits-Students have in cart/CARD
Life-back stock/Students have in cart/CARD
Ligajet & Needles-Faculty Thumb Print/CARD
Ligajet Needles-back stock/Faculty Thumb Print
Ligature Wire Cutter Back Stock
Ligature Wire Preformed .010 Back Stock
Light Guides-Optilux, ProLight & Spectrum back stock/kit
Lynal Kits & Back Stock-CARD
Material Instruction Book-Counter Use
Material Safety Data Sheet Books-Counter Use
Matrix Bands
Matrix Tape Dispenser-back stock/CARD
Maxiprobes-back stock/Dispense
Medicine Cups-back stock/CART
Metal Strips-back stock/Dispense
Metracide 28-back stock/Dispense
Mirage Vision 2 Kit-CARD
Mirror & Handle-#5 Cone & Simple Stem-back stock/kit
Modern Foil-back stock/LAB/Dispense
Module Placing Plier Back Stock
Nabors Probe
Needles-Maxillary & Mandibular-CART
Nitrile Gloves-Small, Medium, Large & X-Large-back stock/GLOVE LIST/Dispense
Nitrous Oxide & Oxygen Tanks & hose & mask parts-back stock
Nitrous Oxide Face Masks Small, Medium & Large-Faculty Thumb Print29 Masks
Nitrous Oxide Hoses-Faculty Thumb Print 14 Hoses
Nitrous Oxide Units-Faculty Thumb Print4 Units
Nixon Inlay/Onlay bur Kit
Nixon Porcelain Veneer Bur Kit
Nogenol Kits & Back Stock-CARD
Nonstick Gauze-back stock/kit
Obtura Gutta Percha
Obtura Instruments
Obtura Needles
Obtura-Faculty Thumb Print CARD 3 Units
Occlusal Registration Strips-back stock/Dispense
Occlusal Registration Strips-Dispense
Opalescence 10% & 15% Refill Kit-back stock/Faculty Thumb Print/Dispense
Opalescence 10% Patient Kit-back stock/Faculty Thumb Print/Dispense
Opalescence 10% Refill Kit-back stock/Faculty Thumb Print/Dispense
Opalescence Block Out Material-back stock/Faculty Thumb Print/Dispense
Opalescence Tray Material-back stock/Faculty Thumb Print/Dispense
Open Coil Spring Back Stock
Orange Solvent-back stock/CART/Dispense
Orange Wood Sticks-back stock/Dispense
Orange Wood Sticks-Dispense
Oris CHX Solution-back stock/CART
Ortho & Retainer Wire Cut-Dispense
Ortho Camera-Faculty ONLY/CARD 1 Camera
Ortho Plier Rack & Ortho Kit Instruments-CARD
Ortho Resin Kits-CARD
Ortho Resin-back stock-CARD
Ortho Wax-Dispense
Palodont Kits & back stock-CARD
Panavia Alloy Primer
Panavia Opaque & Tooth Colored-CARD
Paper Cups-back stock/CART
Paper Cups-back stock/CART/Dispense
Paper Points-back stock/kit/Dispense
Paper Towels-back stock
ParaPost Fiber White Kit & back stock-CARD
ParaPost Kits
ParaPost XII Kit & back stock-CARD
ParaPost XT Kit & back stock-CARD
ParaPost-Drills & Posts-back stock/kit/CARD
Patient Glasses & Cords-Adult & Pediatric-back stock/CART/Dispense
Patient Home Care Supplies Toothpaste, Brushes & Floss-Dispense
Patient Napkins-back stock
Peeso Reamers & Back Stock
Perio Aids & Instructions-back stock/Dispense
Perio Probe-back stock/kit
Permalign Adhesive-back stock/CART/Dispense
Permalign Light-back stock/Dispense
Permalign Regular-back stock/Dispense
Petroleum Jelly-CARD
Physician Desk Reference-Counter Use Pin Kits & Back Stock
Pindex Light Bulbs-back stock/kit
Pindex Pin Drills-back stock/kit
Pindex w/Sleeves-Long, Short & Dual-back stock/LAB
Pink Base Plate Wax-back stock/CART/Dispense
PIP Brushes Back Stock
PIP Dispenser Packs-back stock/CART
PIP Remover-back stock/CART
PIP Spray-back stock/Students have in cart/Dispense
PIP Spray-Students have in cart/Dispense
Plastogum-back stock/CART/Dispense
Plugger 5/7-back stock/kit
Porcelain Repair Kits-CARD
Posterior Band Remover Plier Back Stock
Powder Free Gloves-X-Small, Small, Medium & Large-back stock/GLOVE LIST/Dispense
Prescription Slips-Dispense
Pressure Pots-CARD
Prime & Bond Self Cure Activator
Prime & Bond-back stock/Students have in carts/CARD
Principle Cement Kits-CARD
Profile GT Rotary & ISO-ProLights-CARD 3 Lights
Prophy Jet Powder-back stock/kit/CARD
Prophy Paste Medium & Fine-back stock/CART
Proportion-back stock/Dispense
ProSpray-back stock/Dispense
Proxabrush Tapered & Thin-back stock/CART
Pulpotomy Kits-Dispense
Pumice-CART
RC Prep-back stock/Dispense
Red Rope Wax-back stock/CART/Dispense
REDTA-back stock/Dispense to Faculty Only
Regisil PB-CARD
Relyx Kits & Back Stock-CARD
Replace Pad for Band Remover Back Stock
Replacement Bulbs-Optilux 101, 150, 180, Spectrum, ProLight-back stock/kit
Reprosil Heavy & Regular-back stock/Dispense
Reprosil Heavy & Regular-back stock/CART
Reprosil Intraoral Tips-back stock/CART
{Reprosil Putty-Dispense
Retainer Boxes-back stock/Dispense
Retainer Boxes-Dispense
Retraction Cord Organizer-back stock/kit
Retraction Cord-back stock/CART
Ring Liner-back stock/LAB/Dispense
Root ZX-Faculty Thumb Print
Round Burs #s 1/4, 1/2, 2, 4, 6, 8
Rubber Dam-Regular & Heavy-back stock/CART
Sable Seek Kit-CARD
Safety Glasses-back stock
Saran Wrap-back stock/Dispense/TEAM SUPPLY CABINET
Schilder Heat Carriers
Schilder Pluggers
Schure Band Seating/Scaling Instrument Back Stock
Scissors-back stock/kit
Scope-back stock/CART
Scope-back stock/CART/Dispense
Seal & Protect Kit & back stock/CARD
Sealant Applicators-back stock/CARD
Sealant Kits Clear & Opaque-CARD
Sealant Applicators-back stock/CARD
Septodont Anesthetic-Faculty Thumb Print
Set-ups-Amalgam, Composite, Basic Oral Exam, Syringe, Perio, Rubber Dam-CARD
Sharp’s Containers-back stock/TEAM SUPPLY CABINET/Dispense
Silicone Emulsion Concentrate Spray-back stock/Dispense
Silicone Emulsion Spray-Dispense
Silicone Stops-back stock/kit
Snap Kits-CARD
Snap-back stock/CARD
Sodium Hypochlorite Bottles-Dispense
Sodium Hypochlorite-back stock/Dispense
Sodium Perberate
Souffle Cups-back stock/Dispense
Spacers Large Back Stock
Spill-X-back stock
Splint Insertion Kit-CARD
Sprue Wax 12 Gauge & 14 Gauge-back stock/Dispense
Sterilization Bags-back stock/Dispense
Sterilized Endo Files-CARD
Sterilized Glass Slab & Spatula-CARD
Sterilized Profile Rotary Files-CARD
Sticky Wax-back stock/CART/Dispense
Straight Droppers-back stock/kit
Super Floss-Dispense
Suproxol
Surefill Kits & back stock-CARD
Surgical Blades
Surgical Towels-Dispense to Oral Surgery, Perio, Special Patient Care, Faculty Practice
Sutures
System B Tips
System B-Faculty Thumb Print
Tape N Tell
Tapered Fissure Burs #169, Pear Burs #s 330, 331, Crosscut Straight Bur #557
Temp Bond NE-CARD
Temp Bond-Students have in cart/CARD
Temp Canal Kits-back stock/CARD
Temp Canal Needles-back stock/Dispense
Temp Stop-back stock/kit/Dispense
Temp Stop-Dispens
TempBond-back stock/Students have in cart/CARD
Temporary Crowns-Polycarbonate & ION back stock/CARD
Temporary Splint-Clear & Opaque-back stock/Dispense
The Wand-Faculty Only/CARD1 Unit
ThermaPrep Plus-Dr. Dryden, Dr. Sanchez, Dr. Hanna, Dr. Joe Parkinson ONLY/CARD1 Unit
Thermaseal-back stock/Dispense to Faculty Only
Thermometers & Sheaths & Back Stock
Thompson Sticks-back stock/Dispense
Thompson Sticks-Dispense
Tin Foil-.001 & .003 Cut-Dispense
Tin Foil-.001 & .003-back stock/Dispense
Tin Oxide-CARD
Tissue Shade Guides-CARD
Tongue Blades-back stock/TEAM SUPPLY CABINETS/Dispense
Tooth Conditioner Gel-back stock/Students have in cart/CARD
Tooth Conditioner Tips/back stock/Students have in cart/CARD/Dispense
Tooth Slooth
Toothbrushes (Oral B 30, 35, End tufted & Sulcus, Butler Soft & X-Soft, Crest Complete X-Soft, Triple Effect, Multicare Flex Soft & Multiclean Soft, Denture)-back stock/Dispense
Toothbrushes Youth, Child & Stage One-back stock/Dispense
Topical Anesthetic-back stock/Students have in carts/Dispense
TPH Spectrum Shade Guide-back stock/CARD
TPH Spectrum-A1, A2, A3, A3.5, A4, B1,B1 Incisal, B2, B3, C1, C2 Opaque, C3, C4, D3 Shades-back stock/Dispense
Triad ABC-LAB/Dispense
Triad Gel Kits-CARD
Triad Gel-back stock/CARD
Triad Tray Material-Clear & Pink-back stock/Dispense
Triad VLC Bonding Agent-LAB/Dispense
Triad VLC Model Release Agent-LAB/Dispense
Triple Antibiotic Ointment-back stock/CARD
Truliner Kit-CARD
Tweed Band Seating Plier Back Stock
Tweed Hollow Chop Plier Back Stock
Tweed Loop Forming Plier Back Stock
Ultra Discise Towelettes-Dispense
UltraTemp Temporary Cement-back stock/CARD
UMKC/Faculty Clinic Coats-CARD/Dispense
Unity System-Burnout Posts & Drills back stock/kit/CARD
Vinyl Gloves-Small, Medium, Large & X-Large-back stock/GLOVE LIST/Dispense
Vita Shade Guide-back stock/kit
Vita Shade Guides-CARD
VitaTescence Kit & back stock-CARD
Vitality Scanner Mini & Long Tips-Vlock Kit (Active & Passive)
V-Lock-back stock/kit/Faculty Thumb Print
Washing Bottles-back stock/kit
Water Glass-back stock/LAB/Dispense
Wedges-back stock/Students have in cart/Dispense
Weingart Plier Back Stock
White Base Plate Wax-back stock/CARD/Dispense
White Paper Bags #3 & #8-back stock/kit
White Plastic Jars-back stock/kit
White Strips-back stock/Faculty Thumb Print
White Utility Wax-back stock/CARD/Dispense
Will-Ceram Porcelain Stain Kits-CARD
Wire Bending Plier Back Stock
Wire-Coil Spring Back Stock
X-Tips-Faculty Thumb Print/Dispense
Zest Anchor Kits-CARD
Zinc Phosphate Cement Kits-CARD
Zinc Phosphate Cement-back stock/CARD
Ziplock Bags-back stock/kit
Check Out

Please PRINT CLEARLY on the clipboard sheet at the counter to check out items worth less than $20, and use the check-out cards for items worth more than $20.

Infection Control

Do not wear gloves to the dispensary. Tongs are provided at each counter for use in obtaining cotton products. Plastic wrap is available throughout the clinic for utilizing barrier techniques.

Loss and Damage

If equipment malfunctions, or if a part is missing or found broken, please return the item and notify the clerks immediately. It is important to report damage resulting from normal wear, as well as discovered loss, because students will be charged for items lost or damaged by improper handling. Please complete an “Equipment Failure Report” form.

Returns

Return items promptly after use. Clean and disinfect each item/equipment carefully before returning. All mobile N20 equipment (Cavitrons, Prophy Jets, Bobcats and cavi-meds) checked out in the morning are to be returned by noon. If checked out in the afternoon, return by 4:30. After 24 hours, items not returned become overdue. Students are not to check out additional items until overdue items are returned.

Supplies for Instruction

Materials and equipment for patient treatment procedures are distributed from the Dispensary. Materials for laboratory instruction are dispensed by instructors during laboratory session. STUDENTS NEEDING ADDITIONAL SUPPLIES FOR INSTRUCTION NEED TO CONTACT THEIR INSTRUCTORS FOR EACH LAB.

Faculty-Ordered Items

For certain items, instructors will give written authorization in the patient record. Faculty signature items are:

- Anesthetic 2% 1:50
- Arestin
- Aspirin/Acetaminophen/Ibuprofen
- Atridox
- Bleaching Kit/Light
- Broaches
- Christensen Crown Remover-CSR
- Crown Puller/Tips-CSR
- Crown Separator_CS
- GPX Gutta Percha Remover
- Ligajet Syringe & Needles
- Max..021 (compatible w/TMS System .021
- Nitrous Oxide Units

CHECK APPROVED FACULTY LIST
Radiographs
Tooth Whitening Components
V-Lock Kit

FACULTY ONLY ITEMS
Camera-clinic (Gray)
Camera-Grand Rounds (Blue) only names on TAG

UPDATED 5/01

ITEMS AVAILABLE FROM MODULE CABINET AND DH FILES IN TEAMS
- Cotton rolls
- 2 x 2 gauze
- Patient bibs
- Saliva ejectors
- High speed evacuators
- Sterilization bags
- Ultrasonic cleaner
- Tin oxide
- Pumice
- Sharps container (needle disposal)
- Consult forms
- Daily evaluation forms
- Disposable bite blocks
- Treatment plan forms
- Radiograph evaluation forms
- Calculus charting forms
- Study model evaluation forms
- Barrier wrap for chair and unit
- Gloves, masks, CSR bags

ITEMS AVAILABLE IN EACH UNIT
- Propene disinfectant
- Tissues
- Cups
- Paper towels
- Headrest covers
- Soap
Complete form at dispensary:

- Name, Student #, Item, use, wrap, write what is in pkg.
- ID # and Disp. **Student** needs to return to Disp.
- Place instr. in bag, wrap bag, place in larger instr. bag
EQUIPMENT FAILURE REPORT

STUDENT NAME:__________________________________________________________

STUDENT NUMBER:________________________________________________________

STUDENT E-MAIL:__________________________________________________________

DATE:___________________________________________________________________

UNIT #:_________________________________________________________________

Ultrasonic  Prophy Jet  Combo Unit  Inserts

(circle one)

Description of Problem:
(circle all that apply)

Unit heats up to an uncomfortable level

Loose Tips

Tip Clogged

Baking Soda does not come out

Unit non-responsive to foot activation

Other (please describe)
GUIDELINES AND POLICIES REGARDING THE USE OF IONIZING RADIATION

Endorsements

The policy of the University of Missouri-Kansas City School of Dentistry regarding the use of ionizing radiation will be that which is endorsed by the American Dental Association, American Dental Education Association, American Academy of Oral & Maxillofacial Radiology, and the National Center for Devices and Radiological Health (NCDRH). The School of Dentistry will adopt and disseminate any policy changes these organizations may initiate in the future.

Introduction

Radiographic examination(s) must be ordered only after a complete review of the medical, oral and dental histories and following a thorough clinical examination. Diagnostic radiographic examinations provide essential information for diagnosis, treatment and the prevention of oral and dental diseases. Diagnostic radiographs are thus an indispensable and integral component of dental practice authorized at the discretion of the dentist to benefit the patient based on specific selection criteria.

Selection Criteria

Films & Frequency

The following selection criteria will be utilized by UMKC School of Dentistry to determine the specific films to be taken on patients and their frequency.

Examination Required

All patients will be clinically examined and their medical and dental histories obtained prior to diagnostic radiation exposure. A faculty member or licensed dentist will review recommendations by graduate, undergraduate dental students or dental hygiene students and determine which and how many films are to be ordered and exposed.

New Patients

New patients to the School of Dentistry will be asked if recent radiographs are available during their screening visit. If recent films or duplicates are not available, then an appropriate X-ray examination will be ordered and completed.

Patient Need

The needs of the patient for diagnosis will determine the frequency of X-ray examinations and not the period of time elapsed since the last examination.

Faculty Approval

X-ray films/digital plates will not be dispensed to students unless ordered by faculty of the School of Dentistry.
Retakes
Undiagnostic radiographs should be retaken by faculty or trained staff unless it is their opinion that the student can successfully retake the film; then, they must be retaken under direct supervision.

Pregnant Patients
Elective radiographs will not be taken on the pregnant patient, but emergency radiographs are permitted with proper leaded apron protection.

Administrative Radiographs

Prohibition and Definition
Administrative radiographs will not be taken on any patient. Administrative radiographs include films required by a third party for reasons other than diagnosis, treatment planning, or preventive services. Administrative radiographs are usually requested for nonprofessional reasons to verify treatment or a diagnosis. They usually result in unnecessary exposure to ionizing radiation and do not contribute to the health care benefit of the patient. The following are situations where purely administrative films may be requested.

Insurers
As a requirement of third-party insurance carriers to monitor or verify reimbursement claims for treatment.

Specialty Boards
As a demand of dental specialty boards, which may require radiographs during the course of treatment and documentation of patients after their treatment.

Training Purposes
As a part of clinical experiences or training in dentistry — radiographs should not be taken to ensure competence of students without regard to the valid diagnostic needs of the individual patient.

Academic Purposes
For academic reasons — radiographs should not be repeatedly taken to obtain radiographs that are perfect if other radiographs contain similar diagnostic information. Routine examinations will not be used on new patients to determine their acceptability as patients for students. Radiographic examinations must not be used routinely for checking progress of treatment. Radiographic examinations must not be used routinely for the purpose of checking adequacy of restorations, extractions, or orthodontic procedures when clinical observations alone will suffice. However, post-treatment radiographs are a necessary part of endodontic therapy.

Record Maintenance and Research
Maintenance of departmental records and case studies — exposure to ionizing radiation must not be used solely to develop or maintain departmental case records, to serve as a
means for developing visual aids for teaching purposes or to conduct case studies. If patients are to be exposed to ionizing radiation for research purposes, or for clinical studies, written informed consent must be obtained from the patient. Such consent must be secured after the approval of the University’s Human Experimentation Committee.

**Radiation Protection**

**Record Keeping**

All patient exposures will be recorded on the blue exposure form contained in the patient’s chart or ordered through the appropriate part of the digital record. The date, type and number of radiographs will be recorded.

**Procedures**

All exposures of patients will be performed using leaded aprons and leaded cervical thyroid shields. All exposures will be performed using the posted appropriate kVp, mA and time settings. Users of X-ray generating equipment will follow good radiation hygiene practices. During exposures X-ray personnel will stand behind shielded walls or doors, will not hold films for patients, and will observe patients through the leaded glass shields so that no unnecessary retakes occur as the result of tube, film or patient movement.

**Film Badges**

All radiology faculty members, X-ray technicians and other departments’ faculty and staff who routinely use ionizing radiation will wear film badges. These badges are provided by the University Radiation Safety Office. This office maintains personnel records of exposure and sends a yearly report to each person being monitored. If the badge indicates that excessive radiation has been received, this office counsels the individual to improve radiation hygiene procedures.

**Equipment Inspection**

Annually, all UMKC School of Dentistry X-ray generators will be reviewed and tested by the Radiation Safety Office. The generator evaluations will include beam quality, geometry, exposure times and tube output. Copies of these tests will be maintained by the head of the Section of Radiology. Any changes in location or machine settings will be coordinated by the head of the Section of Radiology. Rectangular long tube collimation and film holders will be encouraged for all procedures. In all cases, X-ray beams will be collimated to the smallest diameter compatible with the techniques used.

**Apron and Shield Inspection**

Annually, all lead aprons and cervical shields will be visually inspected for cracks and defects and replaced if necessary. Aprons and shields will not be folded but hung when not in use.
**Monitoring and Maintenance of Darkroom Processors**

Processors and darkrooms will be monitored daily for proper processing of films. Sensitometric strips will be run through each processor at the beginning of each day to ensure consistent film fog, density, and contrast. Processor temperatures will be measured daily. Chemistry will be changed every four weeks or more frequently if sensitometry indicates the need for new chemistry. Day-to-day maintenance will be performed by the radiology faculty and/or radiology technicians as needed.

On a weekly basis, process rollers will be cleaned and belts checked for tension.

On a monthly basis, all cassette screens will be cleaned, safelights checked and light boxes monitored for even lighting.

Periodic continuing education for radiology technicians will be encouraged and supported as much as possible. Spot checks of maintenance will be performed and recorded by radiology faculty.

**Radiology Clinic Appearance**

**Responsibilities**

Cleanliness is very important in all aspects of dentistry, and radiology is not an exception. Radiologic cubicles, reception areas and processing areas are viewed by students, visitors and patients. These areas will be cleaned by the assigned students who use them throughout the day.

**Cubicles**

- Floors should be free of film wrappers and tissue.
- Lead aprons should be hung on their hangers.
- Tissue and STABE film holders should be kept available in the wall units in each cubicle for your use during the assignment.
- Plastic headrest covers should be changed between patients.
- X-ray units should be placed against the wall when not in use.
- Remove all plastic wrapping from the X-ray machine and cubicle area after films have been evaluated, retakes completed and the patient dismissed.

**Panoramic Cubicles and Hallway Outside Cubicles**

- Floors should be kept free of all debris.
- Lead aprons should be hung on their hangers.
- Bite guides should be cleaned and sterilized between uses.
- Counter tops should be dry and orderly.

**Reception Area**

- Floors should be kept free of all debris.
- Counter tops should be kept clean and free of paper, etc.
**Darkroom**

- Floors should be kept free of all debris.
- Counter tops should be dry and orderly.
- Lead foil from film packets should be placed in designated container for recycling.

**Orientation**

- **Introduction**
  - Hand out any sheets and explain their use in radiology and use of radiology codes.
  - Brief explanation of infection control, clinic manual, requirements and grading system.
  - Assignment of areas to clean during the week. Explanation of procedure to follow for all patients in radiology to prevent cross-contamination.
  - Review machine controls to adjust kVp, mA and exposure time (impulses). Explain use of exposure control button, auditory indicator, chair operation and headrests.
  - Use of lead aprons, thyroid collars, and panoramic capes will be explained with emphasis on their use with a pregnant female and with children.
  - Brief demonstration of the use of STABE film holders and XCP instruments on DXTTR. This will include discussions of paralleling technique, film placement, cone angulations (horizontal), film mounting and developing, and digital image processing.
  - Demonstration of the use of panoramic units including loading cassettes, exposure factors, patient setting guides, and prevention of patient positioning artifacts.

**Infection Control Guidelines in Dental Radiology**

**Preparation**

All nondisposable film holding devices (Rinn XCP, Snap-A-Ray) should be autoclaved prior to use. Rinn XCP set and Snap-A-Ray instruments may be signed out from the Radiology Department for student use.

Hands should be washed with an appropriate disinfectant handwash (4 percent chlorhexidine gluconate) before and after glove use. Gloves should be worn at all times when making and processing intraoral radiographs. Spots that occur on films following processing by a gloved operator can be reduced by grasping exposed film by the edges.
When entering the clinic, prior to making radiographs

Materials and Supplies

Secure the desired number of film packets/digital plates at the front desk. Proceed with payment for radiographs and review of medical history.

Secure as many bite-wing tabs and STABE holders as needed from containers in each cubicle. Place these on the counter in the X-ray room, which should be covered with plastic wrap.

Once the operator begins making radiographs, do not reach into these containers to secure additional supplies. If additional supplies are needed, the operator should remove gloves, rewash hands and put on new gloves before reaching into the container.

Preparing Surfaces

Surfaces that will be touched by the operator during treatment, including tubehead, cone, control panel, exposure button, chair armrests and the counter outside the cubicle, should be covered with plastic wrap prior to seating the patient.

An alternative to draping all surfaces with plastic wrap is to utilize two operators. One will place film packet/digital plate/sensor in the patient’s mouth, while the other positions the cone and makes the exposure. If this procedure is followed, strict attention must be exercised not to contact surfaces with contaminated, gloved hands.

Preparing Instruments

Film-holding devices (Rinn XCP) should be removed from the autoclave bag with gloved hands and placed on the covered countertop. These instruments should go from this counter to the patient’s mouth and back to the same counter.

Do not place used instruments on uncovered countertops or other areas in or out of the cubicle. When work is completed, remove cotton rolls from XCP, wash, rinse and dry instruments. Place instruments in a new autoclave bag for sterilization, or place them in plastic bag until they can be transferred to an autoclave bag.

Do not carry instruments in a lab coat. Do not leave film-holding instruments on the counter in the viewing room or darkroom.

Film Handling

After the operator has secured film packets/digital plates from the front desk, film packets/digital plates should be arranged on the shelf outside the cubicle as they appear on the film mount. This shelf should be protected with plastic wrap.
When treatment is completed, gloves should be removed and hands should be washed to avoid contaminating the lead apron and thyroid collar as they are removed from the patient.

After donning clean gloves, all exposed film packets/digital plates should be disinfected and placed in a plastic bag for transport to the darkroom or scanning room. These plastic bags are located in each cubicle. Exposed film packets should not be placed in the film mount, as this procedure contaminates the film mount, which will eventually be placed in the patient’s chart.

**After Treatment**

Before proceeding from the operatory to the darkroom, contaminated gloves should be removed, the operator’s hands should be washed and clean gloves donned. Exposed digital plates should be removed from protective barriers and deposited in the black box without contaminating the digital plates. Exposed digital plates deposited in the black box should be delivered to the scanning room in the Radiology Clinic along with a completed patient identification sheet.

Following treatment, all disposable items contaminated with blood or other potentially infectious materials, including saliva, should be disposed of in regulated waste containers.

All uncovered (contaminated) surfaces must be disinfected with appropriate disinfectant spray. Spray bottles are available in cubicles in the clinic area. The uncovered surfaces should be sprayed, wiped with a paper towel, sprayed again and left to dry for approximately 10 minutes. Do not wipe the sprayed surfaces the second time.

After the last morning patient and last afternoon patient, all surfaces touched during patient treatment, including those surfaces covered routinely with plastic wrap, should be disinfected as outlined above.

To disinfect the tubehead, cone, control panel and exposure button, dampen a gauze pad with the appropriate disinfectant, and clean and disinfect these surfaces. **DO NOT SPRAY THESE SURFACES DIRECTLY.**

As exposed films are removed from the packet, they should be grasped by the edges of the film to reduce artifacts on developed film. Empty packets are then placed in the same plastic bag that films are in (so as not to contaminate the counter) and then disposed of in regulated waste containers.

**Film Processing and Handling**
During processing, if any contaminated items are to be placed on counters, these counters should first be covered with plastic wrap or paper.

After processing all films, the operator removes gloves and rewasher hands with disinfectant handwash prior to removing processed films from the machine and placing them in film mount.

The operator should not procure the film mount until exposed film has been developed.

Following scanning of digital plates, students should proceed to the viewing room in the Radiology clinic to place the images in the electronic record and review the images with Radiology faculty. Images made with direct digital sensors will be reviewed with radiology faculty in the radiology cubicles.

**Panoramic Radiographs**

All of the above-mentioned procedures should be followed when making panoramic radiographs. Plastic wrap should be used to cover surfaces that will become contaminated during treatment. All uncovered surfaces should be disinfected with the appropriate surface disinfectant.

All surfaces routinely covered with plastic wrap during patient treatment should be disinfected after the last morning and last afternoon patient, as outlined previously. Since an extraoral cassette is used, panoramic film/digital plate may be processed with ungloved hands to minimize film artifacts.

**Additional Precautions**

All charts, books and other material not essential in the delivery of treatment should be kept away from the treatment and darkroom areas to avoid unnecessary contamination.

If there are any questions concerning these infection control guidelines for the Radiology Department, the operator should consult the Radiology faculty member assigned to the clinic. Infection control is a critical part of dental practice. Students will be evaluated on their ability to adhere to these guidelines.

**Criteria for Radiographs**

**Standards**

The standards set by the Accreditation Committee of the American Dental Association, American Academy of Oral and Maxillofacial Radiology and American Dental Education Association and U.S. Department of Health and Human Services state that a complete history and examination are to be done prior to the ordering of dental radiographs.
Only films necessary to complete the diagnosis should be ordered. The professional discretion of the dentist must be used to determine which films are needed based on the conditions found during the clinical examination.

Selection Criteria

The publication, the *Selection of Patients for Dental Radiographic Examinations*, contains the selection criteria to be followed for ordering radiographs at the School of Dentistry.

These selection criteria have been endorsed by the American Dental Association. Frequency of radiographs are based on patient history and clinical findings. Guidelines suggest that patients with evidence of dental disease may need a full-mouth series of radiographs as frequently as every year; while those with no clinical disease, as infrequently as three times in a lifetime.

Bite-wing radiographs for caries detection should be taken as indicated for the patient and not on a routine basis, e.g., every six months. Bite-wing radiographs may be needed as often as every 6 months or as infrequently as three years or longer.

References


Selection Criteria

The publication

*Guidelines for Prescribing Dental Radiographs*

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Devices and Radiological Health
Rockville, Maryland
HHS Publication FDA 88-8274

contains the selection criteria to be followed for ordering radiographs at the School of Dentistry.

SEE CHART, NEXT PAGE
## Guidelines for Prescribing Dental Radiographs

The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient’s health history and completing a clinical examination. The recommendations do not need to be altered because of pregnancy.

### Patient Category

<table>
<thead>
<tr>
<th>Child</th>
<th>Adolescent</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Dentition (prior to eruption of first permanent tooth)</td>
<td>Posterior bitewing examination if proximal surfaces of primary teeth cannot be visualized or probed.</td>
<td>Individualized radiographic examination consisting of peri-apical/occlusal views &amp; posterior bitewings or panoramic examination &amp; posterior bitewings</td>
</tr>
<tr>
<td>Transitional Dentition (following eruption of first permanent tooth)</td>
<td>Individualized radiographic examination consisting of peri-apical/occlusal views &amp; posterior bitewings or panoramic examination &amp; posterior bitewings</td>
<td>Individualized radiographic examination consisting of posterior bitewings &amp; selected periapicals. A full-mouth intraoral radiographic examination is appropriate when the patient presents with clinical evidence of generalized dental disease or a history of extensive dental treatment.</td>
</tr>
<tr>
<td>Posterior bitewing examination at 6-month intervals or until no carious lesions are evident</td>
<td>Posterior bitewing examination at 6-12 month intervals or until no caries lesions are evident</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Posterior bitewing examination at 12-24 month intervals if proximal surfaces of primary teeth cannot be visualized or probed.</td>
<td>Posterior bitewing examination at 18-36 month intervals</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Individualized radiographic examination consisting of selected periapical and/or bitewing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically</td>
<td>Individualized radiographic examination consisting of selected periapical and/or bitewing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Usually not indicated</td>
<td>Individualized radiographic examination consisting of a periapical/occlusal or panoramic examination</td>
<td>Periapical or panoramic examination to assess developing third molars</td>
</tr>
</tbody>
</table>

### Clinical situations for which radiographs may be indicated include:

**A. Positive Historical Findings**

1. Previous periodontal or endodontic therapy
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of facial trauma
7. Mobility of teeth
8. Fistula or sinus tract infection

**B. Positive Clinical Signs/Symptoms**

1. Clinical evidence of periodontal disease
2. Oral involvement in known or suspected systemic disease
3. Positive neurologic findings in the head and neck
4. Evidence of foreign objects
5. Pain and/or dysfunction of the temporomandibular joint
6. Abutment teeth for fixed or removable partial prosthesis

**C. Other Clinical Findings**

1. Growth abnormalities
2. Positive neurologic findings in the head and neck
3. Evidence of foreign objects
4. Pain and/or dysfunction of the temporomandibular joint
5. Abutment teeth for fixed or removable partial prosthesis

**D. Other Conditions**

1. Growth and development assessment

**E. Suspected Systemic Disease**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**F. Genetics**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**G. Radiation Therapy**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**H. Trauma**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**I. Foreign Objects**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**J. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**K. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**L. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**M. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**N. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**O. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**P. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**Q. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**R. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**S. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**T. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**U. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**V. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**W. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**X. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**Y. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

**Z. Other Conditions**

1. Evidence of foreign objects
2. Pain and/or dysfunction of the temporomandibular joint
3. Abutment teeth for fixed or removable partial prosthesis

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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Public Health Service
Food and Drug Administration
Center for Devices and Radiological Health
Rockville, Maryland

HHS Publication FDA 88-8274
TOBACCO FREE FOR LIFE: TOBACCO CESSATION PROGRAM

Introduction

It is well documented that tobacco use has a significant negative impact on the oral and dental tissues. It has been identified as a primary etiologic factor in the development of oral and pharyngeal squamous cell carcinoma, deters wound healing, and is a primary risk factor for periodontal disease and implant failure. Additionally, tobacco use contributes to poor oral hygiene and is a deterrent to optimum cosmetic results of restorative dentistry.
## CARIES RISK ASSESSMENT

<table>
<thead>
<tr>
<th>LOW RISK</th>
<th>HIGH RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL EVIDENCE</strong></td>
<td></td>
</tr>
<tr>
<td>No new lesions</td>
<td>New lesions (1+ new lesion past year)</td>
</tr>
<tr>
<td>No extractions for caries</td>
<td>Premature extractions</td>
</tr>
<tr>
<td>Sound anterior teeth</td>
<td>Anterior caries or restorations</td>
</tr>
<tr>
<td>No or few restorations</td>
<td>Multiple restorations</td>
</tr>
<tr>
<td>Restorations inserted years ago</td>
<td>History repeated restorations</td>
</tr>
<tr>
<td>Fissure sealed</td>
<td>No fissure sealants</td>
</tr>
<tr>
<td>No appliance</td>
<td>Multiband orthodontics</td>
</tr>
<tr>
<td>Lack of open contacts</td>
<td>Partial dentures</td>
</tr>
<tr>
<td></td>
<td>Overhanging/poorly contoured restorations</td>
</tr>
<tr>
<td></td>
<td>Open contacts</td>
</tr>
<tr>
<td><strong>SOCIAL HISTORY</strong></td>
<td></td>
</tr>
<tr>
<td>Middle class</td>
<td>Socially deprived</td>
</tr>
<tr>
<td>Low caries in siblings</td>
<td>High caries in siblings</td>
</tr>
<tr>
<td>Dentally aware</td>
<td>Low knowledge of dental disease</td>
</tr>
<tr>
<td>Regular attender</td>
<td>Irregular attender</td>
</tr>
<tr>
<td>Work does not allow regular snacks</td>
<td>Ready availability snacks</td>
</tr>
<tr>
<td>High dental aspirations</td>
<td>Low dental aspirations</td>
</tr>
<tr>
<td><strong>MEDICAL HISTORY</strong></td>
<td></td>
</tr>
<tr>
<td>No medical problem</td>
<td>Medically compromised</td>
</tr>
<tr>
<td>No physical problem</td>
<td>Handicapped</td>
</tr>
<tr>
<td>Normal salivary flow</td>
<td>Xerostomia</td>
</tr>
<tr>
<td>No long term medication</td>
<td>Long term cariogenic medications</td>
</tr>
<tr>
<td><strong>DIETARY HABITS</strong></td>
<td></td>
</tr>
<tr>
<td>Infrequent sugar or fermentable CHO intake</td>
<td>Frequent sugar or fermentable CHO intake</td>
</tr>
<tr>
<td><strong>USE OF FLUORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Drinking water fluoridated</td>
<td>Drinking water not fluoridated</td>
</tr>
<tr>
<td>Fluoride supplements used</td>
<td>No fluoride supplements</td>
</tr>
<tr>
<td>Fluoride toothpaste used</td>
<td>No fluoride toothpaste</td>
</tr>
<tr>
<td><strong>PERSONAL PLAQUE CONTROL</strong></td>
<td></td>
</tr>
<tr>
<td>Frequent, effective cleaning</td>
<td>Infrequent, ineffective cleaning</td>
</tr>
<tr>
<td>Good manual control</td>
<td>Poor manual control</td>
</tr>
<tr>
<td><strong>SALIVA</strong></td>
<td></td>
</tr>
<tr>
<td>Normal flow rate</td>
<td>Low flow rate</td>
</tr>
<tr>
<td>High buffering capacity</td>
<td>Low buffering capacity</td>
</tr>
<tr>
<td>Low <em>S. mutans</em> and lactobacillus counts</td>
<td>High <em>S. mutans</em> and lactobacillus counts</td>
</tr>
</tbody>
</table>
# PATIENT MANAGEMENT

## LOW RISK | HIGH RISK

### INFECTION CONTROL

- Complete initial CRT Ivoclar bacteria test; complete again at 3 months to determine next steps
- Remove carious dentin and place temporary restorations
- Recommend chlorhexidine rinse

**Rx:** Chlorhexidine 0.12% rinse  
**Disp:** 473 mL X 1 bottles  
**Sig:** Swish 10 mL in mouth for 1 minute after evening meal; do not rinse. Do this for 1 week each month for 3 months. No refills.  
(Re-evaluate patient after 3 months of CX)

### FLUORIDE

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinforce 2X/day fluoride toothpaste</td>
<td>Reinforce 2X/day fluoride toothpaste</td>
</tr>
<tr>
<td>Add fluoride (OTC rinse or Rx gel):</td>
<td></td>
</tr>
<tr>
<td><strong>Rx:</strong> Sodium fluoride 1.1% gel (Prevident 5000 Plus)</td>
<td></td>
</tr>
<tr>
<td><strong>Disp:</strong> 51 6 m tube</td>
<td></td>
</tr>
<tr>
<td><strong>Sig:</strong> Brush on teeth for 2 minutes at bedtime. Do not swallow. Do not rinse.</td>
<td></td>
</tr>
<tr>
<td>Annual or semiannual APF professional treatment (unless neutral is indicated)</td>
<td></td>
</tr>
<tr>
<td>Educate patient on importance of fluoride</td>
<td></td>
</tr>
<tr>
<td>Recommend OTC fluoride rinse if white spot lesions. 1 minute rinse. Not for children under 6.</td>
<td></td>
</tr>
</tbody>
</table>

### DIET

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinforce avoidance of between meal snacks (frequent sugar and fermentable CHO exposure)</td>
<td>Reinforce avoidance of between meal snacks (frequent sugar and fermentable CHO exposure)</td>
</tr>
<tr>
<td>Conduct 3 day diet analysis (recall)</td>
<td></td>
</tr>
<tr>
<td>Analyze for Ferm CHO frequency, amount and form</td>
<td></td>
</tr>
<tr>
<td>Provide counseling</td>
<td></td>
</tr>
</tbody>
</table>

### SEALANTS

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate for sealant need</td>
<td>Sealants as indicated</td>
</tr>
</tbody>
</table>

### RECALL BASED ON CARIES

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 1/yr</td>
<td>Re-eval at 3 months</td>
</tr>
<tr>
<td>Child 2/yr</td>
<td>Monitor with periodic BW's</td>
</tr>
<tr>
<td>Monitor with periodic BW's</td>
<td></td>
</tr>
</tbody>
</table>

### OTHER

- Recommend xylitol chewing gum (for example Arm & Hammer Sugar-Free Dental Care or CareFree Koolerz)
A. PATIENT HANDOUT FOR HYGIENE POST-TREATMENT NEEDS (FOLLOWING DENTAL HYGIENE INITIAL PREPARATION THERAPY)

Name _______________________ Record Number ___________________ Date ___________

You have received an initial examination and diagnosis in the dental hygiene clinic. Some of your initial treatment will be done by the dental hygiene student. Further treatment will be necessary and may include the following dental disciplines as checked:

_____ Periodontics (Gum Treatment)
_____ Endodontics (Root Canals)
_____ Oral Surgery
_____ Operative Dentistry (Fillings)
_____ Fixed Prosthodontics (Crown and Bridge)
_____ Removable Prosthodontics (Partial and Complete Dentures)

If you need further treatment as listed above, you will be transferred to the following:

_____ Predoctoral Clinic
_____ Graduate Clinic
_____ AEGD
_____ Special Patient Care
_____ Not Accepted (Referred to Private Practice)

Referral time within the School of Dentistry will be from one to six months for reassignment. Emergency and after hours emergency care will be available for patients of record.
B: PATIENT HANDOUT FOR HYGIENE REFERRAL ACKNOWLEDGED (FOR EMERGENCY OR PRELIMINARY TREATMENT PRIOR TO DENTAL HYGIENE TREATMENT

Name _______________________ Record Number ___________________ Date ___________

You have received an initial examination and diagnosis in the dental hygiene clinic. There have been emergency needs or treatment needs to avoid emergency situations observed in the examination. Before treatment can begin in the dental hygiene clinic, we recommend that you be referred to the following:

_____ Emergency Clinic (Schedule the earliest available emergency clinic appointment)

_____ Available Dental Student (Schedule the earliest possible appointment for emergency care)

_____ Referral to Other Departments:

_____ Oral Pathology

_____ Oral Surgery

_____ Graduate Clinics

_____ AEGD

_____ Special Patient Care

_____ Chose not to have treatment at this time (Treatment in the dental hygiene clinic cannot begin until the preliminary emergency treatment is addressed.)
SCHEMA FOR DOCUMENTING FORMS
THAT ARE GIVEN TO PATIENTS

UNDER NOTES TAB:

ACTION: Make Administrative Note

There are three categories of administrative notes that apply to dental hygiene patients:

1. **Hygiene Post Treatment Needs** (for further treatment following initial preparation therapy)

2. **Hygiene Referral Acknowledged** (for referral to emergency clinic or preliminary care before dental hygiene treatment can begin)

3. **Make Referral** (this documents the area for referral of A and B)

A. Hygiene Post Treatment Needs:
   1. Check on response to each step of schema;
      May end with additional comments if necessary
   2. Patient signs the electronic record
   3. Action: Make Referral (assigned to appropriate area)
      a. Assign from: Dental Hygiene
      b. Assign to: Assign area
      c. Primary Treatment Need (select one)
      d. Additional Treatment Needs (select one or more)
      e. Comments if necessary
   4. Faculty Thumb Print
   5. Give hard copy Example A to patient (at this time this is not printed from the CMS system)

B. Hygiene Referral Acknowledged:
   1. Check on response to each step of schema
      May end with additional comments if necessary
   2. Patient signs the electronic record
   3. Action: Make Referral (to emergency clinic or other area as needed)
      a. Assign from: Dental Hygiene
      b. Assign to: Assign area
      c. Primary Treatment Need (select one)
      d. Additional Treatment Needs (select one or more)
      e. Comments if necessary
   4. Faculty Thumb Print
   5. Give hard copy of Example B to patient (at this time this is not printed from the CMS system)
INFECTION CONTROL GUIDELINES

Goals

1. Provide a safe environment for our students, faculty, staff and patients that is in accordance with OSHA standards and supported by sound biological principles.

2. Provide a reasonable, but effective infection control model that will aid in the education and understanding of infection control issues that are in accord with the recommendations of the American Dental Association (ADA), the American Dental Education Association (ADEA), the Centers for Disease Control (CDC) and the Environmental Protection Agency (EPA).


Policy Statement

The following guidelines are provided as a synthesis of recommendations concerning infection control procedures. Effective implementation and success of these guidelines will be determined solely by the compliance of all faculty, staff and students.

Dental personnel are exposed to a wide range of microorganisms in the blood and saliva of patients they treat. Infections are transmitted in dental practice by blood or saliva through direct contact, droplets or aerosols. Indirect contact contamination or infection by contaminated instruments is possible and as a result patients and dental health care workers (DHCWs) have the potential of transmitting infections to each other.

A common set of infection control strategies should be effective for preventing transmission of infectious diseases (through virtually any route of infection) while providing dental care. The dynamic characteristics of clinical dentistry and the fact that all potentially infectious patients cannot be identified by history, physical examination, or laboratory tests, provide the incentive
to adhere to the following guidelines while providing patient care. Specific infection control requirements and rationale follow. All employees and students should be familiar with the primary guidelines and rationale, and refer to this section of the manual for clarification of the basic primary guidelines.

**STANDARD PRECAUTIONS**

**Preamble**

Infection Control requirements are based on the theory of *standard precautions*. This means all patients are potentially infectious. These guidelines will be adhered to by all faculty, staff, students and patients.

**Rationale — Preamble**

One of the highlights of the 2003 revision of the OSHA standards is the application of "standard precautions" instead of "universal precautions." Standard precautions integrate and expand the concepts of universal precautions. Standard precautions differ from universal precautions in that previous CDC recommendations focused primarily on the risk of transmission of "bloodborne" pathogens among DHCP patients. Standard precautions protect health care providers and patients from pathogens that can be spread by blood or any other body fluid, secretions, and excretions (except perspiration) (*MMWR* Dec. 2003). Saliva has always been treated as a potentially infectious material at UMKC SOD, so no operational difference exists in clinical dental practice between universal precautions and standard precautions.

Given the limitations of a routine health history, it is unlikely that dental personnel will identify the presence of infectious disease in patients because:

- a) many infected patients are unaware that they are infected and that their blood or saliva may be capable of transmitting certain infectious diseases;
- b) some patients will not reveal known infectious diseases to health care workers;
- c) health care providers cannot interpret negative findings from a comprehensive examination to mean that the patient is presently “infectious-disease free” or will remain so upon subsequent clinical visits.

This protocol of standard precautions is necessary and is sufficient for routine outpatient treatment and for treatment of hepatitis B carriers, HIV antibody positive patients, diagnosed AIDS patients, and patients with other known bloodborne diseases.
INFECTION CONTROL PROCEDURES TO BE USED ARE
NOT DETERMINED BY THE PATIENT SEROLOGICAL
STATUS FOR A PARTICULAR INFECTION.

REQUIREMENT 1: IMMUNIZATION

Exemptions
Exemptions from the following immunizations are permitted for health and religious reasons. Any employee or student who elects not to have the vaccinations must sign a University of Missouri exemption form. For medical exemptions, the form must be completed by a physician. However, if at a later time the vaccination series is desired, notify the Patient Advocate (x2124) to make application for the series. It is the responsibility of the students to provide their own vaccinations.

Measles/Rubella
The School of Dentistry requires students to follow the American College Health Association recommendation that all students should have two doses of measles vaccine. In the event of a measles outbreak, employees and students who have no documentation of immunization on file may be asked to leave University facilities, including the School of Dentistry.

Hepatitis B
Vaccination against hepatitis B is a requirement for all employees and students who will have patient contact. The vaccine is effective for about five years, at which time a booster may be necessary.

Tuberculosis
The School of Dentistry requires all employees and students who are or will be directly involved in patient care to be tested for tuberculosis. It is expected that any individual who has tested positive for tuberculosis has received or will receive treatment for this condition.

REQUIREMENT 2: BARRIER TECHNIQUES — USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Required PPEs
“All DHCWs having patient contact will wear the following personal protective equipment (PPE) while providing patient care:

a) prescribed disposable gloves (gloves will not be washed for reuse with another patient and gloves must be removed when leaving the patient operatory);
b) prescribed (surgical) face masks;
c) prescribed eye wear with side shields;
d) prescribed outer gown to be worn over appropriate scrubs, the gown is not to be worn away from the direct patient
treatment areas and is to be used only in the prescribed
treatment areas.

The term “prescribed” used in the primary guidelines refers to
PPE that the school requires. You must use the PPE that is pro-
vided and/or eyewear that is acceptable.

Procedure/Rationale

All procedures and manipulations of potentially infective mate-
rials should be performed carefully to minimize the formation
of droplets, spatters and aerosols. Use of rubber dam, where
appropriate, high speed evacuation, and proper patient position-
ing should facilitate this process.

Hand Hygiene

For protection of personnel and patients, gloves must always be
worn when touching blood, saliva, or mucous membranes.
Gloves must be worn by DHCWs when touching blood-soiled
items, body fluids, or secretions, as well as surfaces contaminat-
ed with them. Gloves must be worn when examining or manip-
ulating oral structures. Hands must be washed, completely dried
and regloved before performing procedures on subsequent
patients. **REPEATING THE USE OF A SINGLE PAIR OF GLOVES IS
NOT ACCEPTABLE SINCE SUCH USE IS LIKELY TO PRODUCE
DEFECTS IN THE GLOVE MATERIAL, WHICH WILL DIMINISH ITS
VALUE AS AN EFFECTIVE BARRIER.** Gloves will be restricted to
the cubicle while providing care. Gloves should not be worn to
other clinical areas. (See also page 4.9–10.)

Face Masks

Face (surgical) masks must be worn when oral aerosols are pro-
duced and/or spattering of blood or other body fluids is likely,
as is common in dentistry. Face masks will be restricted to the
patient treatment areas.

Protective Eyewear

The purpose of wearing protective eyewear with appropriate
sideshields is to protect the eyes from airborne bacteria, particu-
lates and debris. Safety or prescription glasses with side shields
or a face shield must be worn when performing all oral proce-
dures or lab work. Protective eyewear must be worn by patients,
faculty and students. Eyewear should be cleaned and/or disin-
fected according to manufacturers’ recommendations between
patients.

Gowns

Gowns must be worn over scrubs when treating or examining
patients. Gowns should be changed at least daily or when visi-
bly soiled with blood. Gowns should not be worn outside the
patient treatment area. Clinic gowns will be restricted to the
patient treatment areas.
Patient Treatment Areas

Patient treatment areas will consist of the following:

a) the first floor treatment areas including;
   1) treatment cubicles,
   2) dispensaries while obtaining materials/supplies (treatment gloves and mask will be removed),
   3) walkways/hallways on the first floor to gain access to the various areas described (treatment gloves and mask will be removed),

b) second floor treatment area (faculty practice) and
c) third floor treatment area (oral surgery).

UMKC Dress Code

Clinic dress is prescribed by the UMKC School of Dentistry Dress Code. See Section 1, “Standards of Professional Growth and Development.”

Requirement 3: Sterilization

Overview

“All handpieces, contra angles, handpiece accessories, burs and other instrumentation used for direct patient care be will be sterilized after each patient. Sterile packages will be opened in full view of the patient and after the patient has been seated for treatment.”

Procedure/Rationale

Objectives of the central sterilization room (CSR): To provide a method of sterilization of instruments which will prevent cross-contamination to patients, faculty, students and staff.

Information for Utilization of CSR

About CSR

A. CSR Location — Room #108
B. CSR Hours — Monday through Friday, 7:30 a.m.–5:00 p.m.
   Summer Hours: 7:00 a.m.–4:30 p.m.
C. CSR contains three large steam sterilizers, six small steam sterilizers, three large instrument washers, and storage shelves for dental and hygiene student instrument cassettes and kits.
D. Each student will have at least one rotation in CSR.

Instrument Check-out

Instruments will be distributed to student boxes twice a day: once for the morning session of patients and again in the afternoon.

1. Any change in instrumentation or additional instruments needed should be checked out from CSR.
2. Your student I.D. badge will be required to check out any instruments from CSR.
3. Students will be given 30 minutes after each session begins to check instrument kits to make sure they are complete and in working order. Any problems with instruments must be brought to CSR staff attention during this time period so that instruments can be exchanged. If CSR staff is not notified of any problems with instruments during this time, the student will then be responsible for any broken or missing instruments.

4. Students will be notified of missing or broken instruments by email. If an instrument is missing, the student will have 24 hours to find the instrument and return it to CSR. If the instrument is not returned to CSR, the student's deposit will be charged for replacement of the missing instrument.

Instrument Check-In

1. Preparation of instrument cassettes for sterilization:
   a. Remove excess debris from instruments (cements and sealers from spatulas and placing instruments, amalgam from amalgam carriers, impression materials from impression trays and mixing spatulas)
   b. Check that all instruments are in the cassette and that cassette is complete.
   c. Return the cassette to CSR for sterilization.
   d. Wait while the cassette is checked in to assure you are cleared for the cassette you checked out.

Instrument Check-Out at Dispensary

e. UMKC Instrument Check-Out:
   (1) For control of instruments the following procedures will be followed:
      (a) Ultrasonic units and sealant kits, etc., require the name and I.D. number of the student on the sign-out sheet.
      (b) Return of the instrument on the same day will be initiated by the student.
      (c) If instruments are not returned, the student will be charged for these items.

Requirement 4: Regulated Waste

Definition: Regulated Waste

“Regulated waste” means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological micro-
biological wastes containing blood or other potentially infectious materials.” 29 CFR 1910.1030 (b).

**Definition:**

**Other Potentially Infectious Materials**

Other potentially infectious materials have been defined to specifically include saliva in dental procedures. The definition states “[t]he following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, **SALIVA IN DENTAL PROCEDURES**, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.” 29 CFR 1910.1030 (b).

**A. Sharps**

“All sharps will be disposed of in appropriate puncture-proof containers.”

**Procedure/Rationale Requirement 4A.**

Sharp items (needles, empty anesthetic carpules, scalpel blades, and other sharp instruments) should be considered as potentially infective and must be handled with extraordinary care to prevent unintentional injuries.

Disposable syringes and needles, scalpel blades, and other sharp items must be placed into the puncture-resistant containers located in the team area in which they were used. To prevent needlestick injuries, disposable needles should not be purposefully bent or broken, removed from disposable syringes, or otherwise manipulated by hand after use.

**B. Other Regulated (medically-infectious) Waste**

“All other (non sharps) regulated (medically-infectious) waste will be disposed by placing the waste in the red infectious waste bag in each cubicle and then into an appropriate biohazard container.”

**Procedure/Rationale**

All cotton products, saliva ejectors, aspirators, treatment gloves, etc., used in patient care are considered “regulated waste” and should be disposed of by placing these products in the red infectious waste bag. This bag should then be taken to nearest biohazard (red) container.

All other waste should be disposed in the cubicle trash container. This waste would consist of paper towels used to dry your hands, bags used to sterilize you instruments, and other items not used in patient care.
REQUIREMENT 5: CUBICLE PREPARATION AND PATIENT TREATMENT

Procedures: Overview

“Cubicles will be cleaned, disinfected and readied for treatment using the following procedures:

a) Clean and disinfect the cubicle with provided disinfectant.

b) Place all barrier wraps.

c) Flush all water lines.

d) Equipment (carts, etc.) will be maintained in an aseptic condition.”

General Concepts:

Clean and disinfect the unit with an EPA registered, ADA Procedure/Rationale approved tuberculocidal disinfectant capable killing both lipophilic and hydrophilic viruses at use-dilution. This is provided for you in each cubicle.

The environment of the dental clinic must always be clean and neat. This includes all personal items such as your patient treatment cart(s) and other storage treatment boxes. Initial and subsequent visual impressions made by your patients will influence the acceptance and value on the care you provide. Judge not only your own environment, but that of your peers. Ask yourself, “Would you want to be treated by your peer in their cubicle with their dental equipment?”

Additionally, the treatment area should not contain personal items. This includes textbooks, photographs, posters or any other decorative items.

Any surface within 3 feet of the patient’s mouth must be considered contaminated after providing treatment that produces spatter. Therefore, cabinet doors and drawers must be closed during treatment. However, only surfaces that are touched must be cleaned and disinfected or have disposable covers changed between patients.

Patient Treatment:

All handpieces, contra angles, handpiece accessories, burs and other instrumentation used for direct patient care will be sterilized. Sterile packages will be opened in view of the patient and after the patient has been seated for treatment.

Instrument Sterilization

Hand Washing

Hand hygiene substantially reduces potential pathogens on the hands. It is the single-most critical measure for reducing the risk of transmitting organisms to patients and DHCP. Wash hands and wrists at the unit and then glove. (See also page 4.4.)

Hands must always be washed between patient treatment contacts (following removal of gloves), after touching inanimate objects likely to be contaminated by blood or saliva from other patients, and before leaving the operatory. The rationale for
Hand-washing after gloves have been worn is that gloves become perforated, knowingly or unknowingly, during use and allow bacteria to enter beneath the glove material and multiply rapidly. Extraordinary care must be used to avoid hand injuries during procedures. However, when gloves are torn, cut or punctured, they must be removed immediately, hands thoroughly washed, and regloving accomplished before completion of the dental procedure. DHCWs who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling dental patient care equipment until the condition resolves.

Hand Hygiene

Hand washing is mandatory (1) before treatment, (2) between patients, (3) after glove removal, (4) during treatment if an object is touched that might be contaminated by another patient’s blood or saliva, and (5) before leaving the operatory.

The following is the recommended procedure for hand washing for routine dental procedures in the clinic and for routine laboratory work with contaminated items:

1. Hand washing protocol:
   a. If necessary, remove visible debris from hands and arms with appropriate cleaner/solvent. Do not abrade skin by using a brush or sharp instrument,
   b. Wet hands and wrists under cool running water,
   c. Dispense sufficient soap or antimicrobial handwash to cover hands and wrists,
   d. Rub the hand wash gently on all areas, with particular emphasis on areas around nails and between fingers, for 15 seconds minimum before rinsing under cool water,
   e. Repeat steps c and d, then dry thoroughly with paper towel.

Hand washing is an extremely effective procedure for the prevention of many infections that are acquired from the transmission of organisms on the hands. Cool water prevents cornstarch from penetrating the skin pores and minimizes the shedding of microorganisms from the subsurface layers of the skin. “Residual” antiseptic handwash has a long lasting antimicrobial effect on the skin that improves with more frequent use throughout the day. (Journal of the American Dental Assoc., Vol. 55, No. 9, p. 624)

Each cubicle also is equipped with an alcohol-based hand rub dispenser.

See article on next page.
Antiseptic antimicrobial hand washes

PRODUCT NAME AND MANUFACTURER
Hibiclens Antiseptic Antimicrobial Skin Cleanser—G C. America, 5757 W. 127th St., Alsip, Ill. 60803, 1-800-323-3386, “www.gcamerica.com”

Hibiclens is a 4 percent chlorhexidine gluconate skin cleanser. Chlorhexidine, which is a broad-spectrum antimicrobial, exerts its properties by disrupting microbial cell membranes. A cationic bisguanidine chlorhexidine was introduced in the United States in the 1970s after decades of use in the United Kingdom and Canada.1

CONSIDERATIONS FOR ACCEPTANCE—SAFETY AND EFFICACY DATA
Skin cleansers containing chlorhexidine gluconate have been shown to be effective antimicrobial agents.2-4 These studies demonstrated a significant, or at least a 2 logarithm, reduction in colony-forming units on hand surfaces washed with 4 percent chlorhexidine gluconate compared with control.

Chlorhexidine has broad-spectrum activity; however, it exhibits varying degrees of activity against different types of organisms. For example, studies have shown that chlorhexidine is more effective against gram-positive bacteria than it is against gram-negative bacteria; is minimally active against tubercle bacillus; is somewhat effective against fungi; demonstrates in vitro activity against HIV, herpes simplex virus, cytomegalovirus and influenza; and reduces Bacillus atrophaeus spore (a surrogate of B. anthracis) contamination.5,6 Furthermore, antibacterial resistance may be predictive of a decreased susceptibility of microbes to chlorhexidine.7,8

The antimicrobial effect of alcohol-based antiseptics is more rapid than that of chlorhexidine; however, a comparable reduction in flora is achieved after 30 seconds of hand washing.1 Chlorhexidine binds strongly to skin, mucous and other tissues, resulting in a persistent antimicrobial effect.9-14 This binding affinity also results in poor percutaneous and oral absorption. The activity of chlorhexidine is reduced in the presence of organic soil.15

The safety of chlorhexidine gluconate has been demonstrated for cleansing the skin of adults and infants, with a low potential for eliciting dermatological reactions.16,17

Antiseptic hand wash products intended for use by health care workers are regulated by the U.S. Food and Drug Administration, or FDA, as over-the-counter drug products. The requirements for in vitro and in vivo testing of these products, as well as surgical hand scrubs, are described in the FDA Tentative Final Monograph for Healthcare Antiseptic Drug Products.18

CONTRAINDICATIONS AND adverse effects
Hand washes that contain chlorhexidine are contraindicated in people who have shown a hypersensitivity reaction to chlorhexidine. Allergic reactions to chlorhexidine, however, are uncommon.19 Skin irritation is concentration-dependent; so products containing 4 percent chlorhexidine are the most likely to cause dermatitis with frequent use.20 Ototoxicity can result with middle ear contact. Corneal damage can result after eye contact.

4. Webster J, Foster JL. An in vivo comparison of chlorhexidine gluconate 4% sv, glycerol polyalkenoate plus methylcellulose and a liquid.
Hand hygiene

In October 2002, the Centers for Disease Control and Prevention, or CDC, released new guidelines for hand hygiene in health care settings. These recommendations were developed by the CDC's Healthcare Infection Control Practices Advisory Committee, in collaboration with the Society for Healthcare Epidemiology of America, the Association of Professionals in Infection Control and Epidemiology and the Infectious Disease Society of America, to improve adherence to hand hygiene in health care settings. According to the CDC, using gloves in health care settings reduces hand contamination by 70 to 80 percent, prevents cross-contamination and protects patients and health care personnel from infection, but it does not eliminate the need for hand hygiene.

Some of the hand hygiene recommendations made in the CDC guidelines are:

- If hands are not visibly soiled, wash with an antimicrobial soap and water or use an alcohol-based hand rub for routine decontaminating hands.
- Decontaminate hands before having direct contact with patients.
- Decontaminate hands before donning sterile gloves.
- Decontaminate hands before inserting invasive devices that do not require a surgical procedure.
- Decontaminate hands after contact with a patient's intact skin.
- Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin and wound dressings if hands are not visibly soiled.
- Decontaminate hands if moving from a contaminated body site to a clean-body site during patient care.
- Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- Decontaminate hands after removing gloves.
- Before eating and after using a restroom, wash hands with a nonantimicrobial soap and water or with an antimicrobial soap and water.
- Antimicrobial-impregnated wipes (for example, towels) may be considered as an alternative to washing hands with nonantimicrobial soap and water.

If hands are visibly soiled, wash with soap and water, use simple hand-washing opportunities on rotation in isolation floors, with hands being used to hold products or with hands being used with hands that have been washed with soap and water.
water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of healthcare workers, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap.

Hand hygiene preparations include plain (nonantimicrobial) soap, alcohol, chlorhexidine, chloroxylenol, hexachlorophene, iodine and iodophors, quaternary ammonium compounds and triclosan.

In addition to regular hand washing with soap and water, the new CDC hand hygiene guidelines also recommend the use of alcohol-based hand rubs. This recommendation was made to address the obstacles to frequent hand washing in healthcare settings. The benefits of using alcohol-based hand rubs are that they are fast-acting, they are more accessible than sinks, they take less time to use, and skin irritation or allergic contact dermatitis is very uncommon. Hand rub dispensers should not be placed near sinks, where they could be confused with soap dispensers.

Since these recommendations were made, the installation of alcohol-based hand rub dispensers has raised fire safety concerns in hospitals. These hand rubs are classified as a class I flammable liquid, which limits placement of dispensers, volume of solution in storage and disposal of containers.

Later this year, the CDC and ADA will be issuing revised recommendations encompassing all infection control practices in the dental office.

For the complete CDC Hand Hygiene Guidelines, visit “www.cdc.gov/handhygiene.”

Medical History
Always obtain a thorough medical history. Include specific questions about medications, current illnesses, hepatitis, recurrent illnesses, unintentional weight loss, lymphadenopathy, oral soft tissue lesions, or other infections. Medical consultation may be indicated when a history of active infection or systemic disease is elicited.

Flush Water Lines
All water lines should be flushed for three minutes at the start of each day and then flushed for 30 seconds between patients. Surfaces that will be contaminated, but not sterilized between patients, should be covered with barrier wrap. Some examples would include: light handles, light switch, air/water syringe control, etc.

Computer Record
Do not touch the computer keyboard with contaminated gloves. If an entry has to be made in the patient record during treatment, an appropriate barrier must be used on the keyboard and over the portion of the computer that the contaminated glove touches.

High-Speed Evacuation
High-speed evacuation should be used whenever possible when using the high-speed handpiece, water spray, or ultrasonic scaler or during a procedure that causes spatter.

Reducing Splatter
The three-way syringe is another source of cross-contamination because it produces spatter. Therefore, caution must be used when spraying teeth and the oral cavity. When used, a potential for splatter must always be considered and appropriate precautions taken. The use of non-splatter producing methods, such as use of warm moist cotton pellets or use of water before air, is recommended.

Dropped Instrument
An instrument that is dropped will not be picked up and reused. If the instrument is essential for the procedure, a sterilized replacement must be obtained. Place dropped instrument in the cubicle sink; remove gloves; wash hands and reglove.

Requirement 6: Cleanup after Patient Treatment

Requirements
“After patient treatment and at the end of the day, the use of heavy utility gloves will be worn:

a) To clean and disinfect all instruments;
b) To decontaminate all surfaces by removing infectious wastes and then disinfecting all environmental surfaces;
c) Rinse and disinfect all impressions, bite registrations and appliances before they are sent to the laboratory.”
Procedure/Rationale:
General Environmental Surface & Equipment Cleaning & Disinfection

Any surface that becomes visibly contaminated with blood or saliva must be cleaned immediately and disinfected using the disinfectant provided in the cubicle. These products are usually applied, carefully wiped off with a disposable wipe, reapplied, and left moist for the recommended time interval. Blood and saliva should be thoroughly and carefully cleaned from instruments and materials that have been used in the mouth.

Many blood and saliva-borne disease-causing microorganisms, such as HBV and Mycobacterium tuberculosis, can remain viable for many hours (even days) when transferred from an infected person to environmental surfaces within dental operatories and other clinical areas. Since subsequent contact with these contaminated surfaces can expose others to such microbes and may result in disease transmission. Adequate measures must be used in each clinical area to control possible transmission from contaminated surfaces.

Use of Barriers

A practical and effective method for routinely managing operatory surface contamination between patients is to use disposable blood/saliva impermeable barriers, such as plastic film and aluminum foil, to shield surfaces from direct and indirect exposure. Removal of blood, saliva and microbes is accomplished by routinely changing surface covers between patients. Time-consuming cleaning and disinfection procedures between patients can then be minimized.

Acceptable Disinfectants

Thorough cleaning between patients is necessary for those uncovered operatory surfaces that are routinely touched and become contaminated during patient treatment. The following guidelines will be followed:

Cleaning Between Patients

Only those chemical disinfectants that are EPA-registered, ADA approved hospital-level mycobactericidal agents capable of killing both lipophilic and hydrophilic virus at use dilution are considered acceptable agents for environmental surface disinfection. Use of any chemical killing-agent not so approved is unacceptable.

Cleaning Protocol

The following protocol for disinfecting the dental delivery unit between patients will be used:

1. Remove gloves and wash hands immediately.
2. Put on utility gloves before beginning the clean-up.
3. Remove barriers from apparatus and items from the dispensary. Clean and disinfect as necessary and return all items to the dispensary in a clean container.
Trash

4. Care should be taken to dispose of trash properly. All cotton products, saliva ejectors, aspirators, used treatment gloves, disposable wipes, etc., used in patient care as well as all other waste should be disposed of in the cubicle trash container.

Sharps

5. Discard needles, such as anesthetic and suture needles, used anesthetic carpules and any disposable sharp instruments, such as scalpel blades, broken instruments, used burs, or any item that could puncture skin, into the rigid sharp’s container.

Disinfection of Impressions

6. Bite registrations, impressions, models, dies and prostheses become contaminated. These items must be cleaned and disinfected prior to removal from clinical areas. Impressions made with materials containing an approved antimicrobial agent and poured with a gypsum product also containing an approved antimicrobial agent shall be rinsed with water, shaken dry and bagged in a headrest cover for transport to the laboratory.

Clean Eyewear

7. Rinse and clean eyeglasses (or faceshield) with detergent and water. Set aside to dry.

Cubicle Preparation

8. Prepare for next patient or prepare cubicle for day’s end. The following items should be disinfected:
   a. Delivery system
   b. Air/water syringe
   c. Light handles and switch
   d. Saliva ejector holder
   e. Evacuator hose and on-off knob on evacuator
   f. Patient chair - including base
   g. Non-fabric parts of operator & assistant chairs
   h. Paper product container
   i. Partition
   j. Top of rheostat
   k. Top and front of mobile cabinet (Don’t disinfect or use alcohol on the light shield as it will pit and discolor it.)
**Requirement 7: Personal Hygiene and General Clinic Policy**

**Personal Hygiene**

“All DHCWs will follow the personal hygiene procedures:

a) hair cleared away from the face;

b) facial hair covered by a face mask;

c) finger nails should be clean and short; and

d) no eating on the first floor, faculty practice, and surgery.

**Procedure/Rationale**

Hair and nails are known to harbor higher levels of bacteria than skin. Long nails are more difficult to clean and may potentially penetrate gloves. Jewelry should be removed for the same reasons. Dental health care workers with injured or cracked skin, erosions, or eczema on hands or arms should exercise additional caution such as using mild soaps and lotion until the lesions are healed.

**Food Consumption or Preparation**

Food consumption or preparation on the first floor, clinical area of the faculty practice, and the oral surgery clinic is not allowed. Food can be stored in these areas and taken to eating areas. Beverages such as coffee, tea, and soft drinks can be consumed in areas away from designated patient treatment areas such as private offices and team offices.

**Requirement 8: Use of Extracted Teeth**

**Requirement**

Extracted teeth used in education should be considered infective and classified as clinical specimens. Extracted teeth should be cleansed and disinfected.

**Procedures/Rationale**

Extracted teeth used in education should be considered infective and classified as clinical specimens because they contain blood. All persons who collect, transport or manipulate extracted teeth should handle them with the same precautions as a specimen for biopsy.

**Standard Precautions**

Standard precautions should be adhered to whenever extracted teeth are handled; because preclinical educational exercises simulate clinical experiences, students enrolled in dental education programs should adhere to standard precautions in both preclinical and clinical settings. In addition, all persons who handle extracted teeth in dental educational settings should receive hepatitis B vaccine.

**Cleaning & Storage**

Before extracted teeth are manipulated in dental education exercises, the teeth should be cleaned of adherent patient material by scrubbing with detergent and water or by using an ultrasonic cleaner. Teeth should then be stored, immersed in a fresh solution of sodium hypochlorite (household bleach diluted 1:10 with...
tap water) or any liquid chemical germicide suitable for clinical specimen fixation.

**Use of PPE**

Persons handling extracted teeth should wear gloves. Gloves should be disposed of properly and hands washed after completion of work activities. Additional personal protective equipment (e.g., face shield or surgical mask and protective eyewear) should be worn if mucous membrane contact with debris or spatter is anticipated when the specimen is handled, cleaned, or manipulated. Work surfaces and equipment should be cleaned and decontaminated with an appropriate liquid chemical germicide after completion or work activities.

Extracted teeth may be given to the patient after removal.

**Reference**


**Requirement 9:**

**Enforcement of Clinical Guidelines**

**Requirement**

Failure to comply with the above Basic Requirements will result in appropriate disciplinary action.
Handling Biopsy Specimens

All tissues removed should be subjected to gross and/or microscopic examination with all findings placed in the patient treatment record. In general, each specimen should be put in a sturdy container with a secure lid to prevent leaking during transportation. Care should be taken when collecting specimens to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it should be cleaned and disinfected, or placed in an impervious bag.

Specific Management Situations

Acquired Immune Deficiency Syndrome (AIDS)

It is scientifically safe to treat these patients. The treatment procedures should be the same as those used for a known hepatitis B carrier. Pursuant to Chancellor’s Memorandum #53 and UMKC AIDS Policy Statement dated October 24, 1988, the following should be considered the proper care for HIV+ and AIDS patients at the UMKC Dental School:

Treating HIV Patients

All HIV+ patients will be treated the same as any other patient presenting for care at the dental school.

HIV+ patients will be screened either through emergency clinic if they present there, or through general screening if they present as a patient there.

HIV+ patients will be automatically assigned as depicted in the clinic manual.

Treatment for HIV+, AIDS, and Hepatitis patients will be rendered in the Clinic just as for any other patient.

Guidelines for Management of HIV-Positive Patients

Medical history should include:

- Basic biochemical data
- A complete hemogram (including a differential leukocyte count)
- HIV-1 RNA copies (viral load)
- Number and percentage of CD4 and CD8 lymphocytes
- If surgical procedures are being considered, the total platelet count must be evaluated. Total platelet count must be above 50,000/mm.
- If surgical procedures are being considered, coagulation tests should also be performed.
- If the patient was neutropenic (WBC < 1000), he or she needed antibiotic coverage.
Asymptomatic HIV-positive patients with a CD4 count/percentage of more than 500 cells/mm can undergo any dental treatment including oral or implant surgery.

HIV-positive patients with a CD4 count of less than 200 cells/mm should only undergo emergency surgery after antibiotic prophylaxis.

Generally a medical consult for the above items will be necessary. In some cases patients may be at risk for developing bacterial endocarditis; therefore, antibiotic prophylaxis is recommended.

For additional information refer to:


**Bisphosphonate Use**

Bisphosphonates are prescribed to treat a number of conditions including osteoporosis/osteopenia, Paget’s Disease, and reduce the skeletal bone resorption due to the treatment of breast, lung, and prostate cancers. In 2003, reports of bisphosphonate-associated osteonecrosis of the jaw (BON) associated with the use of Zometa (zolendronic acid) and Aredia (pamidronate) began to surface. The majority of reported cases have been associated with dental procedures such as tooth extraction; however, less commonly BON appears to occur spontaneously in patients taking these drugs. Because information is constantly being updated, dentists, dental hygienists, and students providing care to patients, should consult the following ADA website prior to treating patients on bisphosphonates to properly assess, plan, and implement dental and dental hygiene care.

**Fen-Phen**

ADA Statement on HHS Warning to Former Phen-Fen Users: The U.S. Department of Health and Human Services is now recommending that the estimated 4.6 million people who were taking the appetite suppressant drugs fen-phen (fenfluramine [fen] and phentermine [phen]) or dexfenfluramine or fenfluramine alone receive a complete physical examination and echocardiogram to determine if they have any adverse heart conditions.

Dentists who have patients who were on these medications should refer them to their physician for the recommended evaluation and treatment before conducting any dental procedure.
that may cause significant bleeding. Based on what the evaluation reveals, the dentist may then provide necessary dental treatment in accordance with the revised 1997 guidelines titled: “Prevention of Bacterial endocarditis: Recommendations by the American Heart Association and A Statement for the Dental Profession.” These guidelines were approved by the ADA’s Council on Scientific Affairs and published in the August 1997 *Journal of the American Dental Association*. Source: ADA Warning to Former Phen-Fen Users. Additional information can be obtained in: Wilson, W., Taubert, K., Gewitz, P. et al. Prevention of infective endocarditis: Guidelines from the American Heart Association: A guideline from the American Heart Association Rheumatic Fever, Endocarditis and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group. JADA 2008; 139: 35-95.

**Diabetes**

Diabetes is associated with multiple co-morbidities affecting a variety of oral systems including periodontal disease. Dental management of the diabetic patient requires careful management of their blood glucose. Consult Little and Falace, *Dental Management of the Medically Compromised Patient*, 7th edition, 2008. In a patient with diagnosed diabetes, the hemoglobin A1c test (HbA1c) is used to monitor the patient’s overall glycemic control. Normal HbA1c is <6%. Table 1 (next page) provides a summary interpretation of HbA1c values. Patients presenting with a value >8% should have their blood glucose checked chairside. This is preferably done by asking the patient to bring their own glucometer with them to each visit. If their personal glucometer is not available please refer to the reference guide for using the One Touch Basic, available for clinic use (see pages 4.33-4.35). Figure 2 (next page) provides the interpretation and management associated with blood glucose (glucometer) readings. The glucometer should also be used to screen for diabetes chairside. Treatment should be deferred and a medical consult ordered according to these guidelines.
Table 4.1
American Diabetes Association Recommendations for HbA1c Levels

<table>
<thead>
<tr>
<th>HbA1c (%)</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;6</td>
<td>Normal value</td>
</tr>
<tr>
<td>&lt;7</td>
<td>Treatment goal for patient with diabetes; diet, exercise, and/or medications should control glucose levels well enough to maintain HbA1c values &lt;7%</td>
</tr>
<tr>
<td>&gt;8</td>
<td>Physician intervention in diabetes management regimen is recommended to improve glycemic control</td>
</tr>
</tbody>
</table>

Table 4.2 Decision-making diagram for the dental treatment of patients with diabetes depending on blood glucose (Glucometer) reading.


Fasting Blood glucose (Glucometer) reading

<table>
<thead>
<tr>
<th>&lt;70 mg/dl</th>
<th>&gt;200 mg/dl</th>
</tr>
</thead>
<tbody>
<tr>
<td>defer elective treatment or give carbohydrates</td>
<td>defer elective treatment give hypoglycemic (or insulin) or refer to physician</td>
</tr>
</tbody>
</table>

Diabetes Mellitus

- Glycosylated Hemoglobin of Diabetics
  - HbA1c equal or below 6.5-7% is "good control"
  - HbA1c between 7% and 9% is "moderate control"
  - HbA1c greater than 9% is "poor control"

HbA1c and Plasma Glucose

<table>
<thead>
<tr>
<th>HbA1c (%)</th>
<th>Average Plasma Glucose (mg/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>126</td>
</tr>
<tr>
<td>7</td>
<td>154</td>
</tr>
<tr>
<td>8</td>
<td>183</td>
</tr>
<tr>
<td>9</td>
<td>212</td>
</tr>
<tr>
<td>10</td>
<td>240</td>
</tr>
<tr>
<td>11</td>
<td>269</td>
</tr>
<tr>
<td>12</td>
<td>298</td>
</tr>
</tbody>
</table>

Conversion of HbA1c to Estimated Average Glucose (EAG) Value

\[(HbA1c \times 28.7) - 46.7 = EAG (mg/dl)\]

6.8 \times 28.7 - 46.7 = 148.46 mg/dl

Slides provided by Dr. John Rapley.
**Active Hepatitis**


**Physical Status of Patient**

The extent of the patient’s medical, physical, and psychological risk determines modification necessary during treatment. Patient positioning, sequence and timing of treatments, and prevention of medical complications need consideration.

The American Society of Anesthesiologists’ (ASA) Classification System\(^\text{18}\) (Table 21-1) and the OSCAR Planning Guide\(^\text{19}\) (Table 21-2) are two examples of systematic approaches used to help determine modifications necessary when providing patient care.
TABLE 21-1  ASA* PHYSICAL STATUS CLASSIFICATION SYSTEM

<table>
<thead>
<tr>
<th>ASA CLASSIFICATION</th>
<th>EXAMPLES OF PHYSICAL OR PSYCHOSOCIAL MANIFESTATIONS</th>
<th>DENTAL HYGIENE TREATMENT CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA I</td>
<td>Without systemic disease; a normal, healthy patient with little or no dental anxiety</td>
<td>Able to walk one flight of stairs with no distress</td>
</tr>
<tr>
<td>ASA II</td>
<td>Mild systemic disease or extreme dental anxiety</td>
<td>Must stop after walking one flight of stairs because of distress</td>
</tr>
<tr>
<td>ASA III</td>
<td>Systemic disease that limits activity but is not incapacitating</td>
<td>Must stop en route walking one flight of stairs Chronic cardiovascular conditions Controlled insulin-dependent diabetes Chronic pulmonary diseases Elevated blood pressure ADL/IADL level = 1</td>
</tr>
<tr>
<td>ASA IV</td>
<td>Incapacitating disease that is a constant threat to life</td>
<td>Unable to walk up one flight of stairs Unstable cardiovascular conditions Extremely elevated blood pressure Uncontrolled epilepsy Uncontrolled insulin-dependent diabetes</td>
</tr>
<tr>
<td>ASA V</td>
<td>Patient is moribund and not expected to survive</td>
<td>End-stage renal, hepatic, infectious disease, or terminal cancer</td>
</tr>
</tbody>
</table>

*American Society of Anesthesiologists
Adapted from: Malamed, S. F. Medical Emergencies in the Dental Office, 5th ed. St. Louis, Mosby, 2000, pp. 41-44

TABLE 21-2  TREATMENT PLANNING WITH OSCAR

A systematic approach to identifying factors to evaluate when planning dental hygiene care.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>FACTORS OF CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Teeth, restorations, prostheses, periodontium, pulpal status, oral mucosa, occlusion, saliva, tongue, alveolar bone</td>
</tr>
<tr>
<td>Systemic</td>
<td>Normative age changes, medical diagnoses, pharmacologic agents, interdisciplinary communication</td>
</tr>
<tr>
<td>Capability</td>
<td>Functional ability, self-care, caregivers, oral hygiene, transportation to appointments, mobility within the dental office</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Decision-making ability, dependence on alternative or supplemental decision makers</td>
</tr>
<tr>
<td>Reality</td>
<td>Prioritization of oral health, financial ability or limitations, significance of anticipated life span</td>
</tr>
</tbody>
</table>

Accidental Exposure Protocol

Introduction

Significant Exposures:

- Contaminated needle-stick.
- Puncture wound from a contaminated sharp instrument.
- Contamination of any obviously open wound or the mucous membranes by saliva, blood, or a mixture of both saliva and blood.

Exposure to the patient’s blood or saliva on the unbroken skin is not considered significant.

Risk of Infection

If you have been exposed to blood or body fluid from a patient, you may be at risk of exposure to bloodborne pathogens (disease-causing germs carried by blood, such as hepatitis or HIV). Since we never know whose blood may carry germs, we need to take precautions regarding your exposure.

While the risk is very low, it is not zero.

- Exposure from needle sticks or cuts cause most infections. The average risk of HIV infection after a needle stick/cut exposed to HIV infected blood is about 1 in 300, or 99.7% of needle stick/cut exposures do not lead to infection.
- The risk after exposure of the nose or mouth to HIV infected blood is estimated to be about 1 in 1,000.

Exposure Accident Protocol

A. Immediately cleanse the wound thoroughly with soap and water. Do not squeeze or pinch the area to draw out blood.

B. Report the exposure incident to Ms Dana Linville in room 196, phone extension 2124 or to Dr. Eplee in Room 123A phone extension 2152. If these individuals are not available, please see Jennifer Smith, R.N. in Oral Surgery, extension 2017.

C. If the source patient of the body fluids is known, please take the patient to Oral Surgery to have blood drawn. The following tests will be done on the patient:

1. HIV — Consent is required.
2. HbsAG (Hepatitis antigen) — to see if the patient is a Hepatitis B carrier
3. HCV — to see if patient is a Hepatitis C Carrier.

D. The student will report to Truman Medical Center’s Occupational Health Department with the patient’s blood for counseling and blood work assessment. (You may obtain a map to the Occupational Health Department from Oral Surgery; Ms. Dana Linville, room 168B; or Dr. Harvey...
E. In order to assess whether the student has been previously exposed to hepatitis or HIV, the student’s blood will be drawn at Truman Medical Center and tested for the following:

1. HIV (Human Immunodeficiency Virus), consent is required
2. HbsAB (Hepatitis Anitbodies)
3. HCV

### HIV Blood Test Results and Treatment

<table>
<thead>
<tr>
<th>Source Patient</th>
<th>Student or Worker Exposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed AIDS; HIV positive; refuses medical evaluation for testing; or unknown post-exposure medication source</td>
<td>Receive counseling and post-exposure medication</td>
</tr>
</tbody>
</table>

### If Post-Exposure Medication is Indicated

The short-term and long-term harmful effects of taking antiviral medication by a non-infected individual is uncertain at this time. The adverse effects of taking antiviral medication during pregnancy is not fully known at this time.

When taking post exposure prophylactic medication, you should be aware of the following side effects of each drug.

- **Upset stomach (e.g. nausea, vomiting, diarrhea), tiredness, or headache for people taking ZDV.**
- **Upset stomach and, in rare instances, pancreatitis for people taking 3TC.**
- **Jaundice and kidney stones in people taking IDV, although these side effects are infrequent when IDV is taken for less than one month. The risk of kidney stones may be reduced by drinking 48 oz. of fluid per 24 hour period.**

### Is post-exposure treatment recommended for all types of occupational exposures to HIV?

No. Because most occupational exposures do not lead to HIV infection, the chance of possible serious side effects (toxicity) from the drugs used to prevent infection may be much greater than the chance of infection from the exposure. The risk of infection and possible side effects of the drugs should be carefully considered when deciding whether to take the medication.
Exposures with a lower risk for infection may not be worth the side effects associated with these drugs.

What about exposures to blood for which the HIV status of the source patient is unknown?

If the source individual cannot be identified or tested, decisions regarding follow-up should be based on the exposure risk and whether the source is likely to be a person who is HIV positive.

Follow-up HIV testing is available to all workers who are concerned about possible infection through occupational exposure.

**Hepatitis B Blood Test Results and Treatment Recommendations**

<table>
<thead>
<tr>
<th>Exposed Worker</th>
<th>HbsAg-positive</th>
<th>HbsAg-negative</th>
<th>Unknown or not tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceding Vaccinated&lt;sup&gt;1&lt;/sup&gt;</td>
<td>No treatment</td>
<td>No treatment</td>
<td>No treatment</td>
</tr>
<tr>
<td>1. Known Responder&lt;sup&gt;2&lt;/sup&gt;</td>
<td>No treatment</td>
<td>No treatment</td>
<td>No treatment</td>
</tr>
<tr>
<td>2. Known Non-Responder&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1. Worker should receive two (2) doses HBIG (give second dose one (1) month after first dose)</td>
<td>No treatment</td>
<td>If known high-risk source, may treat worker as if source were HbsAg-positive</td>
</tr>
<tr>
<td>3. Response Unknown&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Test exposed worker for anti-HBs: 1. If inadequate&lt;sup&gt;5&lt;/sup&gt;, dose HBIG plus hepatitis B vaccine booster dose 2. If adequate&lt;sup&gt;5&lt;/sup&gt;, no treatment</td>
<td>No treatment</td>
<td>Test exposed worker for anti-HBs: 1. If inadequate, initiate revaccination 2. If adequate, no treatment</td>
</tr>
</tbody>
</table>

---

1 Exposed worker has already been vaccinated against hepatitis B.
2 Anti-HBs were > to 10 milli-international units (Antibody Positive)
3 Anti-HBs were < 10 milli-international units (Antibody Negative)
4 Individual's antibody level was never tested
5 Adequate anti-HBs is > 10 milli-international units
Hepatitis C Blood Test

**Treatment**
- For the source, baseline testing for anti-HIV
- For the person exposed to the HCV-positive source, baseline testing and follow-up testing including:
  - baseline testing for anti-HCV; and
  - follow-up testing for anti-HCV at 12 weeks and 6 months
- Confirmation by supplemental anti-HCV testing of all anti-HCV results reported as positive by enzyme immunoassay

**Definitions**
1. HBsAg refers to the hepatitis B surface antigen.
2. Anti-HBs refers to the antibody to the hepatitis B surface antigen.
3. HBIG refers to hepatitis B immune globulin.
4. Anti-HIV refers to the antibody to the human immuno deficiency virus.
5. Anti-HCV refers to the antibody to the Hepatitis C antigen

**References**
Public Health Service Guidelines for the Management of Health-Care Worker Exposures to HIV and Recommendations for Post-exposure Prophylaxis; MMWR 47 (RR-7); 1-28; Publication date 5/15/1998

Truman Medical Center-West Blood/Body Fluid Exposure on Health Care Workers
MMWR Oct. 16, 1998; 47 (RR-19); 1-39 Recommendations for Prevention and Control of Hepatitis C (HCV) Infection and HCV-Related Chronic Disease
MMWR 1997; 46 (RR-18); 23 Immunization of Health-Care Workers; Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practice Advisory Committee.
OCCUPATIONAL EXPOSURE

DIRECTIONS TO TRUMAN MEDICAL CENTER-WEST

OCCUPATIONAL HEALTH

ADDRESS
2301 Holmes
KCMO 64108

HOURS
Monday-Friday for Initial Visits:
7:30 a.m. - 12:00 p.m. & 1-2:30 p.m.; closed 12-1 p.m. for lunch.
After 2:30 p.m., report to the E.R. for Initial Visits
(call E.R. Charge Nurse at 816-404-1500 to report that you are coming).
Follow-Up Visits: clinic is open 7:30 a.m. - 12:00 p.m. & 1-3:30 p.m., Monday - Friday
(You can always call to work out a follow-up appointment time).

PHONE
(816) 404-2770

- Exit the School of Dentistry and walk North down Holmes Street
- Turn into ER Entrance
- Walk past ER Entrance
- Enter Clinic Elevator Room (just past ER Entrance)
- Take Clinic Elevators up to 4th floor

- Exit Elevator, turn South (toward the patient clinics)
- Walk approximately 20 feet
- Occupational Health is on the left-hand side of the hall
- Check in with the receptionist

Map to Truman Med Center-West

Things to Take to the Occupational Health Department

- The Source Patient’s Blood (Have the blood drawn by Jennifer Smith, RN in Oral Surgery).
- Knowledge of your Hepatitis B seroconversion status: Was your anti-body level tested after your vaccination series? Were you anti-body positive or negative?
- Identification
GUIDELINES FOR PROPHYLACTIC ANTIBIOTIC COVERAGE

Introduction

These protocols reflect sound medical/dental practice. They are not intended to be a rigid and comprehensive set of rules nor are they intended to replace the need for a medical consultation. They should, however, be helpful to all practitioners interested in a conscientious approach to medical and dental care.

Endocarditis

Surgical procedures or instrumentation involving mucousal surfaces or contaminated tissue commonly cause transient bacteremia that rarely persists for more than 15 minutes. Bloodborne bacteria may lodge on damaged or abnormal heart valves or on endocardium or endothelium near congenital anatomic defects, resulting in bacterial endocarditis or endarteritis (“endocarditis” is used here for both endocarditis and endarteritis). Although bacteremia is common following many invasive procedures, only a limited number of bacterial species commonly cause endocarditis. It is impossible to predict which individual patient will develop this infection or which particular procedure will be responsible.

Bacteremia

Certain cardiac conditions are more often associated with endocarditis than others. Patients at risk are those who have congenital or acquired endocardial, endothelial, or valvular defects. Furthermore, certain dental and surgical procedures are much more likely to initiate the bacteremia that results in endocarditis than are other procedures. Prophylactic antibiotics are recommended for patients at risk for endocarditis whenever they undergo procedures likely to cause bacteremia with organisms that commonly cause endocarditis.

Previous American Heart Association Conclusions

Previous American Heart Association guidelines on prophylaxis listed a considerable number of dental procedures and events by which antibiotic prophylaxis was and was not recommended. Dental procedures were assumed to cause infective endocarditis in patients with underlying cardiac risk factors and that antibiotic prophylaxis was effective. Scientific proof is deficient to support these assumptions. The American Heart Association notes, “Collective published evidence suggests that of the total number of cases of IE that occur annually, it is likely that an exceedingly small number are caused by bacteremia-producing dental procedures. Accordingly, only an extremely small number of cases of IE might be prevented by antibiotic prophylaxis even if it were 100 percent effective. The vast majority of cases of IE
caused by oral microflora most likely result from random bacteremias caused by routine daily activities, such as chewing food, tooth brushing, flossing, use of toothpicks, use of water irrigation devices, and other activities.”

2007 American Heart Association Conclusions

After critical review of the published data, the American Heart Association concluded that:

- Transient viridans group streptococcal bacteremia may result from any dental procedure that involves manipulation of the gingival or periapical region of the teeth or perforation of the oral mucosa.
- It cannot be assumed that manipulation of a healthy-appearing mouth or a minimally invasive dental procedure reduces the likelihood of a bacteremia.
- Antibiotic prophylaxis is recommended for patients with the conditions listed in Table 1 who undergo any dental procedure that involves the gingival tissues or periapical region of a tooth and for those procedures that perforate the oral mucosa (Table 2).

Bacterial Endocarditis Risk Reduction

The presence of dental disease may increase the risk of infective endocarditis resulting from random bacteremias associated with routine daily activities such as chewing, tooth brushing, flossing. The American Heart Association recommends shifting emphasis from dental procedures and antibiotic prophylaxis to improving access to dental care and the oral health of patients with underlying cardiac conditions associated with the highest risk of adverse outcomes from infective endocarditis.

Re-Educating Patients

The American Heart Association recommends clinicians use the following discussion points to re-educate patients about the revision of the Infective Endocarditis Prophylaxis Guidelines:

- IE is much more likely to result from frequent exposure to random bacteremias associated with daily activities than from bacteremia caused by a dental, GI tract, or GU tract procedure.
- Prophylaxis may prevent an exceedingly small number of cases of IE, if any, in individuals who undergo a dental, GI tract, or GU tract procedure.
- The risk of antibiotic-associated adverse events exceeds the benefit, if any, from prophylactic antibiotic therapy.
- Maintenance of optimal oral health and hygiene may reduce the incidence of bacteremia from daily activities and is more important than prophylactic antibiotics for a dental procedure to reduce the risk of IE.
### TABLE 1
**Cardiac Conditions Associated with the Highest Risk of Adverse Outcome from Endocarditis for which Prophylaxis with Dental Procedures Is Recommended**

- Prosthetic cardiac valve
- Previous IE
- Congenital heart disease (CHD)*
  - Unrepaired cyanotic CHD, including palliative shunts and conduits
  - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure**
  - Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)
  - Cardiac transplantation recipients who develop cardiac valvulopathy

*Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.

**Prophylaxis is recommended because endothelialization of prosthetic material occurs within six months after the procedure.

### TABLE 2
**Dental Procedures for Which Endocarditis Prophylaxis Is Recommended for Patients in Table 1**

*All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa*

*The following procedures and events do not need prophylaxis:
- routine anesthetic injections through noninfected tissue
- taking dental radiographs, placement of removable prosthodontic or orthodontic appliances
- adjustment of orthodontic appliances
- placement of orthodontic brackets
- shedding of deciduous teeth
- bleeding from trauma to the lips or oral mucosa

### TABLE 3 — **Standard Antibiotic Regimens for a Dental Procedure**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Agent</th>
<th>Regimen: Single Dose 30–60 min Before Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Amoxicillin</td>
<td>2 g 50 mg/kg</td>
</tr>
<tr>
<td>Unable to take oral med</td>
<td>Ampicillin OR</td>
<td>1 g IM or IV 50 mg/kg</td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin—oral</td>
<td>Cepalexin* OR</td>
<td>2 g 50 mg/kg</td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin and unable to take oral medication</td>
<td>Cefazolin or Ceftriazone OR</td>
<td>600 mg 20 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Azithromycin OR</td>
<td>500 mg 15 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Clarithromycin OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td>600 mg IM or IV 20 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Cefazolin or Ceftriazone OR</td>
<td>1 g IM 50 mg/kg</td>
</tr>
<tr>
<td></td>
<td>Clindamycin</td>
<td>600 mg IM or IV 20 mg/kg</td>
</tr>
<tr>
<td>IM=intramuscular; IV=intravenous.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.

NEW ADVISORY CAUTIONS AGAINST EARLY CESSATION OF ANTIPLATELET THERAPY FOR PATIENTS WITH DRUG-ELUTING STENTS

Overview

A new advisory from the American Heart Association, the American Dental Association and three other agencies recommends that patients with drug-eluting stents (DES) continue dual antiplatelet therapy for at least one year after implantation. The joint advisory, published in the journal Circulation, received online news coverage from the Associated Press, the American Heart Association, and Medical News Today.

The advisory statement strongly recommends against premature discontinuation of antiplatelet (anti-clotting) therapy for patients who have implanted drug-eluting stents, particularly within the first 12 months after placement. This recommendation is intended to educate health care providers and patients about the "potentially catastrophic risks" faced by DES recipients who are taken off antiplatelet medications. The recommendation is also supported by recently published studies, which suggested that DES-treated patients who stopped antiplatelet therapy were at increased risk of acute myocardial infarction and/or death.

Patients with drug-eluting stents receive slow-release medication directly into an arterial wall to inhibit the formation of scar tissue, a condition known as in-stent restenosis (reblockage). To minimize the risk of reblockage after DES implantation, patients are typically maintained on a dual antiplatelet regimen: aspirin with either clopidogrel (Plavix) or ticlopidine (Ticlid). Today, more patients have drug-eluting stents than ever before, and dual antiplatelet therapy is commonly prescribed for DES recipients. Yet when those patients require simple oral surgery, they are sometimes advised by physicians or dentists to discontinue their anticoagulation therapy.

As noted in the new advisory and a November 2003 JADA article, the literature does not support early cessation of anticoagulant medications before receiving dental treatment, and there are no well-documented cases of clinically significant bleeding following dental procedures, including multiple extractions. The multi-agency writing group, which developed the new advisory, agreed with a joint clinical practice recommendation for 12 months of dual antiplatelet agents after DES implantation. The advisory urges health care providers to work in full collaboration to ensure optimal patient care and to thoroughly educate DES recipients about the significant risks associated with early cessation of antiplatelet therapy.

Dentists should be fully aware of the potential risks of premature discontinuation of antiplatelet therapy for patients with drug-eluting stents. The advisory recommends that elective procedures with significant risks of bleeding be deferred until completion of the course of antiplatelet therapy, which is at least 12 months after DES placement, or at least one month after non-drug-coated stent placement. Dentists who perform invasive or surgical procedures on stent patients should take a comprehensive medical history and contact the treating cardiologist if questions arise regarding the patient's antiplatelet therapy. Additional information is available in the full report from the advisory panel.

Footnotes


http://www.ada.org/prof/resources/topics/science_antiplatelet_stents.asp

7/30/2007


5 Paddock C. Patients with drug-eluting stents should take anti-platelet medication for 12 months to avoid fatal heart attacks. Medical News Today, January 17, 2007.


Return to Top

Science in the News is a service by the American Dental Association (ADA) to present current information about science topics in the news. The ADA is a professional association of dentists committed to the public's oral health, ethics, science and professional advancement; leading a unified profession through initiatives in advocacy, education, research and the development of standards. As a science-based organization, the ADA's evaluation of the scientific evidence may change as more information becomes available. Your thoughts would be greatly appreciated.

Page Posted January 2007

Quick Links

A-Z Topics: Science in the News

Total Joint Replacement

Guidelines for patients who have a total joint replacement were updated by the American Academy of Orthopedic Surgeons (AAOS) in 2009. In 1997, the ADA and the AAOS developed an Advisory Statement on Antibiotic Prophylaxis for Dental Patients with Total Joint Replacements. The Advisory Statement was reviewed and revised in 2003, consistent with the ADA's practice of periodically reviewing all its guidelines to make sure they take into consideration any new information. The 2003 Total Joint Advisory Statement issued by the ADA and AAOS was retired by AAOS consistent with their process requiring review of statements every five years. AAOS issued a new statement in 2009 that consolidates their prophylaxis recommendations for dental and medical procedures. The AAOS 2009 Information Statement differs from the 2003 AAOS/ADA Advisory Statement on the following topics:

- AAOS now states that:
  “Given the potential adverse outcomes and cost of treating an infected joint replacement, the AAOS recommends that clinicians consider antibiotic prophylaxis for all total joint replacement patients prior to any invasive procedure that may cause bacteremia.”

By contrast, the 2003 advisory statement recommended antibiotic prophylaxis for all patients within the first two years after replacement surgery only; after two years, the recommendation for prophylaxis was limited to patients who had comorbidities that might place them at increased risk for hematogenous total joint infection (i.e. immunocompromised patients).

- Specific dental procedures that may potentially cause a bacteremia are not identified in the new statement. In the 2003 statement, the following procedures were identified as having a higher incidence of bacteremia: dental extractions; periodontal procedures, including surgery, subgingival placement of antibiotic fibers/strips, scaling and root planing, probing, recall maintenance; dental implant placement and replantation of avulsed teeth; endodontic (root canal) instrumentation or surgery only beyond the apex; initial placement of orthodontic bands but not brackets; intraligamentary and intrasosseous local anesthetic injections; prophylactic cleaning of teeth or implants where bleeding is anticipated.

- AAOS does not include a recommendation for an antibiotic regimen for patients who are allergic to penicillin. In the 2003 statement, clindamycin (600 milligrams one hour before the procedure) was the recommended antibiotic.

The updated AAOS Information Statement is available at: www.aaos.org/about/papers/advistmt/1003.asp
CONSULTATION LETTERS

Indications for Physician Consultation Letters 3/1/95

The following is a listing of conditions found during medical histories in which a consultation with the physician will generally be indicated. This is not a total list of conditions needing consultation. Also, patients with these conditions will not always have to have a consultation letter sent. The evaluation of the doctors present will determine the specific times that consultation letters are necessary.

1. **Myocardial infarcts** that have occurred within the last six months or patients who have had multiple myocardial infarcts. Information needed from the physician should include his/her evaluation of the cardiovascular condition and medications the patient is taking. Generally, no treatment until reply received.

2. Patients receiving **anticoagulant treatment**. Information needed from the physician should include the current International Normalized Ratio (INR) in the last four weeks. Patients free of acute infection and presenting with an INR of 3.5 or less may continue with dental treatment. When the INR is greater than 3.5, invasive procedures should be delayed. (Please refer to Little and Falzace, *Dental Management of the Medically Compromised Patient*, 7th edition, 2008 p.424-425.)

3. Any patient who has had **open heart surgery** or a **prosthetic valve placement**. It is important to ascertain from the physician the exact nature of the surgery and the current status of the patient. Determine if the prosthetic valve patient is taking anti-coagulants.

4. A recent history of **tuberculosis** or a history of tuberculosis in which there is a question as to the effectiveness of the treatment. Information needed from the physician: What type of treatment did the patient receive; has there been adequate follow-up?

5. Any **malignant disease** currently under treatment or discovered within the last two years. Information to be requested from the physician should include the exact nature of the malignancy, the treatment rendered, and the prognosis.

6. A history of **bleeding or clotting** abnormalities in which a diagnosis has been made. The physician should be asked: What is the diagnosis? If procedures that will cause bleeding are to be done, the physician’s cooperation in management of the patient should be sought.
7. **Congenital heart defects**: Physicians should be asked what type of defect is present.

8. **Uncontrolled diabetes mellitus** or a patient who is suspected of having diabetes mellitus and is not being treated for it. Patient receiving daily insulin needs a consultation prior to surgery (oral or periodontal) to adjust the amount of their daily insulin dosage to compensate for the decreased food intake. The physician needs to be asked his opinion of the control of the diabetes in the patient.

9. **Jaundice**: Physicians need to be asked the cause of the jaundice: Was it the result of hepatitis, and what type hepatitis? Antigen-antibody levels, if available, need to be determined.

10. **Multiple medications**, four or more, especially if they involve corticosteroids, psychotropics, anticoagulants or sedatives. The physician needs to be asked to verify that the medications are prescribed. Tactfully ask for what condition they are prescribed.

11. **Pregnancy**: A consultation letter is sent primarily to inform the obstetrician that dental treatment is being rendered.

12. **AIDS, HIV**: Determine the stage of the patient’s disease, the opportunistic infections the patient has and what other associated conditions are present. Determine the T4 count. If patient is neutropenic (WBC<1000) he or she needs antibiotic coverage.

13. **Splenectomy**: Determine if the patient has had a splenectomy and the reason for the procedure. These patients will need to be covered with the AHA endocarditis prophylaxis regimen.

14. **Vascular surgery**: indwelling catheters and shunts. Determine if these are present. If a vascular graft, determine if artificial material was used. AHA endocarditis prophylaxis regimen to be used on all patients with artificial grafts, catheters and shunts.

15. **Prosthetic joints**: All patients must have antibiotic coverage prior to dental treatment.

16. **Bisphosphonate Use**: Bisphosphonates are prescribed to treat a number of conditions including osteoporosis/osteopenia, Paget’s Disease, and reduce the skeletal bone resorption due to the treatment of breast, lung, and prostate cancers. In 2003, reports of bisphosphonate-associated osteonecrosis of the jaw (BON) associated with the use of Zometa (zolendronic acid) and Aredia
(pamidronate) began to surface. The majority of reported cases have been associated with dental procedures such as tooth extraction; however, less commonly BON appears to occur spontaneously in patients taking these drugs. Because information is constantly being updated, dentists, dental hygienists, and students providing care to patients, should consult the following ADA website prior to treating patients on bisphosphonates to properly assess, plan, and implement dental and dental hygiene care: www.ada.org/prof/resources/topics/osteonecrosis.asp.

17. A history of **hypertension** or a blood pressure reading above 160/95. The following table is a guideline for the management of patients who are not being treated for hypertension. Patients being treated for hypertension need a consultation letter sent for all readings of 160/95 or above. Requirements and restrictions listed are applicable.

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Reading Action</th>
<th>Dental Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>120-139/80-89 mm Hg (pre-hypertension)</td>
<td>Educate patient that they have pre-hypertension and discussion of modifiable risk factors should be discussed. Repeat blood pressure at each visit; if patient does not seek regular medical care a referral and consultation with a physician is indicated.</td>
<td>No restrictions.</td>
</tr>
<tr>
<td>&gt;140/90 mm Hg OR</td>
<td>Educate patient they have hypertension and discuss modifiable risk factors. Repeat blood pressure at each visit; if readings are consistently between these figures referral to and consultation with physician is indicated.</td>
<td>Routine preventative and restorative. Sedation or anxiety control may be necessary. Surgery only after consultation</td>
</tr>
<tr>
<td>&gt;130/80 mm Hg (for patients with diabetes and chronic kidney disease)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 160/95 mm Hg</td>
<td>Referral to and consultation with physician is required.</td>
<td>Diagnosis; non-surgical dental treatment if approved by diagnosis faculty.</td>
</tr>
<tr>
<td>&gt;180/105 mm Hg</td>
<td>Immediate referral to and consultation with physician.</td>
<td>None</td>
</tr>
</tbody>
</table>

Consultation Letter Procedure

1. Establish the need for a consultation letter as the result of the patient interview and physical examination. Consult with diagnosis instructor or dental hygiene faculty.

2. Process all consultation letters via CMS. Dental faculty must thumb the consultation in CMS.

3. When the consultation is returned, your team diagnosis instructor or dental hygiene faculty will inform you and will discuss the consultation with you. He/she will note in the record the results of the consultation, and the reply will be placed in the record.

### Normal Vital Signs for Pediatric Patients

<table>
<thead>
<tr>
<th>Age</th>
<th>1 yr</th>
<th>2 yr</th>
<th>3 yr</th>
<th>4 yr</th>
<th>5 yr</th>
<th>6 yr</th>
<th>8 yr</th>
<th>10 yr</th>
<th>12 yr</th>
<th>15 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height-Inches</td>
<td>29</td>
<td>--</td>
<td>38</td>
<td>--</td>
<td>46</td>
<td>--</td>
<td>52</td>
<td>--</td>
<td>59</td>
<td>66</td>
</tr>
<tr>
<td>Weight-Pounds</td>
<td>22</td>
<td>--</td>
<td>32</td>
<td>--</td>
<td>40</td>
<td>--</td>
<td>58</td>
<td>--</td>
<td>85</td>
<td>125</td>
</tr>
<tr>
<td>Resp. Rate/Minute</td>
<td>24-32</td>
<td>--</td>
<td>22-30</td>
<td>--</td>
<td>20-28</td>
<td>--</td>
<td>16-26</td>
<td>--</td>
<td>16-22</td>
<td>14-20</td>
</tr>
<tr>
<td>Pulse Rate/Minute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>--</td>
<td>80</td>
<td>--</td>
<td>80</td>
<td>--</td>
<td>75</td>
<td>70</td>
<td>70</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>Average</td>
<td>--</td>
<td>120</td>
<td>--</td>
<td>110</td>
<td>--</td>
<td>100</td>
<td>90</td>
<td>90</td>
<td>85</td>
<td>80</td>
</tr>
<tr>
<td>High</td>
<td>--</td>
<td>160</td>
<td>--</td>
<td>120</td>
<td>--</td>
<td>115</td>
<td>110</td>
<td>110</td>
<td>105</td>
<td>100</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Mean Systolic +250</td>
<td>96±30</td>
<td>99±25</td>
<td>100±25</td>
<td>99±20</td>
<td>94±14</td>
<td>100±15</td>
<td>105±16</td>
<td>111±17</td>
<td>115±19</td>
</tr>
<tr>
<td></td>
<td>Mean Diastolic +250</td>
<td>66±25</td>
<td>64±25</td>
<td>67±23</td>
<td>65±9</td>
<td>55±9</td>
<td>56±8</td>
<td>57±9</td>
<td>58±10</td>
<td>59±10</td>
</tr>
</tbody>
</table>

Compiled from data in: Smith, 1980; Kaplin, 1964; Nadas & Fyler, 1972; and Behrman & Vaughn, 1983
“One Touch” Ultra Mini Blood Glucose Instructions

Instructions

How to insert lancet into “testing pen”:
Use a clean lancet. Remove the top cover of the pen holding the “L”; insert the lancet into the uncovered pen while holding down the long blue lever. Carefully remove the “L” portion of the lancet; this will expose the needle. Replace the cover (the needle tip will not be exposed). Hold the pen to patient’s finder. Press the top, triangular-shaped blue button to perform the “needle stick.”
CAUTION: Step 3 is essential to obtain accurate results.

4. Get a drop of blood
Before testing, wash your hands and the puncture site. Rinse and dry. Use the lancing device and a new lancet to get a drop of blood of at least one microliter (actual size).

5. Apply the drop of blood and read the result
Touch and hold the drop of blood to the narrow channel in the top edge of the test strip.

Keep holding the drop of blood to the top edge of the test strip until the confirmation window is full. If your sample does not fill the confirmation window on the first try, do not add more blood to that strip. Instead, test again with a new strip.

CAUTION: High glucose results
If your test result is higher than 180 mg/dL, it may mean hyperglycemia (high blood glucose). If you are uncertain about this test result, consider re-testing. Your healthcare professional can work with you to determine what actions, if any, you should take if your results are higher than 180 mg/dL.

If your meter displays HI, you may have a very high blood glucose level (severe hyperglycemia) exceeding 600 mg/dL. Re-check your glucose level. If the result is HI again, obtain and follow instructions from your healthcare professional without delay.

CAUTION: If you test at the low end of the operating range (43°F) and your glucose is high (over 180 mg/dL), the reading on your meter may be lower than your actual glucose. In this situation, repeat the test in a warmer environment with a new test strip as soon as possible.

After your meter counts down from 5 to 1, your blood glucose level appears on the display along with the unit of measure, and the date and time of the test.

WARNING: If mg/dL does not appear with the test result, call LifeScan Customer Service at 1 800 227-8862.

What to do if results are too low or too high

CAUTION: Low glucose results
If your test result is lower than 70 mg/dL or is shown as LO, it may mean hypoglycemia (low blood glucose). This may require immediate treatment according to your healthcare professional’s recommendations. Although this result could be due to a test error, it is safer to treat first, then do another test. You may get false low results if you are severely dehydrated.

Understanding error and other messages
Your meter displays messages when there are problems with the test strip, with the meter, or when your blood glucose levels are higher than 600 mg/dL or lower than 20 mg/dL.

What it means: You may have a very low blood glucose level, lower than 20 mg/dL. This may require immediate treatment according to your healthcare professional’s recommendations.

What it means: You may have a very high blood glucose level, over 600 mg/dL. You should re-check your glucose level. If the result is HI again, obtain and follow instructions from your healthcare professional without delay.
**HI**

**Hi**

**LO**

**Low**

**What it means:** The meter has detected that the temperature is above or below the system operating range. **Do not** perform a test until the meter and test strips reach a temperature within the operating range of 43–111°F. **You should** repeat the test after the meter and test strips have reached a temperature within the operating range.

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**What it means:** No result in memory, such as the first time use of the meter. **Or,** your meter was unable to recall this result. **You can** still perform a blood glucose test and get an accurate test result. Contact LifeScan Customer Service at 1 800 227-8862 to report this occurrence if this is **not** your first time use of the meter.

---

**Er 1**

**What it means:** Error message indicates there is a problem with the meter. **Do not use the meter.** Contact LifeScan Customer Service at 1 800 227-8862.

---

**Er 2**

**What it means:** Error message could be caused either by a used test strip or a problem with the meter. **You should** repeat the test with a new test strip. If this message continues to appear, contact LifeScan Customer Service at 1 800 227-8862.

---

**Er 3**

**What it means:** Error message indicates that the blood or control solution sample was applied before the meter was ready. **You should** repeat the test with a new test strip.

---

**Er 4**

**What it means:** One of the following may apply: you may have high glucose and have tested in an environment near the low end of the system's operating temperature range (43–111°F). **Or,** there may be a problem with the test strip. For example, it may have been damaged or moved during testing. **Or,** the sample was improperly applied. **Or,** there may be a problem with the meter. **You should** repeat the test with a new test strip. If you tested in a cool environment, repeat the test in a warmer environment. See the owner's booklet for how to apply a sample correctly. If the error message appears again, contact LifeScan Customer Service at 1 800 227-8862.

---

**Er 5**

**What it means:** The meter has detected a problem with the test strip. Possible causes are test strip damage or an incompletely filled confirmation window. **You should** repeat the test with a new test strip. Refer to your owner's booklet for information on sample application.

---

**What it means:** Meter battery is low but there is enough power to perform a test. **You can** complete a minimum of 100 more tests from the time this symbol first appears.
RISK MANAGEMENT

Emergency Procedures and Code Blue Alert

Oxygen Equipment
Make sure you know where the oxygen equipment is and you know how to operate it.

Emergency Medical Management
You must be thoroughly familiar with medical emergency management code blue procedures. When you have a medical emergency, it is too late to learn the proper procedure.

PROTOCOL

Introduction
Careful patient evaluation, constant patient observation, and early recognition of a medical emergency will go far in preventing serious medical complications. However, should a cardiopulmonary arrest occur, it becomes our immediate duty to identify the problem and begin basic cardiac life support procedures.

The protocol to be followed is as follows:
Your Responsibilities
Attending personnel will:

1. Recognize the signs of the medical emergency.
2. Begin proper management of the emergency and initiate cardiopulmonary resuscitation if indicated.
3. Ask someone to call the in-house emergency number (ext. 4444) in the Oral Surgery Clinic.
4. The person who made the call to ext. 444 will proceed at once to the stairway next to the elevator on the first floor, wait for the emergency team to arrive, and then lead the emergency team to the site of the incident.
5. Ask someone to bring the automatic external defibrillator (AED) to the incident site.

Emergency Team
Upon arrival, the emergency team members will take over the care of the patient.

Patient Transfer
Under the supervision of a member of the Department of Oral and Maxillofacial Surgery, the emergency team members will ensure that the patient is transferred to the emergency room of TMC for definitive treatment if indicated.

Report Required
For proper insurance protection for yourself or your patient, an incident report must be executed whenever an unusual outcome occurs. Incident report forms may be obtained from Room 168.
MANAGEMENT OF UNUSUAL EVENTS OR OUTCOMES

Coordination

The Office of the Coordinator of Patient Services functions as the coordinating point for those activities related to incident reporting and management of unusual events or outcomes.

REPORTING UNUSUAL EVENTS AND OUTCOMES

Definitions

An unusual event is a physical accident not directly induced or caused by treatment rendered to the patient. The result may or may not involve physical injury.

An unusual outcome is the result of treatment rendered to a patient where the outcome exceeds the normal expectations.

The result may or may not involve physical injury to the patient. For a list of reportable unusual outcomes see Attachment #1.

A non-employee is a patient, student, volunteer, visitor or outside contractor.

Risk management is a broad-based program — an ideal by-product of which is improved quality of patient care — which identifies and attempts to contain, reduce, prevent, eliminate, or manage the risk of financial loss to the School and its faculty due to unusual events, incidents and outcomes.

Reporting Requirements

All unusual events and outcomes which may involve injury, possible injury or alleged injury to non-employees that occur in the Dental School and/or Clinics must be reported to the Coordinator of Patient Services WITHIN 48 HOURS. If any question of need exists, the office of the Coordinator of Patient Services should be notified.

NOTE: All threats of legal action against the University, the School of Dentistry, the faculty, employees or students must be reported as soon as possible to the Risk Management Officer, Room 168.

Policy/Procedure Purpose

The purpose of the policy is to provide a mechanism for documenting and reporting incidents occurring in the University of Missouri-Kansas City School of Dentistry. The primary intent is use in patient care, but is applicable to all non-employees, including visitors and students delivering health care.

The documentation and reporting of incidents is a quality assurance effort in which all professional, administrative, technical and clerical staff participate to reduce the number of incidents and unusual outcomes and to reduce exposure to litigation. The
The primary purpose of reporting is to provide an informational base from which corrective and preventive action can be taken and to comply with the terms of the School’s Professional Liability insurance.

The School shall maintain a current complete file on all reported incidents which could involve either court action, reimbursement, adjustment of charges rendered, arbitration, or conciliation.

Reports shall be filed with the Coordinator of Patient Services and a copy of the report shall not be included in the patient’s record. Objective facts of the incident or unusual outcome shall be reported in the patient’s record as appropriate to patient treatment, diagnosis, and documentation requirements. **Facts of occurrence shall be discussed with the patient, as appropriate, by attending treatment faculty.** The reports are confidential and non-discoverable to the extent provided by the law for such quality assurance efforts.

Filing a report shall not, in and of itself, subject faculty, students or staff to punitive or disciplinary actions. The Office of the Risk Management Officers shall analyze and categorize all reports and issue statistical data summarizing the types, numbers and locations of incidents and unusual outcomes for the Risk Management Committee.

### Reporting Procedure

**A. Non-emergency Situations**

The student must report the incident to the faculty supervising the patient’s care. The Office of the Risk Management Officer must be notified. Appropriate incident reports and record data entries must be completed.

If treatment is required, the student should follow the direction of the supervising faculty.

**B. Emergency Situations**

Follow the instructions for a Code Blue Alert. The Coordinator of Patient Services office must be notified and appropriate incident reports and record data entries must be completed.

### Unusual Events and Outcomes Reported by Telephone

**A. Non-emergency Situations**

Report the incident the next clinic day to the faculty supervising the patient and the Risk Management Officer. Appropriate incident reports and record data entries must be completed.
Make arrangements with faculty if treatment is required. Follow the direction of the faculty in treating the patient.

B. Emergency Situations

Please be informed and inform your patients of the following after-hours emergency procedure for patients being actively treated:

1. Have the patient call 235-2011 and leave their number.
2. Emergency personnel will call and give directions to the patient.

Incident Report Procedures

Types of Forms

1. Form #200 Non-Employee — Unusual Event (Attachment #2)
2. Form #192 Patient — Unusual Outcome (Attachment #3)
3. Form #3 Employee — Unusual Event (Attachment #4)

All forms are obtained from the Office of the Coordinator of Patient Services, Room 168.

Form #200 — This form is used for students, faculty and general public in reporting incidents not related to dental treatment (i.e., a person falls out of a chair in the lobby, slips on the floor, etc.). In most instances, the reception desk will handle filling out the necessary forms for general public.

If a student or faculty is injured, they will fill out the form themselves.

This form should be returned to the Office of the Coordinator of Patient Services.

Form #192 — This form should be used for reporting all unusual outcomes involving patient treatment. The form should be filled out by the attending faculty member with the student listed as a witness. Return the form to the Office of the Coordinator of Patient Services. (See page 4.66.)

Form #3 — Used for reporting an employee injury. The employee does not fill out the report. His/her supervisor or the Code Blue team must fill out the report. Return the completed form to the Office of the Coordinator of Patient Services. (See page 4.64.)
AVOIDING LITIGATION

**Treatment Area**

The UMKC School of Dentistry dental clinic is a dental treatment area. Specifically, the dental treatment area is focused on our treatment cubicles and the immediate surrounding clinical area. This dental treatment area is restricted to dental treatment personnel and the patient being treated **ONLY**. No other person should be in the dental clinic area. If for some reason an exception is required (e.g. a legal guardian is required), you should be granted permission from the Team Coordinator or another supervisor.

**Emergency**

“Something has gone wrong” and the reasonable expected outcome is not attained. The “DUTY” of the doctor “owed to the patient” in case of an emergency is:

1. Primary prevention from further injury or debilitation.
2. Secondary relief from discomfort.

**Abandonment**

The termination must be in writing to the patient and a copy must be included in the record. All procedures on a given treatment plan should be completed before termination of the School/patient relationship. The School has the legal obligation to continue treatment to a logical stopping point.

1. Do it in Writing
2. Give Sufficient Notice
3. Offer to Refer

**Before Dismissal**

The patient must not be dismissed until he/she is signed out by a faculty member. Faculty will make sure students have made proper entries in the treatment and progress notes before signing the students out. Information should include type and amount of anesthetic used, including vasoconstrictors, information relating to patient relations and reactions, and any other information pertinent to treatment of the patient.

**Adequacy of Records**

It is important that the tendency toward abbreviated and cryptic references be avoided. Many years may elapse between the creation of the record and the need to defend it.

Dentist’s personal observations as to patient’s disposition and attitude are appropriate. Such observations must **be factual and not malicious**. Such observations should **not make judgmental** or diagnostic statements that are outside the author’s area of specialization. A record of how well patients follow recommendations and treatment plan goals should be made. A record of all
Consent

I. **Implied consent** grants permission to examine the patient.

II. **INFORMED CONSENT**, by court judgement, must inform the patient of all:
   A. Risks
   B. Consequences
   C. Benefits
   D. The Proposed Procedure
   E. Alternate Procedures
   F. Possible Consequences of No Treatment

The explanations must be done in “lay terms”.

Late Entry or Addendum Protocol

The late entry or addendum should be made in the Progress and Treatment Notes of the patient record using the date the entry is made. The treatment date that the late entry or addendum references should also be listed. The entry must be signed by a faculty member.

Correcting an Error in Charting

The error should be corrected in the appropriate area of the patient chart and approved by a faculty member.

A statement of correction should be made in the Progress and Treatment Notes and signed by a faculty member.

Audit of Records for Adequacy of Documentation

The administrative section for quality assurance will have responsibility for audit of patient records for adequacy of documentation. Inadequacy will be brought to the attention of the student and the appropriate Department Chairman.

MANAGING PATIENTS WHO MAY BE SEEKING PROFESSIONAL OR LEGAL CONDEMNATION OF PREVIOUS DENTAL TREATMENT

Purpose

These guidelines are set forth to establish uniform procedures to manage patients who may express concern, or who may be seeking professional and/or legal advice regarding previous dental treatment.

Applicability

These guidelines apply to assigned clinical patients only. Unassigned patients seeking consultation will be handled under other established guidelines.
**Philosophy**

It is the position of UMKC School of Dentistry that we have the obligation to, with our best professional judgment, present a true and accurate assessment of the dental needs to every assigned patient. This assessment of dental needs should be based on a thorough diagnosis and approved treatment plan.

The dental treatment should restore optimal oral health and function, considering the current status of the patient. The development and presentation of the treatment plan is to obtain the goal of optimal oral health and function for the patient and is not intended as criticism of previous dental treatment. However, we should not avoid recommending the replacement of existing restorations, prosthesis or any other treatment when necessary to obtain the treatment goals.

**Precaution**

The student and faculty are cautioned to refrain from making judgmental remarks concerning past or proposed future treatment. This is particularly important during the early phases of diagnosis. If the patient inquires about past or proposed future treatment, the patient should be told their condition and proposed treatment will be carefully reviewed at the time the treatment plan is presented.

**PROCEDURE**

**Treatment Plan**

1. Regardless of the quality of previous treatment, the patient should be presented with an APPROVED treatment plan. It is unnecessary to dwell on previous treatment except as it relates to the patient’s ability to maintain the future treatment.

2. After the approved treatment plan is presented, if the patient expresses concern for the quality of previous treatment, the following procedures should be followed:
   a. The faculty member responsible for the treatment plan should be asked to explain the situation to the patient and carefully document the patient’s concern in the progress and treatment notes.
   b. If, in the opinion of the faculty member, a problem may still exist, the Department Chairman of the involved discipline should be consulted and noted in the patient’s record.
   c. The Department Chairman will make a final evaluation of the patient and make appropriate documentation in the progress and treatment notes in the consultation section of the patient’s record.
   d. If the patient requests advice concerning steps to be taken to recover for previous dental treatment, he/she should be
directed to contact the dentist who provided the treatment in question.

e. If, after contacting the dentist who provided the treatment in question, the patient still seeks advice concerning steps to be taken to recover for previous dental treatment, he/she should be directed to contact the local Dental Society who can assist him/her. This may be done by contacting the local dental society office. (In Kansas City, the Greater Kansas City Dental Society, phone 333-5454.)

**Unassigned Patients**

Unassigned patients seeking consultation will be treated in the following manner:

1. The patient will be referred directly to the appropriate Department Chairman.
2. It will be the Department Chairman’s individual prerogative to charge a consultation fee of $50. If the chairperson provides the consultation as a courtesy to the patient, a fee waiver must be executed.
3. In all instances, a patient record must be completed and computer number assigned. The consultation must be thoroughly documented in the patient record.
UNUSUAL REPORTABLE OUTCOMES

• Abandonment Claims
• Allergic reaction (from drugs or materials)
• Anesthesia (wrong quadrant or tooth)
• Aspiration or swallowed substances (instruments, restorations, etc.)
• Broken instrument (unable to locate broken part, in root canal, etc.)
• Burns
• Complaints (dissatisfied patient or parent)
• Damage to patient-owned appliance
• Damage from failed product (headrest failure, etc.)
• Drug (abuse, allergy, reaction)
• Excessive pain, bleeding or swelling during or following treatment
• Extraction (wrong tooth)
• Fracture as a result of treatment (bone or tooth)
• Lacerations as a result of treatment
• Lack of informed consent (even with a signed consent form)
• Medical complications resulting from or during treatment
• Misadventure in the execution of a procedure
• Oral-antral fistula
• Paresthesia (severed or damaged nerve)
• Perforation (bur, file or instrument)
• Prescription (incorrect drug, dose, instructions)
• Post-operative instructions (lack of, or wrong regimen given)
• Treatment (wrong tooth restored, endodontics, etc.)
Dental Hygiene Class of 2013

RISK MANAGEMENT

Section 4.52

UNIVERSITY OF MISSOURI

□ Hospital — □ Columbia — □ Kansas City — □ Rolla — □ St. Louis — □ UM

STUDENT OR GENERAL PUBLIC INJURY AND PROPERTY DAMAGE REPORT

(Do not use for vehicle accidents)

INSTRUCTIONS: Accidents and incidents resulting from, arising out of and directly relating to the University’s premises (owned, rented or leased) and operations; or resulting from, arising out of and directly relating to an employee’s position of employment by the University, are to be reported on this form, provided:

1. The accident caused

   (a) bodily injury to or the death of any person, excluding patients in any University Medical Facility and University employees;
   or

   (b) damage to property owned by any person, excluding property owned by patients of any University Medical Facility and University employees;

2. the incident resulted in a threat or utterance of intent to take legal action against the University or an employee due to an alleged Personal injury.

(See Item 16 below for kinds of Personal Injury.)

In the event the accident caused bodily injury to or the death of any person, the Campus Business Officer shall be notified by telephone immediately.

This form shall be submitted by:

1. The academic staff member in charge of the student’s activities at the time of the accident or incident or to whom the accident or incident was reported;

2. the person in charge of the building or facility or the person sponsoring the meeting or event attended by the student or general public at the time of the incident; or

3. any employee who witnesses an accident or incident or to whom the accident or incident is reported or to whom a threat or utterance of intent to take legal action was made due to an alleged Personal Injury; or

4. the Campus Police, if called to investigate the accident or incident.

This form shall be TYPED with original only, signed by the person submitting the form and forwarded to the Office of the Business Officer or the Director of Property and Risk Management within 48 hours after the accident or incident. This report is intended solely for internal use by the University’s Office of Property and Risk Management and the Office of the General Counsel.

In completing the report below, “accident” and “incident” will be referred to as “occurrence.” The name to be indicated in Item 5 shall be the name of the person who sustained bodily injury, had property damaged or alleges to have sustained Personal Injury.

<table>
<thead>
<tr>
<th>INDICATE WHETHER THIS IS A REPORT OF AN ACCIDENT OR INCIDENT OR BOTH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ACCIDENT (complete applicable items 1 through 17) □ INCIDENT (complete applicable items 1 through 12, 15 and 16)</td>
</tr>
</tbody>
</table>

1. DATE OF REPORT

2. DATE OF OCCURRENCE

3. TIME OF OCCURRENCE

4. PLACE OF OCCURRENCE

5. FULL NAME OF INJURED OR AGGRIEVED PERSON

6. TELEPHONE

7. SEX □ MALE □ FEMALE

8. AGE (actual or apparent) □ YES □ NO

9. ADDRESS (if student, give campus address)

10. MARRIED

11. STATUS □ STUDENT □ PUBLIC

12. DESCRIBE DETAILS OF THE OCCURRENCE, INCLUDING YOUR OPINION AS TO HOW BODILY INJURY, PROPERTY DAMAGE OR PERSONAL INJURY OCCURRED AND HOW YOU OBTAINED THE INFORMATION. ATTACH COPIES OF ANY CORRESPONDENCE, POLICE REPORTS OR ANY OTHER INFORMATION AVAILABLE WHICH MIGHT ASSIST IN THE INVESTIGATION OF THIS OCCURRENCE.

13. DESCRIBE FULLY THE SPECIFIC PART OF THE BODY INJURED AND NATURE OF INJURY

14. DESCRIBE DAMAGE TO PROPERTY OF OTHERS AND ESTIMATE COST TO REPAIR OR REPLACE PROPERTY

UM 200 (AUG '86) CONTINUED ON BACK
SECTION 5 — CLINICAL GRADING & EVALUATION

ASSESSMENT

Daily Clinical Feedback
Students will receive immediate formative and summative feedback on the dental hygiene process of care for each patient. Teaching evaluations will be scored as PTC (progressing toward competency) or NPTC (not progressing toward competency) based on the standards listed in the “Dental Hygiene Evaluation Criteria.”

Grades
Students can earn one of two grades in Preclinic and Clinic I–IV — Credit (Cr) or No Credit (NCr). To earn a grade of Credit at the end of the semester, all minimal essential experiences must be met and all assignments must be turned in. Although clinical minimal essential experiences for each semester of the clinical curriculum will be different, each semester’s assignments will include process evaluations (PEs), minimal essential experiences, personal goals, written assignments, and completion of competency examinations.

ESSENTIAL COURSE EXPERIENCES

Process Evaluations (PEs)
These will be introduced in the pre-clinical course. Sufficient time to practice a new skill or procedure with instructor and peer feedback will be given. The criteria used to determine initial mastery of the procedure will be the ones used in practice sessions. PEs or basic skill exams are used more heavily in the first year of the curriculum. Page 5.6 in the program manual identifies which PEs are required in each semester of the curriculum.

Goal Setting
One characteristic of a professional is the ability to self-evaluate and plan for personal growth. Setting personal goals is an important part of life-long learning. Since not everyone has previous experience setting goals, learning to set, measure and evaluate goals is a significant part of the curriculum. Students will be asked to identify personal goals beyond course expectations. Goals can focus on any area of a student’s continued clinical development. Students are expected to determine ways to achieve goals and ways to evaluate how well they have been met.
Written Assignments

A critical aspect of clinical development requires the integration of didactic (classroom) knowledge with clinical decision-making. Problem-solving and the critical thinking processes are less observable behaviors than demonstrated clinical tasks. In order to evaluate the ability to independently solve clinical problems, students will have written assignments. Specific assignments will vary by semester but may include care plans, case-based assignments, outside resources, journal writing, self-reflection and evidence-based papers.

Minimal Essential Experiences

Basic minimal patient experiences will be assigned each semester in order to give the clinician adequate clinical experiences to attain dental hygiene competency. These experiences are subject to change.

Clinic Time Units

In order to have the practice experiences in school that will help students achieve clinical competence, it will be necessary for students to spend the majority of their clinical time providing care to patients. To foster productive use of clinical time, students will receive clinic time units for the patient care procedures completed in the clinic. As part of the basic requirements, students must meet or exceed a minimal level of time units that are identified at the beginning of each semester.

See page 5.8 for a listing of procedures and production units assigned to each.

Competencies

Essential Procedures

After the pre-clinical course, specific procedures will be identified as essential competencies. Prior to having to demonstrate skill level in these areas, students will have had the opportunity to practice with faculty feedback and successfully pass assigned PEs. Competencies will be tested as clinical skills develop; therefore, the level or difficulty of required cases will increase with each successive semester.

For example, patient assessment will be tested earlier in the curriculum and comprehensive care will be evaluated later in the curriculum. Students will also be evaluated on more difficult patient cases as they progress through the curriculum. For the semester-by-semester competencies and PEs:

SEE CHART, PAGE 5.6.
Demonstrating Competency

Competency exams will be scored as CA (Clinically Acceptable) or SNM (Standard Not Met), according to the standards on the Dental Hygiene Evaluation Criteria sheet — SEE CHART, PAGES 5.13-14.

The Dental Hygiene Evaluation Criteria sheet is intended to assist students in identifying developmental strengths and weaknesses. During teaching opportunities, when students are not involved in a competency test situation, faculty will provide assistance to progress toward competency.

After sufficient practice and formative assessment, students will be expected to perform independently on graded competency exams. Generally speaking, CA denotes clinically acceptable performance; however minor improvements may be recommended. An SNM is assigned to performance which does not meet the minimal standard.

Development of Clinical Skills, Knowledge and Judgement — COMPETENCIES

Students must advise faculty when they are ready to be competency-tested. Faculty will then conduct a competency test during any clinic period. Students will not have advance notice of competency exams. Competency exams must be completed independently, without faculty and/or peer assistance. Competency testing will be facilitated by a dental hygiene faculty. If the student is unsuccessful at completing the competency exam on the first attempt, the student must meet with their supervising faculty before attempting the competency exam a second time. If the student is unsuccessful at completing the competency exam a second time, they must complete clinical remediation before attempting the competency exam a third time. If the student is unsuccessful at completing the competency exam the third time, a grade of NCr will be earned for the course.

Management Skills

Students will receive daily feedback from their clinical faculty in infection control, time management, communication, professionalism/clinical judgement and preparation and organization. The criteria for this section of the clinical evaluation is included in “Dental Hygiene Evaluation Criteria.” At midterm and the end of term, faculty will assign a grade of CA or SNM based on students’ written documentation throughout the semester.

Problem Solving and Critical Thinking Skills

Integrating classroom knowledge, independent research, and use of evidence-based decision making in clinic are important aspects of clinical development. Students will be working continuously throughout the course on individual goals, written
assignments, outside resources, journal writing, self-reflections, and evidence-based papers. These documents provide evidence of a student’s ability to think independently, to utilize outside resources, to develop important self-assessment skills that identify strengths and areas for growth, to creatively and effectively develop plans that turn weaknesses into strengths and develop new skills, and to demonstrate an ability to think critically and solve clinical problems. Faculty will assign midterm and final grades of CA or SNM, based on students’ written documentation throughout the semester.

**Final Grade Determination**

All minimal essential experiences must be met to earn CREDIT. Each of the three areas — clinical competency evaluation, management skills, and problem-solving skills/critical-thinking skills will be assigned a grade of CA or SNM. A grade of SNM in any of the three areas will result in an overall grade of No Credit (NCr) for the course.

During pre-clinic, competency is not expected. Therefore, students will either be Progressing Towards Competency (PTC) or Not Progressing Towards Competency (NPTC) and will be evaluated in the areas of clinical skill development, development of management skills, and development of critical thinking and problem-solving skills. When students earn PTC in all three areas, a final grade of CREDIT will be rendered for the course. A grade of NPTC in any of the three areas will result in an overall grade of No Credit (NCr) for the course.

**Clinical Promotion Policies**

A student must successfully pass all clinical courses in the dental hygiene curriculum to graduate from the program.

Students earning an No Credit (NCr) in a clinical course should refer to Chapter 2 of the UMKC School of Dentistry Student Handbook entitles “School of Dentistry Policies that describes the Academic Standard Policy” and provides specific information on the standards of scholarship required for all students.

Students who receive an incomplete will not be allowed to progress to the next clinical level until all essential experiences have been satisfactorily completed or arrangements have been made with the Clinic Coordinator.

Seniors who fail to complete ALL minimal essential experiences by the end of the Spring Semester will be required to enroll in clinic during the summer semester and pay fee associated with additional clinic time.
Attendance Policy for Clinic

Attendance is required in clinic and at all assigned rotations. Students are to actively participate in all clinical sessions despite patient cancellations. It is expected that all students be prompt to all clinical sessions and rotations. Absence to any clinical rotations must be made up before the completion of the semester. In case of an emergency resulting in absence from clinic or a clinical rotation, it is the student’s responsibility to notify the appropriate persons listed in the course syllabus.

Students should also be familiar with the attendance policies described in the UMKC School of Dentistry Student Handbook.
## Process Evaluation and Competency

### Pre Clinic

**Process Evaluations:**
- Cubicle prep
- Medical History/Vital Signs & OHQOL
- Emergency Procedures
- Oxygen Tank
- EO/IO Examinations
- Explorers (Shepherd's hook and ODU 11/12)
- Probe
- Sickle Scalers (H6/7, 204S)
- Universal Cures (Columbia 13/14, 4R/4L, McCall's 17/18)
- Area Specific Cures (1/2, 11/12, 13/14/15/16, 17/18)
- Ultrasonic Polishing
- Fluoride Application
- Varnish

**Competencies:**
- None

**Minimal Essential Exps.:**
- Completion of a peer patient
- Shadowing a senior dh student
- Salivary testing of a peer partner

### Clinic I

**Process Evaluations:**
- Appliance Care
- Emergency Procedures
- O2

**Instrumentation:**
- Gracey ½, 11/12, 15/16, 13/14, 17/18
- EXD 11/12
- H6/H7
- 204S

**Minimal Essential Exps.**
- 8 simple cases
- 1 challenge case
- Identification of cal challenge case
- Conventional FMX activity
- 4 written care plans (including 1 for Clinic I challenge patient)
- 2 Peer Evaluations

**Competencies:**
- 1 DH Assessment (recall pts)
- 2 DH treatment (simple cases)
- Radiology: 1DXTR FMS prior to seeing patients in Clinic I

**Minimal Essential Exps.:**
- 1 ultrasonic (1 quad; challenge case)
- Care plan presentation
- Composite finish/polish
- Instrument sharpening
- Periodontal instrumentation
- (1 quad cal challenge)
- Ultrasonic instrumentation
- (1 quad cal challenge)
- PSR Impressions and Study Models

### Clinic II

**Process Evaluations:**
- Care Plan (cal. Challenge case)
- Care plan presentation
- 1 composite finish/polish
- Instrument sharpening
- Periodontal instrumentation
- (1 quad cal challenge)

**Competencies:**
- 2 Assessments (1 cal challenge & 1 simple case)
- 1 DH treatment (simple case)
- Radiology: Patient FMS

**Minimal Essential Exps.:**
- 1 radiographic interpretation
- (FMX completed on clinical patient)
- 1 periodontal instrumentation (1 quad cal challenge case)
- 1 ultrasonic (1 quad; calculus challenge case)

**Minimal Essential Exps.:**
- Participation in Mock Board examination
- 3 calculus challenge cases
- 20 simple cases
- 3 calculus charting exercises

### Clinic III

**Process Evaluations:**
- Ultrasonic instrumentation
- (1 quad, cal challenge)
- Air abrasive polishing
- Periodontal instrumentation
- (1 quad, cal challenge)
- 3 different local anesthesia injections (IO, IA/Ling, PSA, GG)
- 1 Local drug delivery
- 1 Preventive counseling
- 1 N2O sedation
- 1 Tooth Desensitizing
- 1 Re-evaluation (cal challenge case)
- 1 Care Plan (calc. challenge case)
- 2 Sealant (2 separate patients; one of which must be completed on a pedo patient)

**Competencies:**
- 3 Assessments (2 on calc challenge cases; 1 on simple case)
- 3 DH treatments (1 cal challenge case-including re-eval; 2 simple cases)
- 1 care plan (cal challenge case)
- 1 care plan presentation
- 1 composite finish/polish instrument sharpening
- 1 radiographic interpretation (FMX completed on clinical patient)
- 1 periodontal instrumentation (1 quad cal challenge case)
- 1 ultrasonic (1 quad; calculus challenge case)

**Minimal Essential Exps.:**
- Participation in Mock Board examination
- 3 calculus challenge cases
- 2 pedo patient (mixed dentition)
- 22 simple cases
- 3 calculus charting exercises

### Clinic IV

**Process Evaluations:**
- 1 Nutritional counseling
- 1 Whitening/fluoride tray fabrication
- 1 Tobacco Cessation

**Competencies:**
- 3 Comprehensive DH care (complete assessment, care plan/presentation, treatment, supportive therapies and re-evaluation on 2 cal challenge cases and 1 perio maintenance case)
- 1 air abrasive
- 1 N2O sedation
- 3 different local anesthesia injections (IO, IA/Ling, PSA, GG)
- 1 local drug delivery
- 1 Re-evaluation (cal challenge case)
- 1 Tooth Desensitizing
- 2 sealants (2 separate patients; one of which must be completed on a pedo patient)
- Preventive Counseling Nutritional Counseling

**Minimal Essential Exps.:**
- Successfully complete mock board examination
- 3 calculus challenge cases
- 2 pedo patient (mixed dentition)
- 22 simple cases
- 3 calculus charting exercises
- 12 quadrants of SRP
- 3 Outside Resources

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*Process evaluation that must be completed before attempting Clinic competencies*

*Minimal essential experience in radiology may be completed during Clinic I-V and are assessed for graduation by the radiology department.*

*Note: Clinic IV process evaluations, competencies and minimal essential experiences can be completed anytime during Clinic III if an appropriate patient is available to render the care. The above grid is a recommended schedule for completing clinic experiences. Failure to complete the specified clinic process evaluations, competencies and minimal essential experiences for each clinic will most likely impact the student’s ability to complete all minimal essential experiences in a timely manner for graduation.*
### Clinic Challenge Case Structure

The clinical sequence at UMKC Division of Dental Hygiene has requirements in place to introduce the students to cases in an order that will increasingly challenge their clinical skills in the areas of patient management and deposit removal. The definitions for the Challenge Cases are listed below.

#### Clinic Challenge Cases

<table>
<thead>
<tr>
<th>Clinic I</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Gingival Conditions</strong></td>
<td><strong>Supra-gingival Calculus</strong></td>
<td><strong>Sub-gingival Calculus</strong></td>
<td><strong>ADA Case Type &amp; AAP Disease Classification</strong></td>
</tr>
<tr>
<td>Gingivitis as evidenced by changes in color, contour, consistency</td>
<td>At least 5 areas visible in the mandibular anteriors</td>
<td>At least 8 areas and no more than 15 areas of explorer detectable deposit throughout the full mouth</td>
<td>I or II Plaque-induced gingivitis OR Chronic Periodontitis</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Number of Calculus Challenge Cases Required</td>
</tr>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Clinic II</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td><strong>Gingival Conditions</strong></td>
<td><strong>Supra-gingival Calculus</strong></td>
<td><strong>Sub-gingival Calculus</strong></td>
<td><strong>ADA Case Type &amp; AAP Disease Classification</strong></td>
</tr>
<tr>
<td>Gingivitis as evidenced by changes in color, contour, consistency</td>
<td>Evidence of</td>
<td>At least 16 areas and no more than 24 areas of explorer detectable deposits and no more than 24 throughout the mouth</td>
<td>I, II, III Chronic Periodontitis - or Periodontitis as a manifestation of systemic disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of Calculus Challenge Cases Required</td>
</tr>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Clinic III</th>
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<td><strong>Gingival Conditions</strong></td>
<td><strong>Supra-gingival Calculus</strong></td>
<td><strong>Sub-gingival Calculus</strong></td>
<td><strong>ADA Case Type &amp; AAP Disease Classification</strong></td>
</tr>
<tr>
<td>Gingivitis as evidenced by changes in color, contour, consistency</td>
<td>Evidence of at least 9 of the 14 surfaces must be on posterior teeth. At least 3 of the 9 surfaces must be on molars.</td>
<td>A minimum of 20 surfaces of moderate to heavy sub-gingival calculus must be present. No more than 6 surfaces may be on anterior teeth.</td>
<td>I, II, III, IV Chronic Periodontitis or Periodontitis as a Manifestation of Systemic Disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of Calculus Challenge Cases Required</td>
</tr>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Clinic IV</th>
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<tbody>
<tr>
<td><strong>Gingival Conditions</strong></td>
<td><strong>Supra-gingival Calculus</strong></td>
<td><strong>Sub-gingival Calculus</strong></td>
<td><strong>ADA Case Type &amp; AAP Disease Classification</strong></td>
</tr>
<tr>
<td>Gingivitis as evidenced by changes in color, contour, consistency</td>
<td>Evidence of</td>
<td>A minimum of 20 surfaces of moderate to heavy sub-gingival calculus must be present. No more than 6 surfaces may be on anterior teeth.</td>
<td>I, II, III, IV Chronic Periodontitis or Periodontitis as a Manifestation of Systemic Disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of Calculus Challenge Cases Required</td>
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### ADA Codes

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<tr>
<th>ADA Code</th>
<th>Procedure</th>
<th>CAMS Units</th>
<th>Fee</th>
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<tbody>
<tr>
<td>D0150</td>
<td>Initial diagnosis</td>
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<td>80</td>
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<td>D0120</td>
<td>Periodic recall diagnosis</td>
<td>0.5</td>
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<td>46</td>
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<tr>
<td>D0180</td>
<td>Perio maintenance diagnosis</td>
<td>1</td>
<td>8</td>
<td>89</td>
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<td></td>
<td>Treatment Plan</td>
<td>0.5</td>
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<td></td>
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<tr>
<td>D1110</td>
<td>Adult Prophy</td>
<td>1.5</td>
<td>53</td>
<td>85</td>
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<tr>
<td>D1110</td>
<td>Adult Prophy less than 11 teeth</td>
<td>1</td>
<td>36</td>
<td>85</td>
</tr>
<tr>
<td>D4910</td>
<td>Perio Maintenance</td>
<td>1.5</td>
<td>53</td>
<td>128</td>
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<tr>
<td>D4910</td>
<td>Perio Maintenance less than 11 teeth</td>
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<td>D0170</td>
<td>Patient Re-evaluation</td>
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<td>D1120</td>
<td>Pedo diagnosis and prophy</td>
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#### Treatment by Procedure

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<thead>
<tr>
<th>ADA Code</th>
<th>Procedure</th>
<th>CAMS Units</th>
<th>Fee</th>
<th>UCF</th>
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<td>D4341</td>
<td>SRP/Quad</td>
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<td>75</td>
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<td>D4342</td>
<td>SRP 1-3 teeth</td>
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<td>D4999</td>
<td>S non RP teeth/quad</td>
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<td></td>
<td>Ultrasonic Full Mouth</td>
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<td>D4999</td>
<td>Chlorhexidine</td>
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<td>Ultrasonic/Quad</td>
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<td>Finishing and Polishing/tooth</td>
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<td>D1351</td>
<td>Pit and Fissure Sealants/tooth</td>
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<td>D1204</td>
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<td>D5986</td>
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#### Drugs

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<td>D9230</td>
<td>Local Anesthesia/Injection</td>
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<td>D4381</td>
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<td>D4381</td>
<td>Arestin/ 2 tubes</td>
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<td>Oral antibiotics—pre med</td>
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#### Patient Education

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<tr>
<td>D1320</td>
<td>Tobacco Cessation start</td>
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<td>D1320</td>
<td>Tobacco Cessation follow-up</td>
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<td>Diet Analysis and Consult</td>
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<td>OHI</td>
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#### Rotations—Whole Day

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<td>Co-Therapist*</td>
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<td>Hygiene Recall*</td>
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*indicates rotations that can also be half-day rotations for 1 CAM
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<th>Student Name</th>
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<th>Grade:*</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
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1. Basic course requirements met (must all be Yes to receive a grade of CR):
   (1) Goals: Yes No
   (2) Written Assignments (vary by semester) turned in: Yes No
   (3) PEs successfully completed: Yes No
   (4) Competency examinations successfully completed: Yes No
   (5) Meets the minimal # of required CAMS units Yes No

2. PERFORMANCE ON CLINICAL COMPETENCY EXAMINATIONS

| Skills, knowledge and judgment are consistently clinically acceptable an is progressing towards the level of competence. | Growth in knowledge, skills and judgment is inconsistent. Work is frequently below the recommended standards and is not progressing towards the level of competence. |

3. DEVELOPMENT OF MANAGEMENT SKILLS

<table>
<thead>
<tr>
<th>Clinically Acceptable</th>
<th>Standard Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinically acceptable performance is consistently demonstrated for professionalism, clinical judgment, time management, communication, and infection control. Is aware of areas which require improvement and is progressing well toward becoming competent. Manages information and the clinical environment and relates to patients, staff, faculty and peers in a professional manner.</td>
<td>Demonstrates inconsistent performance requiring moderate faculty intervention to meet clinical policies and facilitation of care. Is not progressing towards a level of competence.</td>
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</table>

4. DEVELOPMENT OF PROBLEM SOLVING AND CRITICAL THINKING SKILLS

<table>
<thead>
<tr>
<th>Clinically Acceptable</th>
<th>Standard Not Met</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates the ability to utilize appropriate critical thinking and problem solving skills in most situations. Seeks out scientific evidence to support clinical decisions and self-evaluation of strengths and weaknesses is utilized. Is progressing toward becoming competent.</td>
<td>Inconsistent use of critical thinking skills. Infrequently seeks outside resources to support clinical decision making and employs self-evaluation techniques when directed by faculty. Is not progressing towards a level of competence.</td>
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</tbody>
</table>

*Clinically Acceptable = CA; Standard Not Met = SNM
CA=Credit (CR); SNM=No Credit (NCr)

Earning a SNM in any section above will result in an overall grade of NCr for the course.
### SAMPLE

THE UNIVERSITY OF MISSOURI-KANSAS CITY
SCHOOL OF DENTISTRY
DIVISION OF DENTAL HYGIENE
CLINICAL EVALUATION (MIDTERM AND FINAL)

<table>
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<table>
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#### CLINICAL REQUIREMENTS:

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<th>1. Basic Course Requirements</th>
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<td>Additional Course Requirements</td>
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<td>Self-assessments (midterm and final)</td>
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<td>Required time units</td>
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<p>| 2. Competency Scores: (Overall for clinical skills) |</p>
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<tr>
<th>CA</th>
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</table>

<p>| 3. Management Skills  |</p>
<table>
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<p>| 3. Problem Solving and Critical Thinking Skills |</p>
<table>
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<table>
<thead>
<tr>
<th>Challenge Cases</th>
<th>Simple Cases</th>
<th>Incomplete Cases</th>
<th>Clinical Rotation Self-Reflection Forms</th>
<th>Non-Production Time</th>
<th>Treatment Plans</th>
<th>Radiographic Interpretation Forms</th>
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**CLINICAL GRADING & EVALUATION**  
Section 5.10  
(Dental Hygiene Class of 2013)  
Program Manual  
Editor: Nancy Keselyak  
(Revised 8/11)
# PRECLINICAL MID-TERM/FINAL EVALUATION

**Student Name _______________________________**

**Faculty ____________________________________ Grade:     Cr            NCr**

**Date ______________________________________ Evaluation Period:     Mid     Final**

## 1. Basic course requirements met (must all be Yes to receive a grade):

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<tr>
<th>Requirement</th>
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<td>(1) Daily clinical goals:</td>
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<tr>
<td>(2) Written assignments (vary by semester) turned in:</td>
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<td>(3) Dental charting exercise:</td>
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<tr>
<td>(4) Shadow senior student:</td>
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<tr>
<td>(5) Basic dental hygiene care (peer):</td>
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<tr>
<td>(6) HIPAA and DSHA training courses completed:</td>
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<td>(7) SADHA membership active</td>
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## 2. Development of Clinical Skills — PEs

**Progressing Toward Competency:**
Successful completion of process evaluations.

**NOT Progressing Toward Competency:**
Unsuccessful completion of process evaluations.

## 3. Development of Management Skills

**Progressing Toward Competency:**
Usually prepared and organized. Utilizes time effectively and efficiently. Rapport and communication with peer and faculty maintained.

**NOT Progressing Toward Competency:**
Inconsistent in preparation and organization. Poor time management. Lack of rapport and communication with faculty and peers.

## 4. Development of Problem-Solving and Decision-Making Skills (based on weekly assessments)

**Progressing Toward Competency:**
Utilizes resources appropriately. Demonstrates ability to identify strengths and weaknesses, and develop solutions. Self-initiative in learning. Provides rationale for decisions

**NOT Progressing Toward Competency:**
Little utilization of resources and inability to identify strengths and weaknesses. Overly dependent on faculty. Excessive faculty intervention.

*Progressing Toward Competency (PTC) = Credit (CR)
Earning a Not Progressing Toward Competency (NPTC) in any section above will result in an overall grade of No Credit (NCr): for the course.*
**SELF-MONITORING RECORD**

Name ___________________________ Midterm ________ Final ________

Clinic: I II III IV

Clinical Competencies & Teaching Competencies:
Please **circle all grades** earned and **highlight** Clinical Competencies.

<table>
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<th>Pt. 10</th>
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**CLINICAL COMPETENCIES:**

Total CA received: ____________________________________________
Total SNM received: ____________________________________________

**TEACHING EVALUATIONS:**

Total PTC received: ____________________________________________
Total NPTC received: ____________________________________________
Total CA received in Management: ____________________________________________
Total SNA received in Management: ____________________________________________
### Dental Hygiene Evaluation Criteria

<table>
<thead>
<tr>
<th>Step</th>
<th>Progressing Toward Competency or CA</th>
<th>Not Progressing Toward Competency or SNM</th>
</tr>
</thead>
</table>
| **Assessment and DH Dx**  
Comprehensive health history  
Vital signs  
Head and neck exam  
Hard and soft tissue exam  
Record data accurately  
Baseline data compared to subsequent data  
Radiographic evaluation  
Assess oral health education status (habits, behaviors, skills, knowledge of self-care)  
DH diagnosis based on general and oral health status  
Oral Health Related Quality of Life | Majority of findings are accurate and complete with correct forms. No adverse affect on Dx or Tx.  
- Significant findings noted  
- Medical considerations identified  
- Appropriate dental terminology utilized  
- Extra-oral findings noted  
- Intra-oral findings noted  
- Dental and Perio charting correct  
- Findings recorded accurately  
- Minor probing errors  
- Most risk and contributing factors identified  
- Radiographs utilized to form Dx and Tx  
- Appropriately assesses patient's current oral hygiene status  
- Patient's chief complaint is addressed  
- Incorporates OHRQL information | Inaccuracies or lack of completeness which affects Dx/Tx or has potential to harm patient.  
- Lack of documentation or differentiation between significant and insignificant findings  
- Use of slang or incorrect terms  
- Moderate faculty assistance needed  
- Failure to recognize necessary adaptations in care  
- Fails to recognize OHRQL issues relevant to Dx and Tx |
| **DH Treatment Plan & Presentation**  
Comprehensive treatment plan developed  
Case presentation  
Informed consent  
Anticipated treatment is entered into CMS  
Does not obtain a faculty on care plan prior to appt. day | Identifies essential assessment data  
- Involves patient in planning process  
- Plan includes essential content with minor omissions  
- Appropriate sequencing of care  
- Provides rationale consistent with student's educational level  
- Student provides answers to Tx questions appropriate to student's educational level  
- Appropriately formulates a differential diagnosis  
- Obtains and documents informed consent prior to providing care  
- Appropriate supportive care identified  
- Establishes appropriate ST & LT goals  
- Appropriately integrates and evaluates patient self-care  
- Actively engages patient in care plan presentation utilizing motivational interviewing | Failure to recognize necessary adaptations in care  
- Unable to identify or omits essential assessment data  
- Does not involve patient in planning process  
- Care plan content is insufficient or inappropriate; lacks essential elements  
- Sequence choice compromises patient care  
- Incorrect or inadequate rationale provided  
- Answers to questions show lack of appropriate knowledge  
- Faculty and/or patient consent omitted or not documented  
- Omits patient self-care  
- Patient goals not established  
- Does not discuss care plan with patient or does not obtain patient's consent to Tx  
- Fails to utilize and/or incorporate motivational interviewing with presentation of care plan |
| **DH Treatment**  
Preventive counseling (caries control, perio disease control, tobacco cessation, dietary counseling)  
Sealing  
Root planing  
Polishing  
Pain control | Appropriate assessment of progress made with few modifications needed by faculty  
- Patient/operator positioning acceptable  
- Safe instrumentation skills demonstrated  
- Appropriate instrument selection utilized  
- Instrumentation adaptation and stroke acceptable  
- Appropriate self-evaluation utilized  
- Effective & efficient deposit removal demonstrated  
- Appropriate pain control utilized  
- Instrument sharpness evaluated and utilized throughout appointment  
- Minimal tissue trauma noted  
- Provides appropriate preventive counseling  
- Actively engages patient in preventive counseling utilizing motivational interviewing | Does not address or modify at each appointment  
- Improper patient/operator positioning  
- Instrument adaptation and utilization inappropriate  
- Self-evaluation is ineffective or omitted  
- Excessive supra deposit remains  
- Excessive sub deposit remains  
- Does not recognize or omits appropriate pain control  
- Instrument sharpness not evaluated or utilized  
- Moderate faculty assistance needed in order to complete necessary patient care  
- Excessive tissue trauma noted  
- Fails to provide preventive counseling  
- Fails to follow through with faculty recommendations  
- Fails to utilize/incorporate motivational interviewing with preventative counseling  
- Fails to follow through with faculty recommendations |

*Continued on next page.*
## Dental Hygiene Evaluation Criteria

<table>
<thead>
<tr>
<th>Step</th>
<th>Progressing Toward Competency or CA</th>
<th>Not Progressing Toward Competency or SNM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Tx</td>
<td>Recognizes need for procedure</td>
<td>Student does not identify the need for supportive care</td>
</tr>
<tr>
<td>Appliance care</td>
<td>Few variations from recommended procedures made</td>
<td>Needs moderate faculty assistance to complete procedure</td>
</tr>
<tr>
<td>Radiographs</td>
<td>Quality of procedure and end product is clinically acceptable</td>
<td>Finished product is not clinically acceptable</td>
</tr>
<tr>
<td>Restorative F/P</td>
<td>Accurate post-operative instructions are given to patient</td>
<td>Bases need for procedure on need complete requirement rather than on specific need of patient</td>
</tr>
<tr>
<td>Sealants</td>
<td></td>
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<tr>
<td>Overhang removal</td>
<td></td>
<td></td>
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<tr>
<td>Sonic/Ultra</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desensitization</td>
<td></td>
<td></td>
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<tr>
<td>Air abrasive polish</td>
<td></td>
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<tr>
<td>Local anesthetic</td>
<td></td>
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<tr>
<td>Local drug delivery</td>
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<tr>
<td>Nitrous oxide</td>
<td></td>
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<tr>
<td>Fluoride trays</td>
<td></td>
<td></td>
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<tr>
<td>IO photography</td>
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</tr>
</tbody>
</table>

### Evaluation

- **DH treatment and/or re-evaluation**
  - Uses appropriate indices for evaluation
  - Evaluation procedures are accurately completed and interpreted
  - Evaluates all components of DH care
  - Determines when DH care is not adequate and adjusts accordingly
  - Soft tissue evaluated after appropriate healing (bleeding, pocket depth, etc.)
  - Evaluates adequacy of patient's self-care
  - Appropriate maintenance interval identified
  - Recognizes need for and initiates referral
  - Minimal reliance on faculty needed
  - Involves patient in evaluation process

- **Patient's self-care**
  - Patient goals not addressed at each appointment
  - Relies on faculty to determine end-point of treatment
  - Does not plan for soft tissue evaluation when appropriate
  - Fails to follow-up on self-care and adapt preventive counseling to patient needs

- **Professional growth**
  - Inappropriate or inadequate rationale for establishing maintenance interval
  - Answer to faculty questions demonstrates lack of adequate knowledge
  - Fails to involve patient in evaluation process

- **Self-evaluation**
  - Infection control guidelines not met
  - Demonstrates a lack of clinic preparation, resulting in major treatment interruption
  - Omits critical documentation - radiographs, etc.
  - Clinic records are incomplete, inadequate or unorganized
  - Does not complete procedures in a timely fashion
  - Arrives late for clinic session
  - Lack of rapport with patients, faculty and/or peers
  - Fails to demonstrate respectful attitude to faculty, patients, peers, health professionals, support staff, (i.e. confrontational, displays negative personal feelings, behaviors)
  - Fails to communicate effectively with faculty, patients, peers, health professionals, support staff
  - Fails to utilize motivational interviewing skills while assisting with patient behavior change (i.e. tobacco cessation, treatment, preventive counseling, nutritional counseling, etc.)
  - Demonstrates a significant lack in essential background knowledge
  - Unprofessional appearance; does not conform with clinic dress code
  - Questions inappropriate for instructional level
  - Frequent uses incorrect terminology and slang
  - Demonstrates unethical behavior
  - Inappropriately assumes responsibility
  - Routinely relies on faculty
  - Violates patient confidentiality
  - Lack of concern for patient's well-being
  - Fails to keep faculty informed of aspects or changes Tx or appts. (i.e. need for anesthesia, biopsy, radiographs, multiple appts/changes)

### Management Skills

- **Infection Control**
  - Follows appropriate infection control protocols before, during and after care
  - Well prepared for clinical session
  - Completes clinical and evaluation records accurately and efficiently
  - Uses time efficiently and effectively
  - Establishes and maintains rapport with patients, peers and faculty
  - Privacy practices presented when appropriate
  - Supplements basic and behavioral science information with independent research
  - Exhibits neat, clean professional appearance
  - Asks questions appropriate to students educational level
  - Demonstrates concern for patient's well-being
  - Maintains patient confidentiality
  - Utilizes appropriate terminology
  - Utilizes clinical protocols to ensure personal & patient safety

- **Time Management**
  - Infection control guidelines not met
  - Demonstrates a lack of clinic preparation, resulting in major treatment interruption
  - Omits critical documentation - radiographs, etc.
  - Clinic records are incomplete, inadequate or unorganized
  - Does not complete procedures in a timely fashion
  - Arrives late for clinic session
  - Lack of rapport with patients, faculty and/or peers
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  - Lack of concern for patient's well-being
  - Fails to keep faculty informed of aspects or changes Tx or appts. (i.e. need for anesthesia, biopsy, radiographs, multiple appts/changes)

- **Preparation and organization**
  - Infection control guidelines not met
  - Demonstrates a lack of clinic preparation, resulting in major treatment interruption
  - Omits critical documentation - radiographs, etc.
  - Clinic records are incomplete, inadequate or unorganized
  - Does not complete procedures in a timely fashion
  - Arrives late for clinic session
  - Lack of rapport with patients, faculty and/or peers
  - Fails to demonstrate respectful attitude to faculty, patients, peers, health professionals, support staff, (i.e. confrontational, displays negative personal feelings, behaviors)
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  - Routinely relies on faculty
  - Violates patient confidentiality
  - Lack of concern for patient's well-being
  - Fails to keep faculty informed of aspects or changes Tx or appts. (i.e. need for anesthesia, biopsy, radiographs, multiple appts/changes)

- **Professionalism**
  - Infection control guidelines not met
  - Demonstrates a lack of clinic preparation, resulting in major treatment interruption
  - Omits critical documentation - radiographs, etc.
  - Clinic records are incomplete, inadequate or unorganized
  - Does not complete procedures in a timely fashion
  - Arrives late for clinic session
  - Lack of rapport with patients, faculty and/or peers
  - Fails to demonstrate respectful attitude to faculty, patients, peers, health professionals, support staff, (i.e. confrontational, displays negative personal feelings, behaviors)
  - Fails to communicate effectively with faculty, patients, peers, health professionals, support staff
  - Fails to utilize motivational interviewing skills while assisting with patient behavior change (i.e. tobacco cessation, treatment, preventive counseling, nutritional counseling, etc.)
  - Demonstrates a significant lack in essential background knowledge
  - Unprofessional appearance; does not conform with clinic dress code
  - Questions inappropriate for instructional level
  - Frequently uses incorrect terminology and slang
  - Demonstrates unethical behavior
  - Inappropriately assumes responsibility
  - Routinely relies on faculty
  - Violates patient confidentiality
  - Lack of concern for patient's well-being
  - Fails to keep faculty informed of aspects or changes Tx or appts. (i.e. need for anesthesia, biopsy, radiographs, multiple appts/changes)

- **Clinical Judgment**
  - Infection control guidelines not met
  - Demonstrates a lack of clinic preparation, resulting in major treatment interruption
  - Omits critical documentation - radiographs, etc.
  - Clinic records are incomplete, inadequate or unorganized
  - Does not complete procedures in a timely fashion
  - Arrives late for clinic session
  - Lack of rapport with patients, faculty and/or peers
  - Fails to demonstrate respectful attitude to faculty, patients, peers, health professionals, support staff, (i.e. confrontational, displays negative personal feelings, behaviors)
  - Fails to communicate effectively with faculty, patients, peers, health professionals, support staff
  - Fails to utilize motivational interviewing skills while assisting with patient behavior change (i.e. tobacco cessation, treatment, preventive counseling, nutritional counseling, etc.)
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  - Questions inappropriate for instructional level
  - Frequently uses incorrect terminology and slang
  - Demonstrates unethical behavior
  - Inappropriately assumes responsibility
  - Routinely relies on faculty
  - Violates patient confidentiality
  - Lack of concern for patient's well-being
  - Fails to keep faculty informed of aspects or changes Tx or appts. (i.e. need for anesthesia, biopsy, radiographs, multiple appts/changes)

- **Communication Skills**
  - Infection control guidelines not met
  - Demonstrates a lack of clinic preparation, resulting in major treatment interruption
  - Omits critical documentation - radiographs, etc.
  - Clinic records are incomplete, inadequate or unorganized
  - Does not complete procedures in a timely fashion
  - Arrives late for clinic session
  - Lack of rapport with patients, faculty and/or peers
  - Fails to demonstrate respectful attitude to faculty, patients, peers, health professionals, support staff, (i.e. confrontational, displays negative personal feelings, behaviors)
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  - Demonstrates unethical behavior
  - Inappropriately assumes responsibility
  - Routinely relies on faculty
  - Violates patient confidentiality
  - Lack of concern for patient's well-being
  - Fails to keep faculty informed of aspects or changes Tx or appts. (i.e. need for anesthesia, biopsy, radiographs, multiple appts/changes)
PROCESS EVALUATION: Air-Abrasive Polishing

NAME: ___________________________________ DATE: _________________________

EVALUATOR: ______________________________ Faculty ( )

PATIENT: _________________________________ SCORE: _________________________

AREA EVALUATED: _________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance, or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses medical history in relation to the planned procedures &amp; makes appropriate modifications, if needed.</td>
<td></td>
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<tr>
<td>2. Recognizes indications and contraindications</td>
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<tr>
<td>3. Explains rationale, risks and benefits of this procedure to the patient</td>
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<tr>
<td>4. Assembles appropriate armamentarium, including protective covering for the patient</td>
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<tr>
<td>5. Removes unnecessary items from the cubicle/ operatory</td>
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<tr>
<td>6. Utilizes a pre-procedural rinse for 30 seconds to one minute</td>
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<tr>
<td>7. Prepares patient with instructions, drape and/or Vaseline for lips</td>
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<tr>
<td>8. Evacuation is effective, minimizes aerosol</td>
<td></td>
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<tr>
<td>9. Utilizes modified pen grasp</td>
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<td></td>
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<tr>
<td>10. Maintains infection control throughout procedure</td>
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<tr>
<td>11. Centers spray on the middle 1/3 of the tooth</td>
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<tr>
<td>12. Utilizes a constant circular motion</td>
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<tr>
<td>13. Maintains tip 2-3 mm from tooth surface</td>
<td></td>
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<tr>
<td>14. Maintains 80° angle on all buccal and lingual surfaces of posterior teeth</td>
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<tr>
<td>15. Maintains 60° angle toward gingiva on anterior teeth</td>
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<tr>
<td>16. Maintains 90° angle to occlusal surface</td>
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<tr>
<td>17. Follows correct procedure for equipment maintenance and sterilization/disinfection (powder chamber must be empty)</td>
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<tr>
<td>18. Records procedure in the permanent record</td>
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<tr>
<td>19. Self-evaluates the effectiveness of this procedure</td>
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</tbody>
</table>

Student must complete all items to a clinically acceptable level.

Comments:
PROCESS EVALUATION: *Area-Specific Curets*

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>1/2</th>
<th>13/14</th>
<th>15/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assumes correct patient/operator positioning</td>
<td></td>
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</tr>
<tr>
<td>2. Uses modified pen grasp</td>
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<tr>
<td>3. Maintains close, stable fulcrum</td>
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<tr>
<td>4. Uses correct working end</td>
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<tr>
<td>5. Begins at line angle</td>
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<tr>
<td>6. Keeps shank parallel to long axis of the tooth</td>
<td></td>
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<tr>
<td>7. Adapts and leads with lower 1/3 of cutting edge</td>
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<td></td>
</tr>
<tr>
<td>8. Rolls handle to maintain adaptation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Maintains proper blade angulation</td>
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</tr>
<tr>
<td>10. Uses short, overlapping strokes to complete all surface aspects of tooth</td>
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<tr>
<td>11. Extends strokes at least halfway across interproximal surfaces</td>
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<tr>
<td>12. Applies lateral stroke pressure in a coronal direction only</td>
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<tr>
<td>13. Uses wrist/arm activation</td>
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<tr>
<td>14. Causes no tissue trauma</td>
<td></td>
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</tr>
<tr>
<td>15. Uses light and mirror for accessibility and visibility</td>
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<tr>
<td>16. Uses a logical sequence</td>
<td></td>
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</tr>
<tr>
<td>17. Uses appropriate infection control techniques</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18. Explains the rationale, risks and benefits of this procedure</td>
<td></td>
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</tr>
<tr>
<td>19. Evaluates the effectiveness of the procedure</td>
<td></td>
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</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
### PROCESS EVALUATION: Care of Removable Prosthodontic Appliances

**NAME:** ___________________________

**DATE:** _________________________

**EVALUATOR:** ___________________________

Self ( )  Peer ( )  Faculty ( )

**PATIENT:** ___________________________

**SCORE:** _________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses need for procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Upon removal, inspects for breaks, loose teeth, etc., and informs patient (to avoid discrepancies); places appliance in container of 10% sodium hypochlorite solution (one appliance per container)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Does not use bleach if appliance is a partial with metal clasps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If needed and available, uses tartar and stain remover as the immersion solution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Places container in head rest cover and uses ultrasonic for 5-10 minutes. Using utility gloves only, transports contents to ultrasonic and back from ultrasonic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Scrubs prosthesis using a sterile toothbrush to remove loosened calculus and debris.</td>
<td></td>
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</tr>
<tr>
<td>5. Scales remaining calculus (external surface only), using caution to avoid scratching the surface</td>
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<tr>
<td>6. Polishes with fine prophylaxis paste to remove residual stain. Does not heat prosthesis during polishing</td>
<td></td>
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</tr>
<tr>
<td>7. Works over counter or sink lined with towels, and/or bottom filled with water, to avoid breakage</td>
<td></td>
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<tr>
<td>8. Considers need for disinfection of the appliance (organisms contributing to disease process. Disinfects when indicated.</td>
<td></td>
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</tr>
<tr>
<td>9. Rinses appliance thoroughly under warm water (NEVER hot!)</td>
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</tr>
<tr>
<td>10. Returns to patient on a paper towel. Appliance should be wet for comfortable insertion. Mouth rinse, if available, is a nice addition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Explains home care of appliance to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Uses appropriate infection control techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Self-evaluates effectiveness of this procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student must complete all items to a clinically acceptable level.**

Comments:
**Process Evaluation: Care Plan (Written)**

Name: ___________________________  Date: ______________________

Evaluator: _________________________  Faculty ( )

Patient: __________________________  Score: ______________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assembles data from patient's medical, dental, and OHRQL issues in care planning process.</td>
<td></td>
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</tr>
<tr>
<td>2. Establishes dental hygiene treatment needs, ADA case type and AAP disease classification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Uses information obtained from patient and examination to identify problem areas targeted to behavior change and develops an individualized care plan.</td>
<td></td>
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</tr>
<tr>
<td>4. Offers procedures which are both indicated and beneficial to the patient.</td>
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<tr>
<td>5. Establishes realistic outcomes for dental hygiene care and prognosis.</td>
<td></td>
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</tr>
<tr>
<td>6. Develops a logical sequence for treatment procedures and identifies priorities (emergency needs, prevention of disease, therapy, maintenance needs).</td>
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<tr>
<td>7. Plans the necessary number and length of appointments based on specific procedures that will meet the patient's individualized needs and the student's skill level.</td>
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<tr>
<td>8. Includes methods for evaluating progress.</td>
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</tr>
<tr>
<td>10. Provides the rationale, risks and benefits of all procedures to patient.</td>
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<tr>
<td>11. Secures the necessary signatures for informed consent.</td>
<td></td>
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</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
PROCESS EVALUATION:  Care Plan Presentation

NAME: ________________________________  DATE: ________________________

EVALUATOR: ___________________________  Self ( )  Peer ( )  Faculty ( )

SCORE: ________________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtains permission (informed consent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Establishes rapport with patient</td>
<td></td>
<td></td>
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<tr>
<td>3. Utilizes information gained from Brief MI and OHRQL interview to relate current oral condition.</td>
<td></td>
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<tr>
<td>4. Utilizes an appropriate balance between directing, guiding and following styles of communication to explain patients current oral condition.</td>
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</tr>
<tr>
<td>5. Presents recommended procedures and relates each procedure to patient's current condition(rationale), and history being sensitive and respectful of patient autonomy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Uses language understandable to the patient</td>
<td></td>
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<tr>
<td>7. Utilizes OARS to allow for patient questions and adequately provides answers to patient questions.</td>
<td></td>
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</tr>
<tr>
<td>8. Recognizes and reflects on patient non-verbal behavior.</td>
<td></td>
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</tr>
<tr>
<td>9. Includes explanation of clinic policies, fees, and time schedule</td>
<td></td>
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<tr>
<td>10. Elicits and provides patient with information regarding maintenance and supportive therapy that will be necessary.</td>
<td></td>
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</tr>
<tr>
<td>11. Elicits and presents appropriate alternatives to suggested treatment and explains risks and benefits</td>
<td></td>
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</tr>
<tr>
<td>12. Meets legal requirements for patient/informed consent to treatment, which includes having the patient/guardian sign treatment plan</td>
<td></td>
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</tr>
<tr>
<td>13. Provides the rationale, risks and benefits of all procedures to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Self-evaluates the effectiveness of this procedure</td>
<td></td>
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</tr>
</tbody>
</table>

Student must complete all items to a clinically acceptable level.

Comments:
**PROCESS EVALUATION: Cubicle Preparation**

**NAME:** ___________________________ **DATE:** __________________

**EVALUATOR:** ____________________  **Self ( )  Peer ( )  Faculty ( )**

**PATIENT:** ________________________ **SCORE:** __________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dons appropriate personal protective equipment; cleans safety glasses with soap and water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Dons utility gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Removes trash according to management guidelines for potentially infectious materials (biohazardous material).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Turns on unit and checks equipment, including evacuation trap. Flush trap with one cup of water. Calls maintenance (ext. 4057) if suction unoperational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Using a paper towel moistened with water, dusts the following items (top to bottom order): computer keyboard and areas around computer, light arm, supply cabinet, dental hygiene cart base, towel and supply holder, viewbox, light shield, base of patient chair, patient chair foot control, rheostat and base of operator chair and walls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Bleeds water lines one to two minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Washes utility gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Systematically disinfects the following items using Phenolic disinfectant sprayed on paper towels: (Gauze squares soaked in phenol solution may be used to surface disinfect small items.) Viewbox switch, counter tops, sink and faucets, supply cabinet handle, light handles and switch, dental hygiene cart (excluding base), operator stool lever and back (except cloth portion), patient chair including headrest lever, handpiece delivery system, buttons, handle, arm, handpiece holders, hoses, air-water syringe holder, base, saliva ejector, holder hose, arm, high-speed evacuator, holder, hose, pens, and pencils. The order may be rearranged.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Then uses an antimicrobial soapy wet paper towel, follows with a dry paper towel to wipe down the dental chair, operator stool, assistant stool and hoses. (This procedure maintains the equipment and prevents the materials from cracking, fading or deteriorating).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Removes utility gloves, washes hands and wrists.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Collects necessary supplies (with clean hands; i.e., gloves, gauze, head rest covers, patient napkins, sterile instruments. (Leaves in sealed autoclave bag.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(continued on next page)
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Places patient napkin on sink counter and DH cart. Sterile instrument pack on front delivery system and disposable supplies are placed here on the DH cart (also covered with patient napkin). Documentation: any forms used should be placed on a clipboard and covered with a headrest cover.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. While using clean hands, wrap the following items and areas with plastic barriers: operator stool adjustment handles, dental light handles, evacuation system hoses, handpiece and air/water syringe hoses, computer and keyboard and any surfaces that will be contaminated but cannot be disinfected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Explains rationale, risks and benefits of this procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Self-evaluates effectiveness of this procedure.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
**PROCESS EVALUATION:**

_Dental Hygiene or Dental Faculty Examination/Examination of Dentition and Occlusion_

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student remains in cubicle to assist faculty during examination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Student has identified the need for radiographs prior to doctor examination. Radiographs have been exposed, developed and interpreted <strong>PRIOR</strong> to evaluation and have been placed on the viewbox.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Student is prepared for evaluations by having the intraoral mirror, shepherd's hook and ODU 11/12 explorers, periodontal probe and 2 x 2 gauze available for use. Student prepares mirror for examination by cleansing mirror of any debris.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Student introduces dental faculty to the patient using appropriate titles for both the faculty and patient. Student then places patient in a supine position (operating the chair with the appropriate foot pedals).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Student clearly communicates assessment findings to the faculty indicating both intraoral and radiographic findings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Student determines and accurately records findings obtained from examination of the dentition and includes teeth present, restorations, appliances, sealants, caries, structural defects, occlusion and caries risk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Student assists faculty during examination by appropriately applying air and water and adjusts the dental light as indicated and necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Student uses appropriate infection control procedures during patient examination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Student accurately documents DH faculty's dental hygiene diagnosis and/or dental faculty's dental diagnosis in the patient's permanent record.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Student uses the CMS (Computer Management System) appropriately to order consults and make referrals as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Student confirms appropriate signatures have been obtained on the dental chart and the treatment plan in the computer.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_Student must complete all items to a clinically acceptable level._

Comments:
**PROCESS EVALUATION: Emergency Procedures (Code Blue)**

**NAME:** ________________________________  **DATE:** __________________________

**EVALUATOR:** ___________________________  **Self ( )**  **Peer ( )**  **Faculty ( )**

**PATIENT:** ______________________________  **SCORE:** _________________________

Place a checkmark (✔) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognizes the signs of a person in distress.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Asks someone to call the emergency number (x4444) and alerts clinical faculty.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Instructs that person to then proceed at once to the stairway by the elevator on first floor, to wait for ER team to arrive and to lead them to the emergency site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Instructs another person to get the AED.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Begins assessment (the R, A, B, C's) associated with the Basic Life Support System and attach the AED based on assessment results.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Monitors patient, maintaining basic life support until emergency team arrives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Allows emergency team to take over care of person in distress.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Recognizes the need for additional emergency equipment, knows where the items are located, and how to operate each (i.e., oxygen tank, eye wash station, glucometer, first aid kit, and chairside glucose).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Assists attending faculty in submitting a comprehensive written report of the incident to Dana Linville.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student must complete all items to a clinically acceptable level.**

Comments:
**PROCESS EVALUATION: The EXD 11/12 Explorer**

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assumes correct patient/operator positioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uses modified pen grasp (light grasp)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maintains close, stable fulcrum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Uses correct working end</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Begins at line angle (atraumatic insertion on partner)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Keeps handle/shank parallel to tooth long axis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Adapts and leads with lower 1/3 of tip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Rolls handle to maintain adaptation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Uses short, overlapping strokes to complete all surface aspects of tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Uses wrist/arm action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Causes no tissue trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Uses light and mirror for accessibility and visibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Uses a logical sequence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Uses appropriate infection control techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Explains the rationale, risks and benefits of this procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Evaluates the effectiveness of the procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_Student must complete all items to a clinically acceptable level._

Comments:
### PROCESS EVALUATION: Extra-Oral & Intra-Oral Exam

**NAME:** ________________________________  **DATE:** ____________________________

**EVALUATOR:** ________________________________  **Self ( )**  **Peer ( )**  **Faculty ( )**

**PATIENT:** ________________________________  **SCORE:** __________________________

Place a checkmark (✔) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assumes correct patient/operator positioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Conducts examination systematically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Observes patient for any abnormalities of head, face, scalp, eyes, ears, nose and lips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Examines lymph nodes of head and neck, salivary glands, thyroid and larynx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Examines TMJ for pain and sounds, and muscles of the head and neck as needed</td>
<td></td>
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</tr>
<tr>
<td>6. Examines the lips and mucosal surfaces, including labial and buccal mucosa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Uses light and mirror for accessibility and visibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Checks for signs of xerostomia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Palpates floor of mouth and tongue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Examines boundaries of the oral cavity (hard and soft palate, and oropharynx)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Recognizes and accurately records any soft tissue abnormalities, giving a description of lesion, size, location and date of finding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Requests consultation when necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. States etiology and relates significance of findings to the treatment plan and patient's health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Verbally and logically explains significant data to faculty, using appropriate terminology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Uses appropriate infection control techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Explains rationale, risks and benefits of this procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Self-evaluates effectiveness of this procedure</td>
<td></td>
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</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

**Comments:**
PROCESS EVALUATION: Finishing and Polishing Composite Restorations

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses need for procedure (indications/contraindications)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assembles appropriate armamentarium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explains rationale, risks and benefits of this procedure to the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Finishing: Requests dentist to reduce surface with a high-speed diamond bur if:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. severe discoloration present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. gross over-contouring exists</td>
<td></td>
<td></td>
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<tr>
<td>5. Polishing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Uses medium-grit EP Polishing System disk to achieve smooth surface</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Uses fine-grit sof-EP Polishing System disk to achieve smooth surface</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Polishing agent in rubber cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Floss proximal surfaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Composite is smooth with no voids or roughness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Margins are flush with tooth surface</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Rinses thoroughly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Uses appropriate infection control technique throughout the procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Self-evaluates for effectiveness of this procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student must complete all items to a clinically acceptable level.

Comments:
PROCESS EVALUATION:  Fluoride Application (tray application technique)

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses the need for topical fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Selects appropriate type of fluoride agent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assembles all necessary armamentarium for selected fluoride application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Seats patient in an upright position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Explains fluoride procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Selects appropriate tray and checks for fit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Dispenses correct amount of fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Isolates and dries teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Places fluoride trays to ensure complete coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Places saliva ejector and instructs patient not to swallow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Times procedure appropriately to the specific fluoride chosen, using a timer or clock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Monitors patient comfort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Removes trays without trauma or spillage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Instructs patient to expectorate fully, wipes excess with 2 X 2 gauze, and suctions remaining fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Provides post-operative instructions to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Uses appropriate infection control procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Documents fluoride application thoroughly in chart to include fluoride type, dose, technique, flavor, and any patient reaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Explains the rationale, risks and benefits of this procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Self-evaluates the effectiveness of this procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student must complete all items to a clinically acceptable level.

Comments:
**PROCESS EVALUATION: Fluoride Varnish**

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses the need for topical fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Selects appropriate unit dose of fluoride varnish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assembles all necessary armamentarium for selected fluoride application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Seats patient in a reclined position for access to oral cavity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Explains fluoride procedure to patient and obtains informed consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Wipes application area with gauze or cotton rolls and inserts saliva ejector. (Can be applied in the presence of saliva and without a saliva ejector.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Using a cotton tip, brush, or syringe-style applicator, apply 0.3–9.5 ml of varnish (unit dose) to clinical crown of teeth. (Application time: 1–3 minutes.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Dental floss may be used to draw varnish interproximally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Allows patient to rinse on completion of procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Provides post-operative instructions to patient: Reminds patient to avoid eating hard foods, drinking hot or alcoholic beverages, brushing, and flossing for at least 4-6 hours after application. Drink through a straw for the first few hours after application.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Uses appropriate infection control procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Documents fluoride varnish application thoroughly in chart to include fluoride type, dose, technique, flavor, and any patient reaction including specific post-operative instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Explains the rationale, risks and benefits of this procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Self-evaluates the effectiveness of this procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
### PROCESS EVALUATION: Gingival and Periodontal Exam

**NAME:** ____________________________  **DATE:** _______________________

**EVALUATOR:** ____________________________  Faculty ( )

**PATIENT:** ____________________________  **SCORE:** _______________________

**AREA EVALUATED:**  
Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assembles the necessary armamentarium (mirror, probes, explorers, past radiographs, previous records and gauze)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Examines the zones of gingiva to produce an accurate gingival description including color, contour and consistency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Determines and records pocket depths, clinical attachment loss, bleeding on probing, furcation involvement, recession, mobility, type of bone loss, and mucogingival defects, and occlusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Documents areas of deposit in terms of type, location and extent (light, moderate, heavy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Observes frenum attachments for interferences with attached gingiva</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Consults current and previously obtained information, radiographs and charting to consider current periodontal status and level of risk considering change over time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Identifies AAP disease classification and ADA case type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Requests consultation when necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. States etiology and relates significance of findings to the care plan, patient's health and OHRQL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Conducts examination systematically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Documents all findings in the permanent record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Verbally and logically explains significant data to faculty and patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Requests a dental faculty examination and performs a plaque index once tissues have been viewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Uses appropriate infection control techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Explains rationale, risks and benefits of this procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Self-evaluates effectiveness of this procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

**Comments:**
PROCESS EVALUATION:  *Instrument Sharpening with Moving Handstone Method*

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtains supplies needed, including adequate light and work site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Applies light layer of oil to stone (optional).</td>
<td></td>
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</tr>
<tr>
<td>3. Examines the instrument for original design and areas of wear.</td>
<td></td>
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</tr>
<tr>
<td>4. Stabilizes the instrument with face of blade horizontal to floor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Positions the stone against the surface to be sharpened at an appropriate angle for that surface.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Moves stone up and down, maintaining appropriate angle stone to instrument. Strokes are 1/2 to 1/4 inch in length, with more pressure on downstroke.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Covers entire blade edge(s) (heel, middle and toe third).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Keeps wrist in neutral position.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Examines progress periodically with light and test stick.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Removes wire edge as necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Uses appropriate infection control techniques.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
## PROCESS EVALUATION: Local Anesthesia

**NAME:** ___________________________  **DATE:** ___________________________

**EVALUATOR:** _________________________  Faculty ( )

**PATIENT:** __________________________  **SCORE:** __________________________

**INJECTION EVALUATED:** __________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses medical history in relation to the planned procedures &amp; makes appropriate modifications, if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assembles correct armamentarium (correct needle length and gauge; appropriate topical and local anesthesia agent; gauze; tongue blade)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explains the need for pain control to the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Prepares tissues for injection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Inserts the syringe in the correct location, direction and depth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Aspirates prior to injection (responds to positive injection appropriately)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Deposits solution no faster than one cartridge/minute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Uses a one-handed recapping technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Monitors patient’s response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Teeth and soft tissue anesthetized successfully (indicate if supplemental injection is necessary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Documents procedure in the permanent record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Self-evaluates effectiveness of the injection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

**Comments:**
PROCESS EVALUATION: Local Drug Delivery

NAME: ____________________________  DATE: ________________________
EVALUATOR: ______________________  Faculty ( )
PATIENT: __________________________  SCORE: ______________________
AREA EVALUATED: __________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses medical history in relation to the planned procedures &amp; makes appropriate modifications, if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Recognizes indications, contraindications and precautions for procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explains rationale, risks, benefits and fees associated with the procedure to patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Obtains informed consent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Assembles appropriate armamentarium.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Utilizes appropriate local anesthesia, if indicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Mechanically disrupts biofilm in the pocket w/hand and/or ultrasonic instruments as appropriate, prior to placement.</td>
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</tr>
<tr>
<td>8. Places the delivery system securely in the affected pocket and /or pockets.</td>
<td></td>
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</tr>
<tr>
<td>9. Provides appropriate post-operative instructions to the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Appoints patient for re-evaluation of treatment at the appropriate time interval.</td>
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</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
**PROCESS EVALUATION: Medical History & Vital Signs**

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
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</thead>
<tbody>
<tr>
<td>1. Assumes correct patient/operator positioning (conversational)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Explains rationale, risks and benefits of this procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Investigates significant responses with follow-up questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Communicates clearly and appropriately with the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Records findings accurately and legibly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Uses reference books to clarify conditions or medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Identifies conditions requiring preventive measures prior to treatment, including antibiotic premedication or conditions that require consultation with physician prior to rendering dental hygiene treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Identifies conditions from health history which may affect the oral hygiene status of the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Verbally, logically and concisely reports significant findings in the medical history to faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Accurately takes vital signs (pulse, respiration and blood pressure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Takes necessary precautions, alerts faculty and complies with school policy concerning patient management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Identifies OHRQL factors that may affect the oral health status of the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Uses a logical sequence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Uses appropriate infection control techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Self-evaluates effectiveness of this procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
### PROCESS EVALUATION: Nitrous Oxide Sedation

**NAME:** ___________________________________  **DATE:** _________________________

**EVALUATOR:** ______________________________  **SCORE:** _________________________

**PATIENT:** _______________________________  Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses medical history and OHRQL factors in relation to the planned procedures &amp; makes appropriate modifications, if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Correctly assembles armamentarium (Scavenger unit is appropriately utilized.)</td>
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</tr>
<tr>
<td>3. Explains the rationale, risks and benefits of this procedure to the patient and obtains written consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Collects presentation vitals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Begins 100% O₂ flow at 6.0 l/m (range should be between 5–7L/minute)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Begins the flow of O₂ before mask is placed over patient's nose.</td>
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<td></td>
</tr>
<tr>
<td>7. Monitor O₂ for 2-3 minutes and adjust to maintain the appropriate volume and flow rate (observe the bag)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Begins titration of N₂O by administering 25% N₂O</td>
<td></td>
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</tr>
<tr>
<td>9. Increases percentage of N₂O in 5% increments every 2–3 minutes until ideal level of sedation is achieved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Monitors level of O₂ and N₂O throughout the procedure (observe bag periodically)</td>
<td></td>
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</tr>
<tr>
<td>11. Monitor the patients’ response throughout the procedure (check sedation level)</td>
<td></td>
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</tr>
<tr>
<td>12. Completes the planned procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Turn off N₂O at the tank first and then off at the flow meter valve after the ball has returned to zero, re-establishing 100% O₂ flow at the rate of 5-7L/minute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Maintains 100% O₂ flow for a minimum of 5 minutes or longer if signs of clinical sedation persist.</td>
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</tr>
<tr>
<td>15. Remove mask from the patient and turn off the oxygen at the tank.</td>
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<td></td>
</tr>
<tr>
<td>17. Documents the procedure including flow rate, percentage N₂O administered, length of time sedated, length of time in recovery pre/post-operative vitals and patient's condition upon dismissal, and any post-operative instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Appropriately disassembles and returns equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Uses appropriate infection control techniques.</td>
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<td></td>
</tr>
<tr>
<td>20. Evaluates the effectiveness of this procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
**PROCESS EVALUATION: Nutritional Counseling**

**NAME:** ________________________________  **DATE:** ________________________________

**EVALUATOR:** ________________________________  Faculty ( )

**PATIENT:** ________________________________  **SCORE:** ________________________________

Place a checkmark (✔) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
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</thead>
<tbody>
<tr>
<td>1. Assess factors present in patient history and examination to help plan realistic dietary goals and promote self-efficacy for the patient.</td>
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</tr>
<tr>
<td>2. Provides the patient with sufficient information for accurately recording the diet diary.</td>
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<tr>
<td>3. Utilized information gained from Brief MI and OHRQL interview enable a collaborative approach to diet analysis and modification.</td>
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</tr>
<tr>
<td>4. Identifies the following information and impact on oral health from the diet diary with the patient:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Foods containing refined sugars</td>
<td></td>
<td></td>
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<tr>
<td>B. Refined carbohydrates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Areas of excess and deficiencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Areas where modification in diet is needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Foods that are retentive carbohydrates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Figures the total number of exposures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Figures the total amount of time of exposure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Develops a practical solution to his/her dietary problem areas.</td>
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</tr>
<tr>
<td>8. Evaluates overall nutritional status and recommends any necessary diet modifications.</td>
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</tr>
<tr>
<td>9. Elicits patient beliefs regarding dietary status and gets permission to provide nutritional summary and recommendations (informed consent).</td>
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</tr>
<tr>
<td>10. Provides the patient with written documentation of suggestions made for dietary modification</td>
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</tr>
<tr>
<td>11. Evaluates patient's behavior change and any problem areas at subsequent appointments. Elicits a plan for follow up.</td>
<td></td>
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</tr>
<tr>
<td>12. Accurately records all suggestions, recommendations and follow-up plans in patient record.</td>
<td></td>
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</tr>
<tr>
<td>13. Self-evaluates the effectiveness of the procedure.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
### PROCESS EVALUATION: Periodontal Instrumentation

**NAME:** _______________________________ **DATE:** _________________________

**EVALUATOR:** ___________________________ **Faculty:** ( )

**PATIENT:** ______________________________ **SCORE:** _________________________

**AREA EVALUATED:** __________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses medical history in relation to the planned procedures &amp; makes appropriate modifications, if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uses mechanical or ultrasonic lavage to flush pocket space and deposit removal.</td>
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</tr>
<tr>
<td>3. Assess tooth and root surface for adequate deposit removal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Chooses appropriate instrument(s) for area.</td>
<td></td>
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</tr>
<tr>
<td>5. Uses modified pen grasp for hand instrument/pen grasp for Ultrasonic instrument.</td>
<td></td>
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</tr>
<tr>
<td>6. Maintains stable intra — or extra-oral fulcrum</td>
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</tr>
<tr>
<td>7. Uses correct working end</td>
<td></td>
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</tr>
<tr>
<td>8. Inserts blade to junctional epithelium (zero degree angulation). Work from top of deposit downward with Ultrasonics.</td>
<td></td>
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</tr>
<tr>
<td>9. Establishes working angulation between 60-70 degrees/0-15 degrees for Ultrasonic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Uses toe third of cutting edge/back and/or lateral surface of US</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Uses firm pressure to remove all calculus deposits/less pressure w/US</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Uses overlapping light strokes to completely debride non- root surfaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Debrides root branch of multi-rooted tooth as well as single root</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Uses wrist/arm activation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Uses logical sequence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Uses appropriate infection control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Explains the rationale, risks and benefits of procedure</td>
<td></td>
<td></td>
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</tbody>
</table>

**Student must complete all items to a clinically acceptable level.**

Comments: 
PLACE EVALUATION:  Pit and Fissure Sealant Application (Light-Cure)

NAME: _______________________________ DATE: __________________________

EVALUATOR: ______________________________ Faculty ( )

PATIENT: _______________________________ SCORE: _________________________

AREA EVALUATED: _________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses medical history in relation to the planned procedures &amp; makes appropriate modifications, if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Recognizes the indications and contra-indications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explains the rationale, risks and benefits of procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assembles armamentarium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Explains choice of surface and procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Seats patient appropriately for visibility and isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Performs surface cleansing if needed (oil-free, non-fluoride agent if used)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Isolates involved teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Dries teeth with compressed, moisture-free air for 30 seconds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Applies tooth etchant for 30 to 60 seconds (clock-timed) (look at manufacturer's instructions to confirm time).</td>
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</tr>
<tr>
<td>11. Rinses thoroughly for 30 seconds, evacuating appropriately</td>
<td></td>
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</tr>
<tr>
<td>12. Dries tooth surfaces for 15-30 seconds while maintaining isolation (clock-timed)</td>
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<td></td>
</tr>
<tr>
<td>13. Inspects tooth surfaces for proper etched appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Re-etches if necessary for 10 seconds; repeat steps 7, 8 &amp; 9</td>
<td></td>
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</tr>
<tr>
<td>15. Demonstrates ability to prevent contamination of prepared surfaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Applies sealant material along length of fissure and up incline planes</td>
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</tr>
<tr>
<td>17. Controls amount of material, does not overflow marginal ridges</td>
<td></td>
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</tr>
<tr>
<td>18. Uses light-cure unit to expose each surface for 30 seconds, keeping unit tip 1-2 mm from each surface (Refer to manufacturer's instructions).</td>
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<td></td>
</tr>
<tr>
<td>19. Uses proper protection for eyes of patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Uses proper protection for eyes of operator/assistant.</td>
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*continued on next page*
### PROCESS EVALUATION: *Pit and Fissure Sealant Application (Light-Cure)*

**Continued**

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Maintains isolation until exam is complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Examines sealant for retention, adequate coverage or lack of bubbles/voids and clear contact area. Corrects as needed.</td>
<td></td>
<td></td>
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<tr>
<td>23. Removes isolation materials.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Checks occlusion and corrects if necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Provides post-treatment instructions.</td>
<td></td>
<td></td>
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<tr>
<td>27. Uses appropriate infection control techniques in preparation, implementation and cleanup.</td>
<td></td>
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</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
## PROCESS EVALUATION: Polishing

**NAME:** ___________________________________  **DATE:** _________________________

**EVALUATOR:** ______________________________  Faculty ( )

**PATIENT:** _________________________________  **SCORE:** _________________________

**AREA EVALUATED:** _________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses all criteria for patient and operator positions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Selects an appropriate polishing agent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Uses correct grasp for handpiece.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Stabilizes hand using an appropriate fulcrum to assure control of handpiece</td>
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<td></td>
</tr>
<tr>
<td>5. Adapts the cup carefully to all surfaces.</td>
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<td></td>
</tr>
<tr>
<td>6. Uses appropriate pressure as demonstrated by flaring of the rubber cup (differentiates between crown and root surfaces)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Keeps the rubber cup in contact with the tooth surface.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Avoids excessive frictional heat by using intermittent pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Maintains slow, constant speed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Uses dental floss and rinses with water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Adapts floss for fixed prosthetic devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Follows appropriate infection control procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Explains the rationale, risks and benefits of this procedure, and possible alternatives, including selective polishing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Prepares patient for dismissal by cleaning face of debris</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

**Comments:**
### PROCESS EVALUATION: Preventive Counseling

- **NAME:** ___________________________ **DATE:** _________________________
- **EVALUATOR:** ______________________ Faculty ( )
- **PATIENT:** _________________________ **SCORE:** _________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. (Obtained from written care plan.) Assesses factors present in patient history and examination to help plan realistic oral hygiene goals and promote self-efficacy for the patient. Utilizes information gained from Brief MI counseling and OHQRL interview.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Obtains permission to discuss oral care practices with patient (informed consent).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Uses disclosing agent to evaluate the amount and location of plaque, as well as effectiveness of current oral self-care practices.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Uses open-ended questions to explore patient’s perceptions on oral health (no more than 3 questions in a row).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates active listening by utilizing a variety of reflective statements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Affirms the patient’s strengths and efforts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Utilizes strategies to elicit change talk (evocative questions, motivation, confidence and/or importance ruler; pros and cons).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. (Care plan) Elicits goals for oral self-care with patient, including beliefs and oral health quality of life issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. (Care plan) Evaluates patient’s perceptions of importance, motivation and confidence in selecting appropriate dental aids, techniques and products for the patient's needs and justifies the use of the selection. Uses small steps in introducing new information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Elicits and provides clinical indices (plaque index, bleeding index, pocket depth, and gingival condition) with patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Elicits and provides instruction about plaque and other contributing etiologic factors and their relation to oral disease if elicited.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Elicits and demonstrates proper use of the dental aids and products to patient if elicited.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Allows active patient participation and provides affirmation and feedback.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Utilizes appropriate teaching aids to enhance optimal patient education.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Documents patient education, goals, concepts, equipment and technical recommendations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Uses appropriate infection control procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Self-evaluates effectiveness of preventive counseling.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
### PROCESS EVALUATION: Probe

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assumes correct patient/operator positioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uses a logical sequence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Uses modified pen grasp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Maintains close, stable fulcrum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Working end is parallel to the long axis of the tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Maintains tip in contact with tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Angles working end slightly interproximal areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Uses walking stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Covers entire circumference of sulcus/pocket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Reads and records six measurements per tooth to within 1 mm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Uses Nabers probe in bifurcation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Causes no tissue trauma (delete for manikin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Uses light and mirror for accessibility and visibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Uses appropriate infection control techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Explains the rationale, risks and benefits of procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
PROCESS EVALUATION:  *PSR*

NAME: _______________________________  DATE: __________________________

EVALUATOR: ___________________________  Faculty ( )

PATIENT: _______________________________  SCORE: _________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Determines need for the procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Recognizes medical/dental/social histories which may alter or contraindicate treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assembles appropriate armamentarium, particularly ball-tip probe and printed chart.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Divides the mouth into six sextants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Probes and records sextants in a logical sequence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Utilizes appropriate probing technique.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Accurately reads ball-tip probe.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Determines one score for each sextant based on the deepest probing depth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Accurately records findings in chart.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Uses appropriate infection control procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Explains findings to the patient in appropriate language.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Utilizes data to plan appropriate patient treatment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
**PROCESS EVALUATION: Radiographic Interpretation**

NAME: _______________________________ DATE: _________________________

EVALUATOR: ___________________________ Faculty ( )

PATIENT: _______________________________ SCORE: _________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explains the rationale for exposing specific radiographs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Explains the rationale, risks, and benefits of this procedure to the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Student has completed the radiographic evaluation and interpretation form appropriately.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Recognizes errors in radiographic technique (i.e. film placement, vertical and horizontal angulation, cone cut, movement, processing errors).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Recognizes pathology present on radiographs (i.e. caries, calculus, vertical bone loss, horizontal bone loss, periapical findings).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Self evaluates the need for additional radiographs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student must complete all items to a clinically acceptable level.**

Comments:
**PROCESS EVALUATION: Sickle Scalers**

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses all criteria for patient/operator positioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uses modified pen grasp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maintains close, stable fulcrum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Uses correct working end</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Begins at line angle if posterior, midline if anterior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Keeps shank/handle parallel to long axis of tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Adapts and leads with lower 1/3 of cutting edge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Rolls handle to maintain adaptation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Maintains proper blade angulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Uses short, overlapping strokes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Applies lateral stroke pressure in a coronal direction only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Extends strokes at least halfway across interproximal surfaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Uses wrist/arm activation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Causes no tissue trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Uses light and mirror for accessibility and visibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Uses logical sequence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Uses appropriate infection control techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Explains the rationale, risks and benefits of this procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Self-evaluates the effectiveness of the procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
**PROCESS EVALUATION: Sonic/Ultrasonic Instrumentation**

NAME: _______________________________ DATE: __________________________

EVALUATOR: _______________________________ Faculty ( )

PATIENT: _______________________________ SCORE: _________________________

AREA EVALUATED: _________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>STRAIGHT</th>
<th>CURVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses medical history in relation to the planned procedures and makes appropriate modifications, if needed.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>2. Recognizes indications and contraindications.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>3. Explains the rationale, risks and benefits of procedure.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>4. Assembles appropriate armamentarium, including protective covering for the patient.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>5. Maintains infection control throughout appointment.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>6. Clears water lines for at least two minutes.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>7. Utilizes a pre-procedural rinse for 30 seconds to one minute.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>8. Selects appropriate tip for the area of instrumentation.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>9. Adjusts power and water settings as appropriate for instrument tip.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>10. Maintains correct patient/operator positioning.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>11. Adapts tip appropriately for the tooth surface being instrumented.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>12. Keeps tip in motion at all times.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>13. Utilizes light, overlapping strokes.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>14. Evacuation is effective.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>15. Avoids porcelain crowns and/or inlays.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>16. Is able to demonstrate the use of area specific ultrasonic/sonic inserts</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>17. Self-assesses effectiveness with an explorer</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>18. Prepares equipment for sterilization/disinfection.</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>19. Records the procedure in the permanent record</td>
<td>CA</td>
<td>U</td>
</tr>
<tr>
<td>20. Self-evaluates effectiveness of procedure.</td>
<td>CA</td>
<td>U</td>
</tr>
</tbody>
</table>

Students must complete all items to a clinically acceptable level.

Comments:
**PROCESS EVALUATION: Study Models**

**NAME:** ___________________________  **DATE:** ___________________________

**EVALUATOR:** ___________________________  **Faculty ( )**

**PATIENT:** ___________________________  **SCORE:** ___________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess indication for fabricating study models.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Explains procedure to patient and obtains necessary consent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Has faculty O.K. alginate impressions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Bases are trimmed to correct shape.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Casts are approximately the same thickness.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Bite registration is used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. No bubbles or large voids present in bases.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. No bubbles or large voids present in anatomical structures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Cast includes the anatomy of the mucobuccal fold.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Base is approximately 1/3 to 1/2 and anatomical structures are approximately 1/2 to 2/3 the total height for each arch.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Bases are parallel with the occlusal plane and with each other.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Posterior borders are in the same plane when occluded.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Posterior borders are perpendicular to median line from incisors on maxillary and middle of tongue on mandibular.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Posterior borders are trimmed to within 1/4 inch of terminal molar.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. The sides are parallel with a line through the central grooves of the premolar on the same side.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. The heels are 1/2 inch cuts parallel with the mesiodistal plane of opposite canine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The anterior borders are trimmed 1/4 to 5/16 inch from the most protruded tooth or from depth of mucobuccal fold.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Cast models are labeled (both arches) with the patient's name, the date and the clinician’s name.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
### PROCESS EVALUATION: Tobacco Cessation

**NAME:** ____________________________  **DATE:** ________________

**EVALUATOR:** ____________________________  Faculty ( )

**PATIENT:** ____________________________  **SCORE:** ____________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses medical history and OHRQL to systematically identify tobacco user. (Ask)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In a clear, strong, personalized manner, clinician urges tobacco user to quit. (Advise)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Identify whether or not tobacco user is willing to make a quit attempt at this time (e.g., within the next 30 days). (Assess)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Provide instruction for oral cancer self-examination. Patient should be taught to look and feel their head and neck, face, sides and front of neck, lips, cheek, roof of mouth, and floor of mouth and tongue (additional information can be accessed at: <a href="http://www.adha.org/downloads/oralcancer.pdf">http://www.adha.org/downloads/oralcancer.pdf</a>). (Assist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Help the patient develop a quit plan (set a quit date, advise to tell family, friends, etc., anticipate challenges, and remove tobacco products from environment). (Assist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Provide practical counseling and a supportive clinical environment while encouraging the patient in his or her quit attempt. (Assist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Help patient develop social support for his or her quit attempt in his or her environments outside of treatment. (Assist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Recommend the use of approved pharmacotherapy if appropriate. (Assist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Demonstrate an understanding of the various pharmacotherapy products and explain costs, where to purchase, and possible side effects. (Assist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Schedule follow-up contact soon after the quit date, preferably during the first week. Schedule further follow-up contacts as indicated. (Arrange).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Provide appropriate actions during follow up appointment which includes, but is not limited to: • Affirmation: Congratulate success. • If tobacco use has occurred, review circumstances and elicit recommitment to total abstinence. Remind patient that a lapse can be used as a learning experience. Identify problems already encountered and anticipate challenges in the immediate future. • Utilizing the MI Skills to assess change talk. (Pro/Cons; Importance/ Confidence/ Motivation Rulers) Assess pharmacotherapy use and problems. Consider use or referral to more intensive treatment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student must complete all items to a clinically acceptable level.**

Comments:
PROCESS EVALUATION:  Tooth Desensitizing

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assesses medical history in relation to the planned procedure and makes appropriate modifications, if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Recognizes indications and contraindications for procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explains rationale, risks and benefits of the procedure and selected agent to patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assembles appropriate armamentarium.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Places the desensitizing agent appropriately on the affected tooth surface and/or surfaces.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Provides appropriate post-operative instructions to the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Appoints patient for follow-up visit, if needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Appropriately documents in the patient’s chart treatment rendered and post-operative instructions are given to patient.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student must complete all items to a clinically acceptable level.**

Comments:
PROCESS EVALUATION: Tray Fabrication

NAME: _______________________________ DATE: _________________________

EVALUATOR: ______________________________ Faculty ( )

PATIENT: _______________________________ SCORE: _________________________

AREA EVALUATED: _________________________

Place a checkmark (✔) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess indication for whitening/fluoride therapy procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assess contraindications for whitening/fluoride therapy procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explains procedure to patient and obtains written consent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Records pre-op Vita shade or obtains written prescription for fluoride.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has faculty O.K. alginate impressions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Trims study models to accommodate preparation of trays.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Study models are labeled with the patient's name, the date and the clinician's name.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has faculty O.K. trimmed models before blocking agent is applied.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Has faculty O.K. trays prior to trimming.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Tries the whitening or fluoride tray on patient. Questions patient about comfort.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Has faculty O.K. fit of trays on patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Dispenses bleaching materials or fluoride script and provides patient with appropriate instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Schedules appropriate re-evaluation date to follow-up on effectiveness of therapy and record post-op findings.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student must complete all items to a clinically acceptable level.

Comments:
**PROCESS EVALUATION: Universal Curet — Columbia 13/14**

**NAME:** ___________________________  **DATE:** _________________________

**EVALUATOR:** ___________________________  **Faculty ( )**

**PATIENT:** ___________________________  **SCORE:** _________________________

**AREA EVALUATED:** ___________________________

Place a checkmark (✓) in the appropriate box for each criterion under "CA" for clinically acceptable performance or under "U" for unacceptable performance.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assumes correct patient/operator positioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uses modified pen grasp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maintains close, stable fulcrum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Uses correct working end</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Begins at line angle (atraumatic insertion on partner, zero degrees if necessary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Keeps shank parallel to long axis of tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Adapts and leads with lower 1/3 of cutting edge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Rolls handle to maintain adaptation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Maintains proper blade angulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Uses short, overlapping strokes to complete all surface aspects of tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Extends strokes at least halfway across interproximal surfaces.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Applies lateral stroke pressure in a coronal direction only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Uses wrist/arm activation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Causes no tissue trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Uses light and mirror for accessibility and visibility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Uses a logical sequence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Uses appropriate infection control techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Explains the rationale, risks and benefits of procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Self-evaluates effectiveness of procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Student must complete all items to a clinically acceptable level.*

Comments:
PROCESS EVALUATION: Use of the Oxygen Tank

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>CA</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognizes conscious patient conditions requiring supplemental oxygen and steps to implement emergency procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Identifies location of tank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Locates and turns oxygen tank valve counter-clockwise, observing dial indicating oxygen level in the tank**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Locates valve regulating flow and adjusts 6-8 L/min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Places oxygen mask over patient's nose and mouth, sealing firmly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Monitors patient until emergency team takes over, or until oxygen is no longer needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. After emergency, removes used oxygen mask and tubing from unit, disposing of them in the chairside trash bin, obtains a replacement mask and tubing from Room 105A (Mary Trayford's office) checks the level of oxygen remaining in the tank, and requests a replacement tank when indicated.**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Attaches clean, sterile mask and tubing to oxygen unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Returns oxygen unit to its storage area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Completes a written report and submits to the Dean of Clinical Affairs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** A setting of 500 or below indicates that the tank needs to be replaced with a full tank. Call maintenance at extension 4057 to request a tank replacement.

Student must complete all items to a clinically acceptable level.

Comments:
1. Student Name and Student ID Number
2. Patient Name and Patient Chart Number
3. Date: date of appointment, add in subsequent appointment dates
4. Type of appointment: recall with dentist exam (yes or no) or new patient
5. Patient’s date of birth (DOB)
6. Calculus: simple or complex.
7. Number of clinically present teeth.
8. Categorization of periodontal status, form of periodontal disease, health versus disease.
   • ADA Case Types I-V
9. AAP Disease Classification: CP = Chronic Periodontitis
   AP = Aggressive Periodontitis
   SD = Systemic Diseases
   NPD = Necrotizing Periodontal Disease
   PE = Periodontitis with endodontic lesions
   DAD = Developmental or Acquired Deformities

*The student should complete items #1-9
**See Appendix A

FOR EACH SHADED SECTION: ASSESSMENT AND DENTAL HYGIENE DIAGNOSIS, DENTAL HYGIENE CARE PLAN AND PRESENTATION, DENTAL HYGIENE TREATMENT, RE-EVALUATION, MANAGEMENT, PLEASE DOCUMENT THE FOLLOWING:

10. Type of daily evaluation: Teaching (T) or Competency testing (C). Refer to UMKC DH Clinic manual and/or appropriate clinic syllabus).
11. Grade earned: Progressing Toward Competency (PTC), Not Progressing Toward Competency (NPTC), Clinically Acceptable (CA), or Standard Not Met (SNM). (Refer to UMKC DH Clinic manual and/or appropriate clinic syllabus).

ASSESSMENT:
• Histories: medical, dental, chief complaint, etc.
• EO/IO Exam: WNL, description of how performed or suggestions for improvement.
• Periodontal evaluation: accuracy of gingival description, probing, recession, furcations, mobility, etc.
• Dental evaluation: including the need for radiographs and any pathology identified
• Occlusion: permanent vs. primary, partially dentulous vs. fully dentulous, molar vs. canine, accuracy of assessment.
• DH Diagnosis: periodontal disease/caries risk, periodontal case type.
DENTAL HYGIENE CARE PLAN AND CASE PRESENTATION

• Care plan written versus verbal, appropriate rationale for care prescribed? Did the student develop a care plan? Was the care plan appropriate, accurate, and turned in on time?
• Case presentation: well presented (clear, logical, involved the patient, explained the risks-benefits-options)
• Obtain signature for informed consent

DENTAL HYGIENE TREATMENT

• Preventive counseling: appropriate use of motivational interviewing strategies? appropriate OH education? Appropriate OH aids selected? Student prescribing same for all patients?
• Periodontal debridement; emphasize strengths and weaknesses regarding instrumentation techniques (both ultrasonics and hand instrumentation)
• Tissue management: tissue trauma evident?
• Polish: did student employ selective polishing? Type of paste used. Prophy jet. Rationale appropriate for method selected. Appropriate polishing agent for different types of materials. Complete dental biofilm/stain removal.
• Fluoride: appropriate selection of topical fluoride or varnish. Use for four minutes; remained in operatory with the patient. Provided patient with post-treatment instructions.
• Sealants: indication for placement, procedurally correct, provides patient with post-procedure information/instructions
• Overhang removal: radiographic and clinical evaluation, procedurally correct in technique
• Air abrasive polish: recognizes indications and contraindications for use, procedurally correct in technique
  • Other: intraoral photographs, study models, appliance care, etc.
  • Slimline Ultrasonic
  • Nutritional Counseling
  • Nitrous Oxide
  • Local drug delivery
  • Desensitizing
  • Local Anesthesia

RE-EVALUATION (4-6 WEEKS)
Review of medical history, review of EO/IO findings, assess periodontal status and tissue response (of area/s treated), PI, BI, OH, debridement, self-evaluation, further treatment necessary, referral required. Self-evaluation of previous treatment implementation.
MANAGEMENT

- Professionalism/clinical judgement: appropriate rationale for decision, critically thinking and problem-solving situations, maintaining professional demeanor
- Infection control: breaks in protocol? Endangered another person or endangered self?
- Preparation and organization: student has resources available for use (clinic manual, drug reference, etc.) Student has reviewed patient's chart prior to appointment.
- Communication: clear between self and patient and faculty, builds positive rapport, answers questions raised by patient and faculty (or uses resources to find appropriate response), responds favorable to constructive feedback.
- Self-evaluation: evaluation of effectiveness of all aspects of dental hygiene care; indicates strengths and weaknesses.

CALCULUS CHART (on bottom of evaluation sheet):

Student should cross out missing teeth. Faculty should indicate any remaining calculus following debridement. If only one area of the mouth was evaluated, bracket the section and indicate in the margin the date evaluated. This should also include a faculty signature.

WHEN TREATMENT IS COMPLETE:

- White copy: student's permanent folder (DH office)
- Yellow copy: given to the student

FACULTY INITIAL:
Dental Hygiene faculty are to initial the bottom of the form when treatment is completed.

OUTSIDE RESOURCES:
On occasion, students will need to refer to scientific evidence to gain a better understanding of patients’ needs. Students are encouraged to refer to evidence-based research to support the treatment provided. Students should complete an outside resource form to document findings.
**DENTAL HYGIENE CLINICAL EVALUATION**

**Pt. DOB** ____________________

**Calculus** S C

**Number of Teeth** ____________________

**CP AP PM I II III IV (ADA Case Type)**

**AAP Disease classification:** CP, AP, SD, NPD, PE, DAD

**RE-EVALUATION** C: CA/SNM T: PT/C/NT/P/C

**Evaluates patient's self-care**

**MANAGEMENT** C: CA/SNM

**Professionalism/clinical judgement**

**Infection control**

**Time management**

**Preparation and organization**

**Communication**

**Self-evaluation**

**DH CARE PLAN & PRESENT** C: CA/SNM T: PT/C/NT/P/C

**Care plan**

**Case presentation/Informed consent**

**DH TREATMENT** C: CA/SNM T: PT/C/NT/P/C C: CA/SNM T: PT/C/NT/P/C

**Preventive counseling**

**Sealants**

**Overhang removal**

**Finish/polish**

**Air abrasive polish**

**Slimline ultrasonic**

**Nutritional counseling**

**Nitrous Oxide**

**Local drug delivery**

**Desensitizing**

**Local Anesthetic**

**Periodontal Debridement**

Tissue management

**Polish**

Fluoride

**SUB: inner circle**

**SUPRA: outer circle**

**FACULTY INITIAL:** ____________________

**Date of Completion:** ____________________

---

**School of Dentistry**

**University of Missouri-Kansas City**

**Dental Hygiene Class of 2013**

**Program Manual Editor:** Nancy Keselyak

**Section 5.55**

**Revised 8/11**
Student Name: _______________________ Faculty Signature: _______________________

Patient Name: _______________________ Date Received/Reviewed: _______________________

Date: _______________________

**UTILIZATION OF SCIENTIFIC RESEARCH FOR PROVIDING “EVIDENCE-BASED” PATIENT CARE**

*(This form should be completed when referring to “peer reviewed” scholarly articles or governmental/association websites (ie. CDC or American Heart Association), not when utilizing materials provided in class or referring to websites found on the world wide web.)*

1. Explain the rationale for needing to utilize scientific research to provide evidence-based care? What question(s) were you trying to answer?

2. Describe the search engine (Medline, Pubmed, Cochrane Review etc.) and the search terms used to locate this resource.

3. Why did you choose this particular resource? How do you know it is credible?

4. What specific information did you gain from the utilization of this outside resource? How will you apply this to your particular patient?

5. How will this information enhance your competence as a clinician? (Please refer to the Program Manual to identify the nine dental hygiene competencies.)
### 1. Gingival Diseases

A. Dental plaque-induced gingival diseases*
   - 1. Gingivitis associated with dental plaque only
   - a. without other local contributing factors
   - b. with local contributing factors (see VIII A)

B. Gingival diseases modified by systemic factors
   - a. associated with the endocrine system
   - 1) puberty-associated gingivitis
   - 2) menstrual cycle-associated gingivitis
   - 3) pregnancy-associated
      - a) gingivitis
      - b) pyogenic granuloma
   - 4) diabetes mellitus-associated gingivitis
   - b. associated with blood dyscrasias
   - 1) leukemia-associated gingivitis
   - 2) other

C. Gingival diseases modified by medications
   - a. drug-influenced gingival diseases
   - 1) drug-influenced gingival enlargements
   - 2) drug-influenced gingivitis
      - a) oral contraceptive-associated gingivitis
      - b) other

D. Gingival diseases modified by malnutrition
   - a. ascorbic acid-deficiency gingivitis
   - b. other

E. Non-plaque-induced gingival lesions
   - 1. Gingival diseases of specific bacterial origin
      - a. Neisseria gonorrhoea-associated lesions
      - b. Treponema pallidum-associated lesions
      - c. streptococcal species-associated lesions
      - d. other

2. Gingival diseases of viral origin
   - a. herpesvirus infections
      - 1) primary herpetic gingivostomatitis
      - 2) recurrent oral herpes
      - 3) varicella zoster infections
   - b. other

3. Gingival diseases of fungal origin
   - a. Candida species infections
      - 1) generalized gingival candidosis
      - b. linear gingival erythema
      - c. histoplasmosis
      - d. other

4. Gingival lesions of genetic origin
   - a. hereditary gingival fibromatosis
   - b. other

5. Gingival manifestations of systemic conditions
   - a. mucocutaneous disorders
      - 1) lichen planus
      - 2) pemphigoid
      - 3) pemphigus vulgaris
      - 4) erythema multiforme
      - 5) lupus erythematosus
      - 6) drug-induced
      - 7) other
   - b. allergic reactions
      - 1) dental restorative materials
         - a) mercury
         - b) nickel
         - c) acrylic
         - d) other
      - 2) reactions attributable to
         - a) toothpastes/dentifrices
         - b) mouthrinses/mouthwashes
         - c) chewing gum additives
         - d) foods and additives
      - 3) other

6. Traumatic lesions (factitious, iatrogenic, accidental)
   - a. chemical injury
   - b. physical injury
   - c. thermal injury

7. Foreign body reactions

8. Not otherwise specified (NOS)

---

**Figure 1.**

Classification of periodontal diseases and conditions.

* Can occur on a periodontium with no attachment loss or on a periodontium with attachment loss that is not progressing.
II. Chronic Periodontitis
   A. Localized
   B. Generalized

III. Aggressive Periodontitis
   A. Localized
   B. Generalized

IV. Periodontitis as a Manifestation of Systemic Diseases
   A. Associated with hematological disorders
      1. Acquired neutropenia
      2. Leukemias
      3. Other
   B. Associated with genetic disorders
      1. Familial and cyclic neutropenia
      2. Down syndrome
      3. Leukocyte adhesion deficiency syndromes
      4. Papillon-Lefèvre syndrome
      5. Chediak-Higashi syndrome
      6. Histiocytosis syndromes
      7. Glycogen storage disease
      8. Infantile genetic agranulocytosis
      9. Cohen syndrome
      10. Enfers-Daniels syndrome (Types IV and VII)
      11. Hypophosphatasia
      12. Other
   C. Not otherwise specified (NOS)

V. Necrotizing Periodontal Diseases
   A. Necrotizing ulcerative gingivitis (NUG)
   B. Necrotizing ulcerative periodontitis (NUP)

VI. Abscesses of the Periodontium
   A. Gingival abscess
   B. Periodontal abscess
   C. Pericoronal abscess

VII. Periodontitis Associated With Endodontic Lesions
   A. Combined periodontic-endodontic lesions

VIII. Developmental or Acquired Deformities and Conditions
   A. Localized tooth-related factors that modify or predispose to plaque-induced gingival diseases/periodontitis
      1. Tooth anatomic factors
      2. Dental restorations/appliances
      3. Root fractures
      4. Cervical root resorption and cemental tears
   B. Mucogingival deformities and conditions around teeth
      1. Gingival/soft tissue recession
         a. facial or lingual surfaces
         b. interproximal (papillary)
      2. Lack of keratinized gingiva
      3. Decreased vestibular depth
      4. Aberrant frenulum/muscle position
      5. Gingival excess
         a. pseudopocket
         b. inconsistent gingival margin
         c. excessive gingival display
         d. gingival enlargement (See I.A.3. and I.B.4.)
      6. Abnormal color
   C. Mucogingival deformities and conditions on edentulous ridges
      1. Vertical and/or horizontal ridge deficiency
      2. Lack of gingival keratinized tissue
      3. Gingival/soft tissue enlargement
      4. Aberrant frenulum/muscle position
      5. Decreased vestibular depth
      6. Abnormal color
   D. Occlusal trauma
      1. Primary occlusal trauma
      2. Secondary occlusal trauma

Figure 1. (Continued)
† Can be further classified on the basis of extent and severity. As a general guide, extent can be characterized as Localized = ≤30% of sites involved and Generalized = >30% of sites involved. Severity can be characterized on the basis of the amount of clinical attachment loss (CAL) as follows: Slight = 1 or 2 mm CAL, Moderate = 3 or 4 mm CAL, and Severe = ≥5 mm CAL.
SECTION 6 — CLINIC MANAGEMENT SYSTEM (CMS) AND RECORD KEEPING

RECORD SYSTEM

Electronic Records
Predoctoral dental, dental hygiene, and emergency care patient records and radiographs are maintained in the electronic record. Received consult letters are scanned and placed in the electronic record. Paper records of active patients will be copied into the electronic record.

Paper Records
Radiographs supplied by patients or outside sources, Advanced Education in General Dentistry, Special Patient Care, and Faculty Practice may be paper records.

Scanning Records
Patients may provide records from another dental setting. Hard-copy documents and radiographs should be sent directly to the student or brought to the dental appointment. Once the documents have been used at the initial appointment for diagnostic purposes, they can be turned in to Bob Nichols for scanning. He can be reached at x2116 or through the Help Desk at x6767. Scanning documents for CMS may take several days, so be sure to consult with Bob before re-scheduling follow-up appointments.

Digital radiographs can be sent directly to Bill Marse at marseb@umkc.edu.

Copy of Records
All requests for copies of patient records or patient records/radiographs must be referred to the User Support Analyst, Room 1104, where the release of information forms will be signed and appropriate action taken. The same procedure applies to Radiology when only radiographs are requested. Request for radiographs are managed in Radiology.

INTRODUCTION

Clinic Management System (CMS)
The Clinic Management System (CMS) is the computer system used by UMKC School of Dentistry to organize and store the school’s clinical information. This stored information relates to both patient treatment documentation which includes demographics, health history, treatment plans, treatment notes, radiographs, and clinical charting and also to individual student performance such as completed treatment procedures and time units.
This section will provide an overview of the basic functions of the CMS software and the clinical policies that govern its operations. The instructions for performing each of these functions are detailed in the attached CMS Clinical Reference Manual. Where applicable, the related page number is referenced. The CMS manual is also available electronically on the School of Dentistry intranet site.

Getting Started

From any clinical workstation (computer), you can access the CMS software. First, log-on to the computer using your UMKC user name and password. Next, double-click on the “CMS” icon on the computer desktop. You will then be able to login to the CMS software by using your 5-digit clinic I.D. number. For more information related to the login, refer to the CMS Clinical Reference Manual.

Security Note: You are responsible for all information that is entered or changed when you are logged into the system. To ensure that no one else enters or changes information while logged into the system under your I.D. number, please take the following precautions:

- When setting your password for the first time, select a password that someone else is not likely to guess.
- Do not give your password to anyone.
- When you are through using the CMS software, don’t forget to logout by clicking on the “X” in the upper right corner of the screen.

Individual Records

Individual records are used to document the course of dental and dental hygiene diagnosis and treatment. In addition, they provide documentation of: communication between dental health practitioners and the individual; a basis for analysis and evaluation of treatment quality; and a means to maintain continuity of care on subsequent appointments. Confidentiality of records should be maintained at all times.

Check-In

Discuss the purpose of the appointment with the patient. Obtain vital signs and consent from patient. Have faculty authorize “sign in” for patient care. Never treat a patient before being signed in.

Treatment Planning

Once a diagnosis is performed, you should work with your faculty to develop a care plan (see page 6.24–6.25 in this section). When you have prepared a written care plan you should enter “Treatment Plan Presentation” to the CMS treatment plan to receive time unit credit for having completed the treatment plan and presented it to the patient. Then enter each procedure included in the plan on the CMS Treatment Plan tab.
In cases where a verbal care plan was provided, there is no need to include the “Treatment Plan Presentation” item on the CMS treatment plan. Simply enter each planned procedure on the CMS Treatment Plan tab.

**Accepting Treatment**

Once your treatment plan has been “Proposed”, it must be “Accepted” by the patient and faculty. Treatment items must be accepted before you will be able to document treatment or have it paid by the patient.

**Paying for Procedures**

Generally, the patient must pay for each procedure as it is started. It is your responsibility to take the patient to the cashier at the appropriate time to ensure that this payment is made. For more information, see “Payment Policies,” Section 3, Clinic Policies.

**Documenting Treatment**

Each time you treat the patient, you must document the patient’s visit.

**SOAP Notes**

After entering a treatment note for a new or recall patient, go to additional comments and provide details in the following SOAP format:

- **S = Subjective:** What the individual tells you or requests, often in his/her own words. It includes the chief complaint and significant medical history notations.

- **O = Objective:** What you learn about the person by visual evaluation, medical history review, examination (periodontal, restorative, OHI) and charting. This information could have been discovered even with a comatose individual.

- **A = Assessment:** This is the diagnosis arrived at following the gathering of all information and may be either a differential, working or rule-out diagnosis. In addition, it should also contain long- and short-term goals. Long-term goals (LTG) should specify an outcome of therapy that looks to the future and is either optimal or realistic in nature. Short-term goals (STG) are the steps along the way to achieving the LTGs.

- **P = Plan:** This is a summary of treatment rendered and what you plan to do for the individual. Recommendations can be indicated here as well. Be specific with your treatment plan and give rationale for each procedure and/or counseling. You need to include whether dental hygiene treatment is complete or incomplete as well as the date of the next appointment.
Example

**Subjective:** Patient presents for an annual recall prophylaxis. No major complaints.

**Objective:** O=see annual recall or note any significant findings.

**Assessment:** Patient has Chronic Periodontitis and is maintaining a perio case type II with generalized inflammation and periodontal pocketing due to heavy dental biofilm accumulation. Caries noted on #19D and #4 Occlusal. **LTG:** to eliminate gingival inflammation by the next 3-month recall. **STG:** begin flossing at least once every other day and decrease dental biofilm index by 20% at the next appointment.

**Plan:** Data collection completed. Presented care plan.

Initial debridement of mandibular anteriors with ultrasonic and fine scaling. Introduced flossing. NA: Complete scaling, polish, fluoride treatment, review OHI and establish maintenance interval. Dental hygiene treatment not complete.

Checkout

Dental faculty must examine all recipients of dental hygiene care receiving an annual examination before treatment is rendered. Faculty will make sure students have made proper entries in the treatment and progress notes before signing the student out. Information should include: location, type and amount of anesthetic agents used including vasoconstrictors, use of nitrous oxide analgesia or other sedation, names and amounts of any other agents utilized, information relating to patient relations and reactions, broken and late appointments and any other information pertinent to treatment.

Placing a Patient on Recall

Once all treatment planned items have been both completed and paid for by the patient, you will place the patient on recall. A recall date is a specific future date when the patient should return to the dental school for maintenance.

Student Performance

**Receiving Credit for Procedures:** To receive credit for a procedure, the following conditions must be met:

- The procedure must be on the patient’s treatment plan.
- The treatment planned procedure must have your name listed as the performing clinician.
- The treatment planned procedure must be paid (dollar amount will be displayed in blue text on the treatment plan).
- The status of the procedure is changed to “Completed (credit given).”
When the above conditions have been met, the grade field ("Gr") on the treatment plan will have a “Y” for the procedure which indicates that you have received credit.

**Time Units for Procedures:** Each clinical procedure has a predetermined number of “Time Units” associated with it (for more information regarding the specific time units values for each procedure, see “Time Units” in Section 5, Clinical Grading and Evaluation). Once you have received credit for a procedure (see above), you will receive the related number of time units automatically.

**Time Units for Rotations:** Most of the rotations are credited to you at a rate of 1 time unit per half-day of assignment (or two time units per whole day). These time units are credited to you once each semester prior to your first time unit report.

**Time Unit Reports:** To monitor your progress toward this goal, periodic time unit reports will be printed. These reports will identify the specific patients you’ve treated and the procedures on each for which you’ve received credit. This information is given to your faculty and clinic administration.

---

**Instructions for Using the Radiographic Evaluation and Interpretation Form**

**Instructions**

Radiographs are to be self-evaluated by the student first, **before** submitting them to dental hygiene faculty for review.

1. Place a checkmark (✓) in the appropriate box to indicate what type of film survey was taken (BW, Vert. BW, selected PA’s, edentulous).
2. For each film, determine if any radiographic technique errors exist.
3. For each film, indicate if any pathology is apparent.
4. Determine if each film is clinically acceptable or unacceptable with regard to technique and diagnostics.
5. Indicate retakes needed, if any.
6. Occlusal and panoramic films are evaluated on the back of the form.

After self-evaluation, present the form (see Section 6.6-6.7) and radiographs to faculty for review and signature. In most cases this **should be completed prior to the dentist’s examination of the patient.**
**UNIVERSITY OF MISSOURI-KANSAS CITY**  
DIVISION OF DENTAL HYGIENE  
RADIOGRAPHIC EVALUATION & INTERPRETATION

<table>
<thead>
<tr>
<th>Student: ___________________________</th>
<th>Error</th>
<th>Pathology Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: ___________________________</td>
<td>____________</td>
<td>C - Caries</td>
</tr>
<tr>
<td>Date: _____________________________</td>
<td>____________</td>
<td>CI - Calculus</td>
</tr>
<tr>
<td>Faculty Signature: __________________</td>
<td>____________</td>
<td>VBL - Vertical Bone Loss</td>
</tr>
<tr>
<td>Survey: _______  BW: _______  Vent. BW: _______  Selected PAs: _______  Edentulous: _______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Directions**: For each film taken, indicate any technique error, pathological findings or retake needed. Place a checkmark (✓) in the appropriate box below to indicate if each film is either **CA** for Clinically Acceptable, or **U** for Unacceptable.

<table>
<thead>
<tr>
<th>Film</th>
<th>Radiographic Area</th>
<th>CA</th>
<th>U</th>
<th>Indicate Error &amp; Reason</th>
<th>Pathological Findings</th>
<th>Retake</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maxillary right molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Maxillary right premolar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Maxillary right canine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Maxillary right lateral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Maxillary central incisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Maxillary left lateral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Maxillary left canine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Maxillary left premolar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Maxillary left molar</td>
<td></td>
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<tr>
<td>10</td>
<td>Mandibular left molar</td>
<td></td>
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<tr>
<td>11</td>
<td>Mandibular left premolar</td>
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<tr>
<td>12</td>
<td>Mandibular left canine</td>
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<td>13</td>
<td>Mandibular incisor</td>
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<td>14</td>
<td>Mandibular right canine</td>
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<tr>
<td>15</td>
<td>Mandibular right premolar</td>
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<td>16</td>
<td>Mandibular right molar</td>
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<td></td>
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<tr>
<td>17</td>
<td>Right molar bite wing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18</td>
<td>Right premolar bite wing</td>
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<td>19</td>
<td>Left premolar bite wing</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>20</td>
<td>Left molar bite wing</td>
<td></td>
<td></td>
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</tr>
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</table>

**Note**: Student needs additional help with radiographs: _______ yes  _______ no
<table>
<thead>
<tr>
<th>Type of Survey</th>
<th>Adult</th>
<th>Pedo</th>
<th>Edentulous</th>
<th>FMX + BW</th>
<th>BW</th>
<th>Vert. BW</th>
<th>Vert. Angle</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Selected PA's</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is occlusal film diagnostic?</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCLUSAL SURVEY</td>
<td>check technique errors</td>
<td>Placement</td>
<td>Density</td>
<td>no</td>
<td>Pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PANORAMIC SURVEY</td>
<td>check technique errors</td>
<td>Placement</td>
<td>Density</td>
<td>Size of features</td>
<td>Lower mandibular border</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symmetry</td>
<td>Straight</td>
<td>safety</td>
<td>zone</td>
<td>yes</td>
<td>no</td>
<td>Pathology</td>
<td></td>
</tr>
<tr>
<td>Is panoramic survey diagnostic?</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>Comments</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Dental Hygiene Class of 2013
CMS & RECORD KEEPING
Section 6.8
Program Manual Editor: Marsha Voelker (Revised 8/11)

Record of Surfaces Marked

I U' Quadrant

II Quadrant

UL Quadrant

UR Quadrant

Clinical Calculus Detection:
For each tooth explored, place a check mark ( ) on the appropriate surface where explorers detectable supragingival calculus is found. If the supragingival calculus is on the line angle of the tooth, mark L (line).

Student Name: _____________________________  Faculty Name: _____________________________

UMKC Dental Hygiene Calculus Charting Form
**Oral Exam Guide**

**Physique**

(physical structure or organization; body build)
Abnormal: limb deformities abnormal height and weight, paralysis, missing limbs and muscle weakness.

**Gait**

(manner of walking, running, moving on foot, ambulation, posture):
Abnormal: deficiencies of motor or sensory function including hand or arm movements.

**Mobility**

(capable of moving or being moved, range of motion):
Abnormal: limitations resulting from loss of limbs, birth, trauma, surgical removal, neurological condition, muscle disorder or other disease such as arthritis.

**Head and Neck**

Abnormal: scalp lesions, lice, abnormal pigmentation, scars, lesions, abnormal hair, asymmetry, telangiectasia, erythema, petechial melanos, hemangioma, hirsutism, alopecia, unusual distribution of hair, desquamation, scaliness, ulcerations, scars, papules, macules, vesicles, etc.

**Face**

Abnormal: swellings, asymmetry, lesions, paralysis.
Within Normal Limits: moles, freckles, acne, birthmarks.

**Skin**

Abnormal: bruises, urticaria, moles with questionable appearance, abnormal hair growth (i.e., face), noticeable scars, tumors, nodules, papules, vesicles, severe acne or abnormal pigmentation (i.e., cafe-au-lait spots).

**Eyes**

Abnormal: alterations in sclera, pupils, eyelids, visual ability.
Within Normal Limits: corrective lenses.

**Ears**

(concerned primarily with deafness or degree of hearing impairment);
Abnormal: hearing impairment or physical alteration in external ear.

**TMJ (Palpation)**

Abnormal*: pain report, deviation up opening, clicking, grinding, or limited opening.

**TMJ Auscultation**

Abnormal: clicking, popping, grinding.
Within Normal Limits: no sounds.

*All findings are abnormal but the absence or presence of pain should be correlated with findings. Grinding should be called to the attention of the examining dentist.

**Lymph Nodes**

Abnormal: soft, tender, movable.
Within Normal Limits: moveable, non-tender, firm.
Thyroid
Abnormal: enlargement, swellings or tenderness.

Salivary Glands
Abnormal: ranula, hyperkeratosis of tissue covering nodes, and any lesions.

Lips
Abnormal: changes in color, shape, texture, or loss of vermilion border.
Within Normal Limits: chapped, dry, fordyce spots, vascularities.

Labial/Buccal Mucosa
Abnormal: swellings, masses, tenderness, lesions, vesicles, ulcers, herpes, nodules, scars, abnormal discolorations and surface characteristics.*

*Lesions with a known history which are not suggestive of pathological changes should be marked WNL and described.

Within Normal Limits: fordyce granules, occasional cheek bite, linea alba.

Hard Palate
Abnormal: nicotine stomatitis, inflamed incisive papilla, lesions/ulcerations, denture irritations, clefting.
Within Normal Limits: tori

Soft Palate
Abnormal: petechiae, ulcers, enlargement, uvula deviations, signs of redness, exudation, ulcerations/lesions.

Oral Pharyngeal Area
Abnormal: color changes, lesions, drainage in anterior and posterior walls and pillars.

Dorsum and Lateral Surfaces of Tongue
Abnormal: swellings, lesions, alterations in color, function or surface characteristics.
Within Normal Limits: fissured tongue, clefts, median rhomboid glossitis, geographic tongue, coated tongue, ankyloglossia.

Floor of Mouth
Abnormal: ranula, lesions/ulcerations, swelling.
Within Normal Limits: varicosities, shortened lingual frenum, mandibular tori should be noted but are within normal limits.
### HYPOSALIVATION with XEROSTOMIA SCREENING TOOL

#### SOURCE BY DENTAL HYGIENE ASSESSMENT

**CONTRIBUTORY HISTORY**
- [ ] None
- [ ] Present (10 pts each); indicate related history below

**DIRECT RELATIONSHIP**
- [ ] Autoimmune Disorder: Sjögren’s Syndrome or Other
- [ ] Cancer Therapy: Recent Chemo and/or H&N Radiation
- [ ] Diabetes (either type)
- [ ] Dialysis

**LONG-TERM DAILY INTAKE**
- [ ] None
- [ ] One (5 pts); check type below
- [ ] Two or more (10 pts total); check type below

**MORE THAN ONE MONTH**
- [ ] Alcohol (any form)
- [ ] Antidepressant
- [ ] Antidiarrheal
- [ ] Antihistamine or Decongestant
- [ ] Antihypertensive
- [ ] Antipsychotic
- [ ] Bronchodilator
- [ ] Caffeine (any form)
- [ ] Diuretic
- [ ] Garlic, Gingko, or Other
- [ ] Non-Steroidal AntiInflammatory
- [ ] Painkiller, Sedative, or Tranquilizer
- [ ] Tobacco (any form)

### SYMPTOM QUESTIONS BY DENTAL HYGIENE ASSESSMENT

| Feeling Constantly Thirsty? | [ ] None | [ ] Slight (1 pt) | [ ] Moderate (2 pts) | [ ] Severe (3 pts) |
| Difficulty Chewing Food? | [ ] None | [ ] Slight (1 pt) | [ ] Moderate (2 pts) | [ ] Severe (3 pts) |
| Difficulty Swallowing Food? | [ ] None | [ ] Slight (1 pt) | [ ] Moderate (2 pts) | [ ] Severe (3 pts) |
| Saliva Amount? | [ ] Regular | [ ] Low (1 pt) | [ ] Very Low (2 pts) |
| Dryness Amount? | [ ] Regular | [ ] High (1 pt) | [ ] Very High (2 pts) |
| Dryness Frequency? | [ ] None | [ ] Occasional (1 pt) | [ ] Constant (2 pts) |
| Dryness Duration? | [ ] None | [ ] Short-term (1 pt) | [ ] Long-term (2 pts) |
| Mouth Changes? Select below | [ ] None | [ ] One (1 pt) | [ ] Two (2 pts) | [ ] Three or More (3 pts) |

**ASK**
- [ ] Bad or Stale Breath?
- [ ] Burning Mouth?
- [ ] Burning in mouth?
- [ ] Apathetic or Poor taste?
- [ ] Soreness in Mouth?
- [ ] Sticks in Tongue?
- [ ] Taste Sensation Loss?
- [ ] Tooth Sensitivity?

### ADDITIONAL ASKS
- [ ] Additional, Eye, Nose, Throat, Skin, Genital Dryness?

#### ORAL SIGNS BY DENTAL HYGIENE DIAGNOSIS

**Tissue Changes?** If noted, circle specific signs (1 pt each group)
- [ ] None
- [ ] Atrophy/Redness
- [ ] Cheilitis/Fissured
- [ ] Glossitis/Stickiness
- [ ] Ulcers/Debris

**Oral Diseases?** (1 pt each)
- [ ] None
- [ ] Caries
- [ ] Fungal
- [ ] Halitosis
- [ ] Periodontal

**Saliva/Gland Changes?** (1 pt each)
- [ ] None
- [ ] Enlarged
- [ ] No Pooling
- [ ] Stone(s)
- [ ] Thick/White

**Failure To Express?** Indicate gland(s) (1 pt each)
- [ ] None
- [ ] Parotid
- [ ] Sublingual/Submandibular

#### RISK LEVEL BY DENTAL HYGIENE ASSESSMENT (tally points and circle level)

<table>
<thead>
<tr>
<th>LOW RISK</th>
<th>MODERATE RISK</th>
<th>HIGH RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 1 to 1</td>
<td>From 11 to 20 points</td>
<td>Greater than 20 points</td>
</tr>
</tbody>
</table>

### DENTAL HYGIENE PLANNING AND IMPLEMENTATION

- [ ] Document in patient record;
- [ ] Correlate with other oral disease risk tools;
- [ ] Recommend palliative management;
- [ ] Monitor by evaluation over next 6-month period

- [ ] Document in patient record;
- [ ] Correlate with other oral disease risk tools;
- [ ] Recommend palliative management;
- [ ] Perform diagnostic salivary tests to evaluate for high risk
  - [ ] If negative, monitor by evaluation over next 3-month period;
  - [ ] If positive, consider high risk and proceed with planning

- [ ] Document in patient record;
- [ ] Correlate with other oral disease risk tools;
- [ ] Recommend palliative management;
- [ ] Perform diagnostic salivary tests for baseline
- [ ] Refer to oral surgeon and/or physician for further testing if from unknown source or for prescribing medication(s), and follow-up evaluation/treatment

---

<table>
<thead>
<tr>
<th>Disease Indicators</th>
<th>Comments</th>
<th>Yes=Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cavities/radiograph to dentin</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Approximal enamel lesions (by radiograph)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>White spots on smooth surface</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Restorations or teeth missing due to caries past 3 years</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

*If yes, note # of cavities, lesions, white spots, restorations, or missing teeth in comments column

<table>
<thead>
<tr>
<th>Biological Predisposing Risk Factors</th>
<th>Comments</th>
<th>Yes=Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS and LB both medium or high (by culture note below**)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Visible heavy plaque on teeth</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Frequent snack (&gt;3 times daily between meals)</td>
<td>Types of snacks eaten</td>
<td>Yes</td>
</tr>
<tr>
<td>Deep pits and fissures or unusual tooth anatomy</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Recreational drug use</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Inadequate saliva flow by observation or measurement</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>If measured note flow rate below</strong></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Saliva-reducing factors (medication/radiation/systemic)</td>
<td>Identify medications or drugs causing dry mouth</td>
<td>Yes</td>
</tr>
<tr>
<td>Exposed roots</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Orthodontic appliances</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Chemo/Radiation therapy</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Eating disorders</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Smokeless tobacco use</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Special health care needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate health care by themselves or caregivers)</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

*If yes, provide additional information/details in comments column

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Comments</th>
<th>Yes=Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives/works/school fluoridated community</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Fluoride toothpaste at least once daily</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Fluoride toothpaste at least two times daily</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Fluoride mouth rinse (0.05% NaF) daily</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>5000 ppm F fluoride toothpaste daily</td>
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<td>Yes</td>
</tr>
<tr>
<td>Fluoride varnish in past 6 months</td>
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<td>Yes</td>
</tr>
<tr>
<td>Office Fluoride topical in past 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Chlorhexidine RX used 1 week each of past 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Xylool gum/lozenges 4 times daily past 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Ca and P&lt;sub&gt;2&lt;/sub&gt;O&lt;sub&gt;3&lt;/sub&gt; supplement past during past 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Adequate saliva flow (&gt;1 ml/min stimulated)</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Bacterial/Saliva Test Results: | MS: | LB: | pH: | Flow Rate: | mL/min | Date:

VISUALIZE CARIES BALANCE
(Use circled indicators/factors above)

CARIES RISK ASSESSMENT (circle) EXTREME RISK HIGH RISK MODERATE RISK LOW RISK

EXTREME RISK=HIGH RISK + SEVERE XEROSTOMIA OR HIGH RISK + SPECIAL NEEDS

Student Provider Signature: _______________________________ Faculty Initials: _______________________________
INSTRUCTIONS FOR USING THE ORAL HEALTH-RELATED QUALITY OF LIFE ASSESSMENT, DH DIAGNOSIS AND CARE PLAN

1. The Oral Health Related Quality of Life (OHRQL) Assessment

The OHRQL worksheet (see Section 6.19-6.21) is utilized as part of the patient interview and follows the medical history. To assist dental hygiene students in conducting a dialogue with their patients, the OHRQL worksheet outlines areas for questioning and provides space to record patient responses. The information obtained from this worksheet will be integrated with all of the other assessment data to complete an individualized care plan for the patient.

I. The first section of the student worksheet investigates a patient’s health perceptions and seeks to establish an understanding of how patients perceive their oral health compared to others the same age. This gives patients an opportunity to reflect on their conditions and express their desires to the dental hygiene student.

II. The second section addresses a patient’s symptom status. Questions are phrased to assess a patient’s perception of dry mouth conditions as well as the presence of pain.

III. The third section addresses a patient’s functional status and pursues information related to physical, social, and psychological function.

IV. A fourth section addresses the individual characteristics for a patient and relates to environmental, sociocultural and economic influences that may be factors important to consider when working with the individual. A patient may experience difficulties in transportation to the dental office or may need to consult with other family members prior to making commitments to oral health goals. Respecting a patient’s individuality is an important step in assisting patients to achieve their desired oral health-related quality of life.

2. The OHRQL Assessment, Diagnosis and Care Plan

The OHRQL assessment, diagnosis and care plan worksheets include five (5) major sections. The worksheets are used to work through the dental hygiene process of care. The Program Manual contains two versions of this form. The first form is used in Pre-Clinic, Clinic I and Clinic II. It provides detailed guidance for students in each major heading. The second form is used in Clinic III and Clinic IV and requires the student to think more independently. Each major heading on the care plan is explained below. A third form is included here as a sample to
show what a completed form would look like. See page 6.24–6.25.

3. General Assessment

This heading encompasses the medical assessment, health perceptions and oral history of the patient. Brief biographic information such as age, sex and occupation are helpful here.

A. Medical Assessment: Data should be collected concerning the patient’s previous medical condition as well as current status. The medical and surgical history and systems review should be assessed, and include areas such as medical problems (illnesses), surgeries, heart trouble, murmurs, mitral valve prolapse, rheumatic fever, other systemic diseases, and sexually transmitted diseases. Allergic reactions and a complete list of the patient’s current medications should be reviewed. Record only data that directly concerns the treatment of the client. Last physicians visit: Does patient seek regular medical care? Any significant findings with vitals?

B. Health Perceptions: Refer to Section I of the OHRQL questionnaire. Data should reflect the patient’s perception of their general health compared to others and identify what they believe to be their biggest problem. Also record data about the patient’s perception of oral health compared to others their age and identify what contributes to their oral condition.

C. Oral Health History

1. Caries: review the patient’s previous caries and identify caries risk factors. Identify the date of the patient’s last dental exam.

2. Periodontal Health: review the patient’s past periodontal treatment and diagnosis. Has patient had previous periodontal therapy, if so what and when? Is the patient maintaining recommended recall? If not, why? Identify the patient’s periodontal risk factors and the date of the most recent prophylaxis.

3. Radiographs: include dates of the most recent radiographs and determine, based on past dental and periodontal conditions, if new radiographs are needed. Note the number and type of radiographs you plan to take.

4. Occlusal classification should be determined in this area as well.

5. Individual characteristics: Refer to Section IV on OHRQL questionnaire. Include information
regarding the patient’s current sociocultural, socioeconomic and environmental status.

II. Patient’s Current Oral Status

Refer to Section II of the OHRQL questionnaire

A. **Symptom Status**: include any information that pertains to the patient’s reported symptoms.

B. **Functional Status**: include information on the patient’s physical, social and psychological function.

C. **Quality of Life**: this information is based on the patient’s perceived quality of life and its impact on the patient’s oral health and dental hygiene treatment decisions.

III. Oral Assessment and the Dental Hygiene Diagnosis

Data provided in assessment will help the hygienist identify the problem(s) and label it (them).

A. **Pathology**: List any area that deviates from normal anatomy (are not within normal limits). Assess the extra- and intra-oral examination, dental exam, and periodontal evaluation.

1. **AAP Disease Classification Annuals of Perio of 1999**

   CP = Chronic Perio
   AP = Aggressive Perio
   SD = Systemic Disease
   NPD = Necrotizing Periodontal Disease
   PE = Periodontitis Associated with Endodontics
   DAD = Developmental or Acquired Deformities

2. **ADA Perio Case Type**: Decide the periodontal case type for the patient’s oral condition, based on the data collection, general and oral assessment.

   **Case Type I — Gingival Disease**
   Inflammation of the gingiva characterized clinically by changes in color, gingival form, position, surface appearance, and presence of bleeding and/or exudate.

   **Case Type II — Early Periodontitis**
   Progression of the gingival inflammation into the deeper periodontal structures and alveolar bone crest, with slight bone loss. There is usually a slight loss of connective tissue attachment and alveolar bone.

   **Case Type III — Moderate Periodontitis**
   A more advanced stage of the preceding condition, with increased destruction of the periodontal structures and noticeable loss of bone support, possibly accompanied by an increase in tooth mobility. There may be furcation involvement in multirooted teeth.
Case Type IV — Advanced Periodontitis
Further progression of periodontitis with major loss of alveolar bone support usually accompanied by increased tooth mobility. Furcation involvement in multirooted teeth is likely.

Case Type V — Refractory Periodontitis
Includes those patients with multiple disease sites that continue to demonstrate attachment loss after appropriate therapy. These sites presumably continue to be infected by periodontal pathogens no matter how thorough or frequent the treatment provided. Also includes those patients with recurrent disease at single or multiple sites.

B. Etiology: For any problem (pathology) listed, write the etiology (cause) of that particular pathological condition. Understanding etiology will aid the hygienist in formulating the actual treatment plan.

1. Dental biofilm and Calculus should be evaluated in addition to the aforementioned data. Both can be assessed as light (L), moderate (M), or heavy (H). Calculus can be determined upon exploration both supra and subgingivally.

2. Indicate each etiology as either primary or secondary.

IV. Dental Hygiene Care Plan
This part of the form is to be used when all the assessment phases of care have been completed. Each part of the assessment should be critically analyzed. A complete scenario of the patient’s individual needs can then be realized. An appropriate course of action should be identified for each significant problem (pathology) area.

V. Implementation and Evaluation
Prioritize each problem area and establish a specific sequence of treatment, including identification of the number of appointments required and time needed. Time will be based on the student’s ability level, as well as the dental hygiene diagnosis of the patient’s condition. In addition, the plan should include a time for presenting the case to the patient for explanation and review. In order for patients to play a primary role in their treatment and take ownership of their oral health, a thorough explanation is necessary. Determine, based on the patient’s individual assessment, motivation, and treatment needs, if a re-evaluation appointment will be necessary. Re-evaluation appointments are
historically scheduled between four and six weeks after treatment. The re-evaluation appointment focuses on periodontal status of the patient, home care, dental biofilm, calculus, and the tissue response to treatment.

Identify any referrals or consults recommended for the patient

A. **Dental Hygiene Process of Care**: Summarize overall oral health status. Identify the patient’s modifiable and nonmodifiable risk factors and how they relate to the patient’s DH diagnosis.

B. **Dental Hygiene Prognosis**: Include a long-term prognosis summary based on the patient’s motivation, behaviors, understanding of dental disease, and current periodontal health, as well as past behaviors. An evaluation of Good, Fair or Poor should be accompanied with supporting documentation based on the patient’s likelihood of changing modifiable risk factors.

C. **Outcome Evaluation**: Identify the patient’s short term and long term goals and what type of clinical outcomes are expected at the re-evaluation. Specify the manner in which the goals and clinical outcomes will be measured. Include the expected maintenance interval phase for the patient.

D. **ADA Code and Fee**: Include appropriate ADA Code and Fees for patient awareness. Be prepared to explain the differences in fees at the School of Dentistry with usual and customary fees.

E. **Faculty Approval**: All dental hygiene care plans require faculty approval and a faculty signature **PRIOR** to presentation of the plan to the patient.

F. **Informed Consent**: The patient should sign the treatment plan after all information has been appropriately presented.
## Oral Health-Related Quality of Life Questionnaire

### Student Worksheet

#### I. Health Perceptions

**General Health**

Compared to others your age, how would you rate your general health?
- What do you perceive is your biggest problem?

**Oral Health**

Compared to others your age, how would you rate the condition of your mouth, teeth, or dentures?
- What do you think contributes most to your oral condition?

#### II. Symptom Status

**Dry Mouth**

Is your mouth dry, or your amount of saliva too little?

**Pain**

Do you have any pain or discomfort with your teeth, dentures, or mouth?

#### III. Functional Status

**Physical Function**

Do your teeth, dentures, or mouth interfere with your ability to eat or chew?

Do problems with your mouth, teeth, or dentures interfere with your ability to speak?

**Social Function**

Do problems with your mouth, teeth, or dentures interfere with your interactions with others?

**Psychological Function**

Do problems with your mouth teeth, or dentures affect the way you feel about yourself

#### I. Patient Response (give brief explanation of pt. response)

**General Health**


**Oral Health**


#### II. Patient Response (circle answer or give brief explanation of patient response)

**Dry Mouth**

- Need liquid to aid in swallowing
- Moisture seems too little in mouth

**Pain**

- Tooth pain
- Duration

**Frequency of pain**

**Sensitive to:**

- hot / cold / pressure

#### III. Patient Response (circle answer or give brief explanation of patient response)

**Physical Function**

- Mobile Teeth
- Duration

**Loose Dentures**

**Burn**

**Pain**

**TMS**

**Social Function**

- Go out less
- Communicate less

**Interfere with leisure activities**

**Interfere with enjoyment of others’ company**

**Psychological Function**

- Self-consciousness
- Relaxation/tension

**Appearance**

**Depression**
### IV. INDIvidual CHAracteristics

| Family/Cultural |  
|----------------|---
| **FAMILY/CULTURAL** | (Give brief explanation of response) |

| ECONOMIC INFLUENCES |  
|---------------------|---
| Does the patient have enough in their drinking water? |  
| Are they verbally conditioned to health promotion? (communication) |  
| Is their family or living environment conducive to health and healthy habits? (diet, exercise) |  
| Can the patient transport themselves to receive care or do they rely on others for care? |  

| ENVIRONMENTAL INFLUENCES |  
|------------------------|---
| Does the patient have easy access to both medical and dental care? |  
| Does the patient practice good hygiene and health care? |  
| In what types of ecosystems do they live? |  
| What are the patient's perceptions of health care? |  
| Receive care, influence the patient's views regarding dental care? |  
| Receive care, influence the patient's views regarding dental care? |  
| Influence the patient's views regarding dental care? |  
| Influence the patient's views regarding dental care? |  

| SOCIOLOGICAL INFLUENCES |  
|-------------------------|---
| The decisions you make about your mouth, teeth, or oral care? |  
| Generally speaking, how much do your friends or family members influence your dental care? |  
| Patient RESPONSE (Give brief explanation of response) |  

---

**Section 6.20**

Dental Hygiene Class of 2013

CMS & RECORD KEEPING

Program Manual

Editor: Marsha Voelker

Revised 8/11
### ORAL HEALTH-RELATED QUALITY OF LIFE ASSESSMENT, DH DIAGNOSIS AND CARE PLAN

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Patient Name:</th>
<th>Chart Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Assessment:</td>
<td></td>
<td>Next Appointment:</td>
</tr>
</tbody>
</table>

#### A. Medical Assessment: (Refer to Patient’s medical history.)

#### B. Health Perceptions: (Refer to Section 1 on OHRQL patient questionnaire.)

#### C. Oral Health History: (Provide a brief explanation for each.)

1. **Caries:**
   - Date of last caries activity
   - Fluoride history
   - Frequency of new caries
   - Recurrent, coronal, root, proximal, incipient
   - Date of last dental exam
   - History of radiation
   - Other
   - Systemic disease
   - Manual dexterity
   - Frequency of dental care

2. **Periodontal:**
   - Date of last prophylaxis
   - Frequency of care (recommended maintenance)
   - Past response to therapy
   - Tobacco use
   - Other
   - Previous periodontal therapy
   - Previous case type & disease classification
   - Systemic disease

3. **Radiographic:** (Date of Exposures)
   - FMX
   - PAs
   - BWs
   - Radiographs recommended:

4. **Occlusal:**
   - I II III Overbite: Overjet:
   - Crowding
   - bruxism (clenching, grinding)

5. **Individual Characteristics:** (refer to Section 4 on OHRQL patient questionnaire)
   - Sociocultural
   - Socioeconomic
   - Environmental

#### II. Patient’s Current Oral Status: Patient response. (Circle answer and give brief explanation):

**A. Symptom Status:** (refer to Section II on OHRQL questionnaire)
- Dry when eating
- Dry at night
- Need liquid to aid in swallowing
- Tooth pain
- Duraion
- Soft tissue pain
- Sensitive to hot/cold/pressure
- Frequency of pain

**B. Functional Status:** (refer to Section III on OHRQL questionnaire)
- Mobile teeth
- Duration
- Others misunderstand words
- Self-consciousness
- Loose denture
- Pain
- Communicates less
- Appearance
- TMD
- Go out less
- Depresssion

**C. Quality of Life:** (Based on patients’ perceived OQL, indicated impact on DG treatment decisions.)
III. Oral Assessment and DH Diagnosis

IV. DH Care Plan

V. Implementation & Evaluation

ADA Code & Fee

Problem/Pathology

Etiology

Treatment Selections & HC

III. Oral Assessment and DH Diagnosis

I. Intra/Extra Oral Exam

II. Dental Evaluation

Referrals/Consults

Dental Hygiene Prognosis (Summarizes overall oral health status. Discuss the impact of modifiable versus non-modifiable risk factors on DH diagnosis.)

Dental Hygiene Diagnosis (Summarizes overall oral health status. Discuss the impact of modifiable versus non-modifiable risk factors on DH diagnosis.)

SIGNATURES:

Student

Faculty

Date

Program Manual Editor: Marsha Voelker (Revised 8/11)
### ORAL HEALTH-RELATED QUALITY OF LIFE ASSESSMENT, DH DIAGNOSIS AND CARE PLAN

**Student Name:** Guide for expectations 2009  
**Patient Name:**  
**Chart Number:**

#### General Assessment—Age; sex; race; occupation; chief complaint; new or returning patient to SOD

**A Medical Assessment:** (Refer to Patient’s medical history.) Summary of overall medical conditions; current systemic conditions and medications; medical consults needed; if needed, for what?; vitals – WNL? Or otherwise; seeks regular medical care or not; last medical visit; especially emphasize any condition or medication that directly affects dental care (alters the treatment plan)

**B Health Perceptions:** (Refer to Section I on OHRQQL patient questionnaire.) Patient’s perception of their general health compared to others; their perceived biggest problem; their perception of their oral health compared to others; their age; what contributes most to their oral condition?

**C Oral Health History:** (Provide a brief explanation for each.) When patient does not know the answer, look up in the record or probe for approx. answers.

<table>
<thead>
<tr>
<th>1 Caries:</th>
<th>Respond to all items, If not present in chart ask for patient recollection &amp; estimate if necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of last caries activity</td>
<td>Look on chart if avail.</td>
</tr>
<tr>
<td>Fluoride history</td>
<td>Identify sources; office; community/fundation, diet, etc.</td>
</tr>
<tr>
<td>Frequency of new caries—each visit? Annually?</td>
<td>Recurrent, coronal, root, proximal, incipient mark all that apply (look at the chart for clues)</td>
</tr>
<tr>
<td>Date of last dental exam if unsure, estimate</td>
<td></td>
</tr>
</tbody>
</table>

| 2 Periodontal: Be specific. If not present in chart ask for patient recollection |
|---|---|
| Date of last proph—or perio maintenance | |
| Previous periodontal therapy | What & when (date) |
| Previous case type & disease classification | Systemic disease related to periodontal disease classification |

| 3 Radiographic: (Date of Exposures) |
|---|---|
| FMX | PA’s |
| BWS | Radiographs recommended: Check treatment notes & previous dates in record |

| 4 Occlusal: |
|---|---|---|---|
| I | II | III | Overbite: | Overjet: |
| Crowding | | | |

| 5 Individual Characteristics: (Refer to Section 4 on OHRQQL patient questionnaire) |
|---|---|
| Sociocultural: issues related to family and cultural influences, values | Social-economic: issues related to access to care, finances, insurance |
| Environmental: issues related to living conditions |

#### Patient’s Current Oral Status: Patient response. (Circle answer and give brief explanation.) Response to all items & be as specific as you can

**A Symptom Status:** (Refer to section II on OHRQQL pt. questionnaire)

- Dry when eating |
- Need liquid to aid in swallowing |
- Pain |
- Duration |
- Others misunderstand words |
- Communicate less |
- Self-consciousness |
- Appearance |
- Depression |

**B Functional Status:** (Refer to section III on OHRQQL questionnaire) All positive responses should be addressed on the second page of this plan.

- Mobile teeth |
- Loose denture |
- TMD |

**C Quality of Life:** (Based on patient’s perceived QOL, indicated impact on DH treatment decisions.) How would you describe your patient’s overall quality of life and why? i.e. consider day to day activities and beliefs. How do these things impact the decisions your patient makes in terms of oral healthcare care?
CLINIC I & II

UTILIZATION OF SCIENTIFIC RESEARCH FOR PROVIDING "EVIDENCE-BASED" PATIENT CARE

(This form should be completed when referring to "peer reviewed" scholarly articles or governmental/association websites (i.e. CDC or American Heart Association), not when utilizing materials provided in class or referring to websites found on the world wide web)

Explain the rationale for needing to utilize scientific research to provide evidence based care? What question(s) were you trying to answer?

Describe the search engine (Medline, Pubmed, Cochrane review, etc.) and the search terms used to locate this resource.

Why did you choose this particular resource? How do you know it is credible?

What specific information did you gain from the utilization of this outside resource? How will you apply this to your particular patient?

How will this information enhance your competence as a clinician? (Please refer to the Program Manual to identify the 9 dental hygiene program competencies.)
Define the specific problem/question you are trying to answer.

State the objective(s) of the study(s) you are using to answer your problem/question.

Describe the criteria you used for including and excluding studies pertaining to this topic.

Describe the database(s) you searched (Medline, Pubmed, Cochrane review, etc.), the search terms and strategy you used to locate this resource.

Appraise the evidence for its validity and applicability. Describe the research design, analysis and data methods and how they were used in determining the conclusions of the study(s) you are using.

Apply the evidence to decisions made regarding patient care. Describe anticipated outcomes related to number needed to treat, p-value, and confidence intervals described in study(s).

Evaluate findings and outcomes (related to your application of evidence) to your specific problem stated above.

How will this information enhance your competence as a clinician? (Please refer to the Program Manual to identify the 9 dental hygiene program competencies.)
Clinic II Rotation Tracking & Self-Reflection Protocol

Miles of Smiles

Due: On Monday by 9:00 a.m. of the week immediately following your rotation at the “Miles of Smiles” clinic. Please submit electronically to Professor Elledge and Professor Ferris.

Instructions: After you complete your Miles of Smiles rotation, write a 2-4 page (12 pt. font, double spaced) reflection about what you did, how it relates to what you have learned in classes, and how it affected various dental hygiene competencies. This paper is an example of your management and critical thinking skills. Proper grammar and spelling should be used. The following issues must be addressed:

• Discuss the clinic’s mission statement if applicable. How did this affect the services you provided or how you supported your peers? How did this affect the decisions you made?

• Identify what you accomplished from this rotation (i.e. List the administrative/clinical tasks completed, number of patients seen, etc).

• Discuss how you applied classroom knowledge while completing the tasks listed above? How was this significant? What did you learn? Describe how this benefited you and the population you were serving?

• Discuss the difficulties you encountered while participating in this rotation and how you managed them. What would you do differently next time?

• Discuss the impact this rotation had on your progress towards the dental hygiene competencies. (Please refer to the Program Manual to identify the nine dental hygiene program competencies.)

• How did this project change or reinforce your attitude towards the diversity of the community you worked with?

• Access to care is a significant problem for persons with special healthcare needs. What problems did you observe and what recommendations do you suggest to help solve these problems?
### CMS & RECORD KEEPING

<table>
<thead>
<tr>
<th>Competency # (Insert)</th>
<th>5 Props.</th>
<th>ADHD</th>
<th>Block</th>
<th>Black</th>
<th>Hispanic</th>
<th>普</th>
<th>Other</th>
<th>0</th>
<th>3</th>
<th>5</th>
<th>Example</th>
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<tr>
<td>Radiation/Examples</td>
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</table>

**Instructions:** The following table describes the population of patients seen and services rendered during your assignments outside of the School of Dental Hygiene clinic. Please fill out electronically (yped) and turn in to Clinic Coordinator.

**Name:**

**Clinic II & IV Rotation Data Report**
# CLINIC II, III & IV ROTATION DATA REPORT

**Instructions:** The following table describes the population of patients seen and services rendered during your assignments outside of the School of Dentistry clinic. Please fill out electronically (typed) and turn in to clinic coordinator.

<table>
<thead>
<tr>
<th>Pedo Clinic</th>
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<tbody>
<tr>
<td>Pedo Clinic</td>
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<tr>
<td>MOS Clinic</td>
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<td>MOS Clinic</td>
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<tr>
<td>MOS Clinic</td>
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</tbody>
</table>
EXAMPLE OF A PAPER PATIENT RECORD

Name: 
Record #: ___________________________ Date: ___________________________
DOB: __________________ Sex: M F Marital status: S M W D Sep U

1. Reason for visit ___________________________

2. SYSTEMS REVIEW:

<table>
<thead>
<tr>
<th>History of Abnormality</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Eyes</td>
<td></td>
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<tr>
<td>4. Ear, nose, throat</td>
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<tr>
<td>5. Respiratory</td>
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<tr>
<td>6. Cardiovascular</td>
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<tr>
<td>7. Endocrine</td>
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</tbody>
</table>

Description: # : # # : # # : # # : # : # # : # # : # # : 

Personal habits:
Tobacco Products: ❑ No ❑ Yes Type: _____________________ 
Alcohol Products: ❑ No ❑ Yes Snacks and Beverages: ❑ Low Sugar ❑ High Sugar 
Caffeinated Beverages: ❑ No ❑ Yes 

3. Current medications (prescription/OTC):

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage &amp; Sig.</th>
<th>Indication</th>
<th>Common Oral/Sys. Side Effects</th>
<th>Common Dental Drug Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
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<tr>
<td>b.</td>
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</tbody>
</table>

4. EXAMINATION:

<table>
<thead>
<tr>
<th>Within Normal Limits</th>
<th>Abnormal</th>
<th>Within Normal Limits</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physique</td>
<td>11. TMJ Auscultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Gait</td>
<td>12. Lymph nodes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mobility</td>
<td>13. Thyroid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Face</td>
<td>15. Lips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Skin</td>
<td>16. Labial &amp; buccal mucosa</td>
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</tr>
<tr>
<td>7. Eyes</td>
<td>17. Palate</td>
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<tr>
<td>8. Ears</td>
<td>18. Oropharynx</td>
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<tr>
<td>10. TMJ Palpation</td>
<td>20. Floor of mouth, ventral of tongue</td>
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</tr>
</tbody>
</table>

Description: # : # # : # # : # # : # # : # # : 

Dental Hygiene Class of 2013 
Program Manual 
Editor: Marsha Voelker 
CMS & RECORD KEEPING 
Section 6.30 
(Revised 8’11)
5. Physical/medical/dental/drug conditions that would influence patient dental management:  □ No  □ Yes
Condition/disease  Effect on Dental Treatment

Medical Consult Needed  □ No  □ Yes

6. Gingival Description:


Calculus

<table>
<thead>
<tr>
<th>Bleeding</th>
<th>Supragingival</th>
<th>Stain:</th>
<th>L M H</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Subgingival</td>
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<td></td>
<td>L M H</td>
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</tbody>
</table>

Plaque

| Case Type: | I I I I V V Healthy |

8. Dental Home care habits: (Brush, paste, floss, mouthwash, irrigator, Rx, Fl., other)

General Considerations:

Recommended Recall Interval:  ____________________________ (mo.)

Student signature  Date

Prognosis:  □ Good  □ Fair  □ Poor

Faculty signature  Date  (w/5)
A. **CHIEF COMPLAINT/HISTORY:**

B. **MEDICAL HISTORY:**

<table>
<thead>
<tr>
<th>Problem</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
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<tr>
<td>Bleeding problems</td>
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<td>Rheumatic fever</td>
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<td>Artificial joint</td>
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<td>Heart murmur</td>
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<td>Tuberculosis</td>
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<tr>
<td>HIV positive/AIDS</td>
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</tbody>
</table>

1. **Illnesses (past/present):**
   - Onset (date):
   - Status (active, resolved; date):

2. **Hospitalizations-condition(s)/operation(s):**
   - Mo./Yr.

3. **Current medications (Rx and/or OTC):**
   - Drug name
   - Dosage/Sig
   - Indication
   - Common oral/side effects
   - Common dental drug interactions

4. **Allergies/Hypersensitivities:**
   - Reaction:
   - Have you ever taken Fenfluramine and/or Dexfenfluramine (Fen-Phen)?

5. **Radiation exposure (therapeutic):**
6. **Disability (developmental/acquired):**
7. **Physician's name/address:**
   - Phone:
   - Physician's name/address:
   - Phone:
   - Last physician's visit (date):
   - For what condition?
   - Last physical examination (date):

*Must be completed for Emergency Patients
C. PERSONAL HISTORY:
Occupation: ___________________________ Employer: ___________________________
Marital status □ S □ M □ W □ D □ Sep □ Spouse's occup.: ___________________________
Children (age, sex) ___________________________
Education: ________ years □ W □ B □ A □ I □ H □ M
1. Habits (if patient uses tobacco, complete a tobacco assessment form).
   Previous use of tobacco products □ No □ Yes Describe: ___________________________
   Tobacco: □ No □ Yes □ Cigarettes □ Cigar □ Pipe □ Snuff □ Chew □ Alcohol: □ No □ Yes
   Exercise: □ No □ Yes □ Type: ___________________________
2. Family Disease History:
   Diabetes □ No □ Yes Cancer □ No □ Yes Heart disease □ No □ Yes Hypertension □ No □ Yes
   Describe yes answers: ___________________________

D. *SYSTEMS REVIEW:

<table>
<thead>
<tr>
<th>Abnormality</th>
<th>Explanation &amp; assessment of positive response</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>1. Skin</td>
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<tr>
<td>2. Head &amp; neck</td>
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<td>3. Eyes</td>
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<td>4. Ear, nose, throat</td>
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<td>5. Respiratory</td>
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<td>6. Cardiovascular</td>
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<td>7. Endocrine</td>
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<td>8. Gastrointestinal</td>
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<td>9. Genitourinary</td>
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<td>10. Obstetrics/Gynecology</td>
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<td>11. Blood &amp; blood forming organs</td>
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<tr>
<td>12. Neurological-Headaches</td>
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<tr>
<td>13. Psychological</td>
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</tr>
<tr>
<td>14. Musculoskeletal</td>
<td></td>
</tr>
</tbody>
</table>

E. DENTAL HISTORY

1. Frequency of care: □ 3 mos. □ 6 mos. □ 1-2 yrs. □ 2-5 yrs. □ 5 or more years □
2. Date of last dental visit (prior to screening): ________ Reason: □ Regular Care □ Emergency □ Episodic
3. Reason for most dental visits: □ Regular Care □ Emergency Care
4. Evaluation of past dental experience: □ Good □ Average □ Poor
5. Oral health care habits: Toilebrush □ Hard □ Medium □ Soft □ Electric Toothpaste Desensitizing: □ No □ Yes Tartar control: □ No □ Yes
   Floss □ No □ Regular □ Infrequent
   Mouthwash(s) □ No □ Yes □ Brand ___________________________
6. Dietary habits affecting oral health (vitamins, special modifications, snacks, etc.): ___________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
7. Factors to consider in obtaining patient cooperation (motivational factors) ___________________________

*Must be completed for Emergency Patients
F. PHYSICAL EXAMINATION

*1. Vital signs

<table>
<thead>
<tr>
<th>Weight:</th>
<th>Temperature:</th>
<th>Pulse rate:</th>
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</thead>
<tbody>
<tr>
<td>Height:</td>
<td>Blood pressure:</td>
<td>Respiratory rate:</td>
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</tbody>
</table>

*2. Extra oral/intra oral exam

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Physique</td>
<td></td>
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<tr>
<td>b. Gait</td>
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<td>c. Mobility</td>
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<td>d. Head &amp; neck</td>
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<td>e. Face</td>
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<td>f. Skin</td>
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<td>g. Eyes</td>
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<td>h. Ears</td>
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<td>i. Nose</td>
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<td>j. Lymph nodes</td>
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<td>k. Thyroid</td>
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<td>l. Salivary gland/Flow</td>
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<td>m. Lips</td>
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<td>n. Labial &amp; buccal mucosa</td>
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<td>o. Palate</td>
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<td>p. Oropharynx</td>
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<td>q. Dorsum &amp; lateral borders of tongue</td>
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<td>r. Floor of mouth, ventral of tongue</td>
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<td>s. Attached gingiva</td>
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</table>

3. TMD Evaluation

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<thead>
<tr>
<th>Condylar Mobility</th>
<th>Right</th>
<th>Left</th>
<th>Difficulty and/or pain on opening mouth: No Yes</th>
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</thead>
<tbody>
<tr>
<td>Joint sounds</td>
<td></td>
<td></td>
<td>Jaw locking: No Closed Open</td>
</tr>
<tr>
<td>Lateral pole tenderness</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>Trauma to head, neck, jaw: No Yes</td>
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<tr>
<td>Posterior joint tenderness</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>When:</td>
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<td>Masseter tenderness</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>Prior history jaw/joint problems: No Yes</td>
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<tr>
<td>Temporalis tenderness</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>When:</td>
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<td>SCM tenderness</td>
<td>0 1 2 3</td>
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Maximum unassisted interincisal opening: mm

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<tr>
<th>Rt. Lat.</th>
<th>Lt. Lat.</th>
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<td>mm</td>
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</table>

Habits: Bruxism No Yes aware No Yes Clenching No Yes aware No Yes

Headache: No Yes Frequency Location Duration

*Must be completed for Emergency Patients
<table>
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<tr>
<th>Centric Relation</th>
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<td>Left Lateral</td>
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<td>Protrusion</td>
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**Q. GINGIVAL/PERIODONTAL EXAMINATION**

1. Inflammation: □ No □ Yes □ Generalized □ Localized Areas: 
2. Color: □ Normal □ Abnormal Specify 
3. Consistency: □ Normal □ Abnormal Specify 
4. Contour: □ Normal □ Irregular Specify 
5. Recession: □ Localized □ Generalized Specify area(s) 
6. Calculus: Supragingival □ Light □ Moderate □ Heavy Stain: □ Light □ Moderate □ Heavy Subgingival □ Light □ Moderate □ Heavy 
7. Anomalies: □ No □ Yes Specify 

8. Periodontal case type: Healthy □ I □ II □ III □ IV □ V □

**H. MANAGEMENT FACTORS**

*Medical/pharmacological (drug), physical factors that could influence dental management* □ No □ Yes 
If “Yes,” explain: 

Medical consult indicated □ No □ Yes Why? 

*Must be completed for Emergency Patients*
<table>
<thead>
<tr>
<th>Date</th>
<th>Preliminary Diagnostic Orders</th>
<th>Fee</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diagnosis</td>
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Results of Medical Consult:

Consultation and remarks (Faculty: date and sign):

...
### Dental Hygiene Class of 2013

**CMS & RECORD KEEPING**

Section 6.37

Program Manual

Editor: Marsha Voelker

(Revised 8/11)

---

**Chart Line 1: Probing Depths & bleeding (circle red); line 2: I P Eval. Recording; line 3: First Maintenance Visit.**

### MAXILLA

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<tr>
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(Faculty Signature)  
(Date)  
Radiographic:  
Additional Diagnosis:  
Plaque Score:  
Bleeding Score:  
Date Missing Teeth Were Removed:  
Vitality Test Results:  
Comments:  

Prognosis: [ ] Good [ ] Fair [ ] Poor
<table>
<thead>
<tr>
<th>Area</th>
<th>Treatment Prescription and Program**</th>
<th>Fee</th>
<th>Completed</th>
<th>Date</th>
<th>Demo</th>
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**FACULTY SIGNATURE, PATIENT SIGNATURE AND DATES required following EACH new PLAN.
### Radiographic Orders and Exposure Record

**Pt. Chart#**

<table>
<thead>
<tr>
<th>Date mo/da/yr</th>
<th>Faculty Signature</th>
<th>Intraoral Film(s)</th>
<th>#Taken +</th>
<th>#Panos Retakes</th>
<th>Other Films</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FMS VBW, HBW Single(s)</td>
<td>#Retakes</td>
<td></td>
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</tbody>
</table>

For isolated radiograph(s), please indicate by checking films needed on order form.  
**VBW** = vertical bite wing film  
**HBW** = horizontal bite wing film
# PROGRESS AND TREATMENT NOTES

**DAILY RECORD OF PROCEDURES, PATIENT VISITS OR CONTACTS**

1. Month/Day/Year  
2. Specific area of treatment  
3. Procedure in detail  
4. Student's last name (PRINT)  
5. An instructor must **sign** at the start and end of each appointment. Enter all cancellations, broken appointments, and tardiness of the patient and/or student.

<table>
<thead>
<tr>
<th>1. Date</th>
<th>2. Tooth/Area</th>
<th>3. Procedure</th>
<th>4. Student</th>
<th>5. Faculty</th>
</tr>
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<tbody>
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13
1. Student is logged into CMS, patient record loaded, and MiPACs may or may not be launched at this point.

2. Place a **camera sleeve** on the camera for infection control and saran wrap over the console where a button is located on the USB connection cord.

3. The camera/interface is plugged into an available USB port (Any USB port works).

4. It takes a couple seconds (maybe 3-5 seconds) for the device to recognize the camera and make the installation. The plug and play feature seems to work as expected. **Keep in mind that as with all USB devices, you need to allow time for the computer to recognize the device before using it. If you are a little too quick, it will error – and will need to wait a moment and then try again.**

5. Launch MiPACs. (If not already launched)

6. Select a template. (labeled Photo 6)

7. Click the camera icon on the tool bar (toward the top center) to activate the camera.

8. The camera will activate and a preview window will appear on the computer screen.

9. **Make sure you select the setting for the photo type you would like to capture on the Sopro 717 First.**
   a. Person icon = extraoral photo (Full face, upper and lower arch, smile (start at 20 mm)
   b. Dot icon = intraoral (One to Four teeth (start at 5mm to 19mm)
   c. Microscope icon= macrovision(details like cracks on the tooth, leakage (up to 150X).
      Start at 1mm (can be pushed to zero by turning the ring a bit more to the right) to 4mm)

10. Capture photos.
    a. This device uses Sopro Touch which is similar a computer touch pad, so all you need to do is lightly touch the back of the camera to freeze capture the photo.
    b. Lightly tap again to unfreeze the camera for the next photo you would like to capture

11. Close the preview window and the images will fill the template and then overflow.

12. Mount the photos. Place the ones you prefer on the mount and the others in the overflow. (you DO NOT have delete rights – so extraneous images will remain in the overflow) Let faculty view for approval of one’s placed in template before doing steps 11-13.

13. Click (or select) SAVE. A dialogue box will pop up.

14. Name the series and click OK. (the APPROVAL BOX should be checked)

15. Next the faculty will need approve the photos.
16. Once approved, the images are saved to the Dicom database and can be viewed from any user workstation in the clinic/school.

17. If saved, but NOT approved, they can only be viewed in the two rows of computers used by Dental Hygiene in the clinic. (a point of note – if a user has taken images, they have been saved, but another user/faculty cannot view them elsewhere, they are likely NOT approved – and someone would need to log in the Dental Hygiene area and approve the images-so make sure faculty has approved the photos before dismissing your patient.

18. When disconnecting the camera from USB connection hold the camera the base where the connector is and hold the connection and pull to release USB cord from camera. Never hold from the camera lens area.
Section 7 — Rotations

Kansas City Regional Center
For the Developmentally Disabled

Address: 821 East Admiral Blvd.
Phone: 889-3555, ext. 3555

Directions: located on the NE corner of 8th and Charlotte. Go north on Holmes to 8th Street and turn right one block.

Director: Dr. Thomas Vopat, dental director; Addie Manley, assistant

Clinic Hours: Report before 9:00 a.m. Clinic hours are from 9:00 to 4:30.
Attire: School of Dentistry clinical attire is required (matching scrub tops and bottoms).

Description
The Kansas City Regional Center Dental Clinic provides dental care for mentally and physically challenged children and adults.

Dental and dental hygiene students will be exposed to the special considerations involved in the treatment of these patients. This will be accomplished by observation, demonstrations, and actual treatment of handicapped patients.

Rotation Objectives
At the completion of the rotation to KC Regional Center the DH students will be able to:

- Recognize various developmental disabilities and practice treatment modifications associated with each.
- Assist a patient transfer from a wheelchair to a dental chair and back again.
- Provide functional level appropriate modification to oral hygiene instructions and devices to meet the individual needs of the developmentally disabled patient.
- Establish a barrier-free environment
- Practice patient positioning and body stabilization for delivery of care.
- Provide motivation and instruction to care givers when applicable.

First Assignment

Procedures (Morning)

- Check in with the Dental Clinic receptionist and dental assistant, Ms. Addie Brown.
- Introduce yourself to Dr. Thomas Vopat in the Dental Clinic.
• Introduce yourself to the personnel in the clinic. Observe clients in the clinic.
• Observe Dr. Vopat’s patient management technique.
• Familiarize yourself with the operatory, records, supplies, etc.
• Review the record for your afternoon patient. Confirm procedures to be provided with Dr. Vopat.

**First Assignment Procedures (Afternoon)**

• Disinfect and prepare your operatory for patient treatment.
• Perform procedures as verified with Dr. Vopat during your morning record review.
• Have Dr. Vopat verify data collection and assess procedures provided.
• Complete record and have Dr. Vopat sign you out.
• Disinfect operatory and prepare your instruments for sterilization.

**Second and Subsequent Assignments**

• Patients will be scheduled for both the morning and the afternoon sessions.
• Review patient record, confirm procedures to be performed with Dr. Vopat, prepare operatory, and seat patient.
• Upon completion of treatment have all procedures assessed by Dr. Vopat.
• Complete patient record, get Dr. Vopat’s signature, and clean operatory. If you have any questions or are unsure of any procedure, policy, or technique, PLEASE ASK DR. VOPAT OR ADDIE.

**Recommended Equipment**

<table>
<thead>
<tr>
<th>Operator Glasses</th>
<th>Black Ink Pen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watch or suitable timepiece</td>
<td>Instruments</td>
</tr>
</tbody>
</table>

**Clinical Services**

- Prophylaxis
- Radiographs (bitewings and periapicals)
- Automatic processor radiographic developing
- Staff or Caretaker oral hygiene instruction
- Cavitron
- Caries charting
- Patient education
- Scaling/Root Planing
UMKC Oncology Dental Support Clinic (OSC)

Mission Statement
The mission of the Special Patient Care Center is to provide exceptional care to individuals with complicated medical, dental and orofacial needs; teach students how to care for our family of patients; conduct research to enhance the quality of care; be a resource for the professional health care community.

To accomplish this mission we:
• Provide highly capable providers to patients
• Commit interdisciplinary teams to patients as determined by their needs
• Base our care on the best available scientific evidence
• Maintain a caring, patient-centered environment
• Design and conduct research as an integral part of care
• Attempt to accommodate patients who cannot afford the cost of dental care
• Develop and implement educational programs for our students
• Share our expertise with the professional health care community

Patients with special needs are those who:
• Have head and neck pain
• Require medically necessary oral health care related to cancer therapies
• Are referred for specialty diagnostic oral radiology services
• Are medically compromised (including immunocompromised)
• Are dental phobic
• Have salivary gland disorder

Major Services
- Facial Pain Clinic
- Dental Fears Clinic
- Oncology Dental Support Clinic
- Medically Compromised Care Clinic
- Specialty Diagnostic Oral Radiology Services

Location
UMKC School of Dentistry, First Floor
GRADUATE PERIODONTICS

Located: School of Dentistry, first floor, room 191  
Contact: 816-235-2147  
Director: Dr. Simon MacNeill; Administrative Contact: Lynn Grove  
Clinic Hours: 9–12 & 1–4 Fall and Spring Semesters; 8–11 & 12–3 Summer Semester  
Attire: School of Dentistry clinical attire is required, including safety goggles.

Description
Graduate Periodontics serves a variety of patients. Most of the patients that are seen come from the general clinic population, with many of them being referred from the dental hygiene clinic. Patients may also come from a direct referral from a local private practice. The ages of the patients vary. Most of the patients are adults; however, pediatric patients with early onset periodontitis may also be seen.

Rotation Objectives
At the completion of the rotation to Graduate Periodontics, the DH students will be able to:

- Describe the various aspects of periodontal surgery and know how to assist the surgeon.
- Describe the various aspects of implant surgery and know how to assist the surgeon.
- Provide non-surgical periodontal therapy on patients that are more periodontally involved.
- Provide periodontal maintenance for patients that are more periodontally involved.

PEDIATRIC DENTAL CLINIC

Located: UMKC School of Dentistry, 1st Floor, southwest corner  
Directors: Dr. John Haynes & Dr. Brenda Bohaty  
Clinic Hours: 9–12 & 1–4 Fall and Spring Semesters; 8–11 & 12–3 Summer Semester  
Attire: School of Dentistry clinical attire is required.

Description
The clinical evaluation philosophies of the Pediatric Dentistry Department are founded on the concept of “TOTAL PATIENT CARE.” During sessions in the Pediatric Dentistry clinic, each student is to demonstrate his/her ability to complete the total patient care with a clear understanding of the special needs of the child patient. Dental hygiene students will work collectively with the dental students during this rotation, assisting the dental student with operative procedures, administering Nitrous Oxide, and providing preventive care.
Rotation Objectives

At the completion of the rotation to the Pediatric Dental Clinic, the DH students will be able to:

- Experience the satisfaction of delivering total oral health for children.
- Become competent in general dental care for the child dental patient.
- Increase confidence when communicating and treating children.

University of Missouri Dental Faculty Practice

Located: School of Dentistry, second floor, room 227

Contact: Carmen Jaramillo, RDH

Reception Desk, Appointments: 816–235-2121

Dental Hygiene Appointments Coordinator: 816-235-5343

Executive Director: John Thurman 816-235-2120

Clinic Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.

Attire: School of Dentistry clinical attire is required, including safety goggles.

Description

The Dental Faculty Practice provides high quality comprehensive dental care delivered by a team of dental professionals and specialists who are actively involved in dental education and research. A wide range of specialists are available in faculty practice allowing comprehensive care to be provided in one location. Dental Faculty Practice maintains a standard of excellence and knowledge of the latest advances in dentistry, as they work to drive the art and science of dentistry forward. The clinical team is made up of caring and competent dental assistants, hygienists and lab technicians and the administrative team is made up of warm and welcoming front desk, clerical and financial personnel.

Rotation Objectives

At the completion of the rotation to Dental Faculty Practice, the DH students will be able to:

- Describe comprehensive dental and dental hygiene care
- Explain the latest advances in dentistry and how the advances drive the art and science of dentistry forward.
- Understand how a private practice setting operates
Miles of Smiles Teledentistry Clinic

Located: Various elementary schools in Olathe, Kan. (Contact Hayley Ferris to confirm location.)

Phone: Prof. Ferris — 816-718-4970

Contact: Hayley Ferris

Clinic Hours: 8:00–3:30 (Confirm with Hayley Ferris.)

Attire: School of Dentistry clinical attire is required, including safety goggles.

Description

Miles of Smiles provides preventive oral health care to disadvantaged children in Title I schools. The clinic operates using state-of-the-art portable dental equipment and the Dental School’s CMS data management system. Services include radiographs, prophylaxis (may use ultrasonic), fluoride varnish, oral health education, nutritional counseling, and sealants.

Rotation Objectives

At the completion of the rotation to Miles of Smiles, DH students will be able to:

- Provide preventive care to children, ages 5–12, from diverse backgrounds.
- Acquire knowledge and gain hands-on experience providing school-based oral healthcare.
- Provide oral healthcare using the collaborative care model.
- Manage the pediatric and adolescent patient by recognizing the needs, expectations and values of the individual.
- Use effective communication strategies to interact with pediatric and adolescent patients.
- Demonstrate competence charting a mixed dentition.
UMKC School of Dentistry
Division of Dental Hygiene

CO-THERAPY ROTATION

For each co-therapy rotation, the student should be able to:

1. Identify an appropriate patient/peer assignment after reviewing all students patient case load for the clinical session

2. Demonstrate thorough knowledge of patient assessment/treatment (i.e. review of health history, treatment planning, etc.)

3. Actively participate in specific phases of treatment that will be rendered for that particular clinical session (with the patient’s permission)

4. Provide peer with verbal and written feedback regarding assessment, planning, implementation and/or evaluation of patient treatment for the clinical session in addition to management and critical thinking/problem solving abilities.

5. Receives verbal and written feedback from the student with whom the co-therapist was assigned for the clinical session

6. Reports to faculty with a verbal self-assessment regarding completion of all components of the co-therapy rotation

*******************************************************************************

Co-therapist needs to arrive 30 minutes prior to the assigned clinical session to assist clinic student in preparing for the patient appointment.

The co-therapist will receive 1.0 time unit for the assigned co-therapy session (2.0 time units for a whole day assignment).

The student assigned as the primary clinician will receive time units appropriate for the type of treatment to be rendered for their patient.

The co-therapist can complete the following PE’s: Restorative Finishing & Polishing, Sealant, Instrument Sharpening, PSR.
CLINIC MANAGER RESPONSIBILITIES

The clinic manager is responsible for ensuring that all dental hygiene clinical activities run smoothly. They should arrive to clinic no later than 7:30 (summer) or 8:30 (fall and spring semesters). The clinic manager should be present in the clinic until all dental hygiene students have dismissed patients and completed cubicle clean-up. The clinic manager is responsible for the following items:

1. *Check out keys from the dispensary to unlock and lock clinic cabinets.
2. *Perform infection control inspections in each cubicle for the am and pm clinic sessions. Please document outcomes from this on each student provider’s daily evaluation form.
3. *Ascertain cubicles are clean and organized before leaving. Computers should be shut off, patient chairs should be raised, operator chairs and operator tables should be nested under the counter. All trash and debris should be removed.
4. *Calibrate pH meters
5. Check in and out adjunctive instruments as needed for peers.
6. Complete the equipment failure reports, instrument audits, and ultrasonic insert audits.
7. Assist with communicating between student providers, faculty, and staff.
8. Restock both dental hygiene cabinets with needed paperwork.
9. Perform chart audits as requested by the clinic coordinator.
10. Assist peers with taking intra oral photographs, impressions, charting, etc. when available.
11. Clean the tops of the cabinets where the ultrasonic units are located.
12. Serve as a peer evaluator as directed by clinic faculty.
13. If you run out of things to do, please see Prof. Beck for additional assignments. You should be busy at ALL times helping with clinic efficiency and productivity.

*required every clinic session.
**CLINIC II, III & IV ROTATION DATA REPORT**

**Instructions:** The following table describes the population of patients seen and services rendered during your assignments outside of the School of Dentistry clinic. Please fill out electronically (typed) and turn in to Prof. Beck no later than (see syllabus for date).

<table>
<thead>
<tr>
<th>Site</th>
<th>Total # of patients seen</th>
<th># of case type 0 patients seen</th>
<th># of case type 1 patients seen</th>
<th># of case type II, III, IV patients seen</th>
<th>Ethnicities worked with</th>
<th>Special healthcare needs (HIV, autism, etc)</th>
<th>List Services Rendered and quantity</th>
<th>Identify competency(s) this rotation helped you progress towards and describe examples</th>
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<tbody>
<tr>
<td>Example</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>Hispanic, Caucasian, Black</td>
<td>Autism, ADHA</td>
<td>5 Prophy, fluoride, OHI and BWS; 12 sealants</td>
<td>Competency # (insert numbers and brief rational/examples)</td>
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<td>Grad Perio</td>
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SECTION 8 — TERM PAPER & CAPSTONE PROJECT

Library Services

- Circulation of materials
- Reference/online searching
- Reserve materials
- Interlibrary Loans
- Photocopy services

GUIDELINES FOR WRITING A TERM PAPER ON A DENTAL OR DENTAL-RELATED TOPIC

BY

ANN MARIE CORRY, DENTAL LIBRARIAN
UMKC SCHOOL OF DENTISTRY

LIBRARY HANDOUT
REVISED 01/02
The quantity and diversity of literature that is published annually is overwhelming. In order to effectively obtain and manage information materials necessary for a paper on a dental or dentally related topic, the health professional must learn very specific “information management” skills.

A. SELECTION OF A TOPIC

1. *Interest.* If possible, choose a topic that is of some interest to you personally.
2. *Limitations.* Pick a topic that can be reasonably handled in a short paper. For example, “History of Fluoridation in the US” cannot be handled as well as a more limited topic such as “Fluoride Mouthrinses.”
3. *Preliminary study.* Before choosing a topic, it is advisable to go to the library and confirm that there is sufficient material available for the paper.

B. THE LIBRARY AND THE INFORMATION PROCESS

There are several avenues available to the health professional who is beginning a review of the literature in a specific field. However, the search for information begins in the library. Take each step – one at a time – as it is unproductive to try all steps simultaneously. Read and digest the information gathered between each step before going on to the next.

1. Libraries Provide Access to Materials

   a. Book Materials

      Locate one or two major textbooks on the topic with which you are concerned and read the historical and scientific background of your topic. This is particularly important if the area is new to you or if your topic involves more than one discipline. You cannot effectively begin a research study without having this type of information.

   b. Journal Materials

      Journal articles on specific topics can be found through indexes on that topic. Indexes can be in paper format or online. Index sources will provide author, title, journal citation and sometimes an abstract of articles on your topic. From the index it will be necessary to obtain a copy of the article to read the full text.

   c. Reference Materials

      i. Computer Databases/Indexes

         UMKC’s Merlin offers access to several databases for location journal articles dealing with your topic.
Databases such as Ageline, Bioethicsline, CancerLit, CINAHL, Healthstar, Premedline, and Medline are helpful in locating articles related to dental or medical topics. See the handout “Searching Medline” for instructions on database searches.

ii. Bibliographies

iii. Directories/Dictionaries

d. Government Documents

e. Computer Access to Information

There is much information on the Internet. Access to the Internet is available in the IRL. However, carefully consider information taken from the Internet for accuracy and validity prior to incorporating it into your paper.

2. Libraries Provide Service

a. Circulation of Materials
   b. Reference/Online Searching
   c. Reserve Materials
   d. Interlibrary Loans
   e. Photocopy Services

C. MECHANISMS OF COLLECTING INFORMATION

Unless otherwise notified by the course coordinator, all written assignments for the Division of Dental Hygiene must follow this format.

Vancouver Style:

a. Book Material

   1. Author(s). List all authors/editors and their initials.
   2. Title. List the complete title of the book and edition if applicable.
   3. Publication information. List the city, the publisher, and the date of publication.
   4. Specific chapter information. If you have referred to a specific chapter or page(s), be certain to get the author, title and specific chapter pages in question.

b. Journal Material

1. Author(s). List all authors and their initials.
2. Article title. List the complete title of the article cited.
3. Citation information. List the title of the journal, the volume number, the issue number, inclusive paging, and the month/year of publication.


c. Newspaper Article

1. Author(s). List all authors and their initials if given.
2. Article title. List the complete title of the article cited.
3. Citation information. List the name of the newspaper, date of edition including year month and day, section if applicable and the page numbers as well as the column number.


d. World Wide Web site

1. Author(s). List all authors and their initials, can be a company or organization.
2. Web site title. List the complete title of the web site.
3. Web site address. List the complete address of the web site.
4. Date accessed. List the most current date of access to the web site.


D. WRITING THE PAPER

An effective paper on a dental topic should include the following sections:

1. INTRODUCTION

The introduction should indicate to the reader the reason(s) the topic was chosen.
2. PURPOSE OF THE PAPER

In a term paper of this nature, the purpose of the paper may be one of the following:

- To discover what research, if any, has been done on a specific subject and the description of it.
- To present an historical review of a subject.
- To discover varying opinions concerning a subject and the comparisons of opinions.
- To discover varying qualities or attributes of specific products and the comparison of these qualities.

3. BODY OF THE PAPER

This is the major part of the paper and it should present in detail the information that has been gathered. The material should be presented in a logical and orderly fashion. Prepare an outline to guide you in the writing process.

Within the text, material is cited by indicating the author and the date of publication within the text.

Example: …Holgate (1959) using rabbits…confirmed the work of Ramfjord (1957)…extensive research (Billings, 1969; Wallace, 1972) has….A 1989 study (Smith and Jones, 1989) has shown…

4. CONCLUSION

The conclusion should illustrate that the purpose of the paper has been accomplished and should bring the paper to a logical end. All questions, if any, discussed in the body of the paper should be answered.

5. LITERATURE CITED

The Literature Cited section lists, in alphabetical order by author, only those references that have been referred to or paraphrased in the text. As noted previously, these citations should contain all the data necessary to locate the source easily in the library. A sample Literature Cited page is attached.
LITERATURE CITED


Stewart, JL. Personal communication. Kansas City (MO); 18 April 1974.


UMKC DIVISION OF DENTAL HYGIENE PORTFOLIO
BASIC PREPARATION PROGRAM

CAPSTONE PORTFOLIO PROJECT

Definition
The Capstone Portfolio Project is a collection of student work gathered over time that exhibits to the student and others the student's effort, progress, self-evaluation and achievement.

Purpose
The purpose of the Capstone Portfolio Project is to provide evidence of growth and mastery within a discipline. A portfolio should demonstrate self-reflection, organizational skills, and diversity, among other attributes.

The Capstone Portfolio Project serves many functions. In the case of the UMKC Division of Dental Hygiene, the project has been designed primarily as a method for student self assessment when reviewing the attainment of competency (specifically the nine (9) competencies of the UMKC Division of Dental Hygiene).

Contents
Students should choose work that stands as evidence of attainment of the competencies in the UMKC Dental Hygiene Program. This handout contains a table which list several projects that faculty have identified as appropriate evidence. The items that are bolded under evidence of attainment are essential elements that each portfolio must include. You will find other items listed which faculty feel would also serve as additional evidence of attainment. It is your decision to select the items you wish to include.

Format
The Capstone Portfolio Project will be completed utilizing an electronic format. At the beginning of notebook you should include a letter of introduction for the reader. This introduction should include a brief discussion of the contents, as well as explain the purpose and your judgment of the importance and quality of items you have chosen for inclusion. Next should follow a table of contents which can help guide the reader through the portfolio. It makes sense that you would include your resume and curriculum in the beginning as they reflect the breadth and depth of your educational background. You will need to divide the portfolio into sections, including a section for each of the nine program competencies. Provide the reader with background information needed to understand the items/entries in that section that serve as evidence of attainment of that specific competency. Some information that might be helpful includes; explanation of the assignment/project, i.e. research reviews, process evaluations, community service project etc., purpose of the assignment, when it was completed, or whatever
other data you feel the reader will need as an introduction to the section. At the conclusion of each competency you will need to write a reflection indicating how these items provide evidence of attainment of that specific competency. See grading rubric and content format later in this document.

At the conclusion of your portfolio you should provide a global written summary which includes reflection on what you have learned about yourself, what you have learned in various subjects, changes you have noticed in your work and growth you have made in learning. Also include an area at the end of your portfolio for readers/evaluators to make comments.

We encourage creativity in this endeavor and by no means want to restrict your efforts in assembling your portfolio. We believe that you will find this to be a worthwhile project that provides an excellent overview of your educational experience while here at the UMKC School of Dentistry.

**Faculty Role**

The Capstone Project is YOUR project. Faculty will serve as mentors in the process but ultimately you are responsible for the final product.

**Evaluation**

Please have a faculty member outside of the Division of Dental Hygiene evaluate your work and provide feedback, and someone outside of the School of Dentistry. Your Capstone Project will be due to faculty 3–4 weeks prior to the end of the spring semester of your second year. At that time faculty will render an evaluation of your work and return it to you.

**CONTENT FORMAT**

**Letter of Introduction**

Format for the Introduction Section at the Beginning of Each Competency

1. Describe the item/entry that you have chosen for inclusion under this competency.
2. What is the context behind this item, i.e., was it done in Preclinic, Clinic IV, Perio, Biomaterials etc.?
3. Why did you choose this item to include in your portfolio?

**Competency Entries**

Format for the Self-Reflection Section at the Completion of Each Competency

1. What are some strengths of your work in this competency? Weaknesses?
2. How do ALL these pieces of evidence reflect your attainment of this competency?
3. Overall, in evaluating this competency how will you apply what you have learned to future experiences and lifelong learning?
### Description of Portfolio Traits

#### 1. Is the student able to illustrate growth and professional development to the reader?

<table>
<thead>
<tr>
<th>Components</th>
<th>Rating</th>
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<tbody>
<tr>
<td>&lt; Illustrates continued development and growth over time, i.e.,</td>
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<tr>
<td>ability to read, analyze and apply scientific literature in decision</td>
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<td>making process</td>
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<td>&lt; Demonstrates increased use of professional language over time</td>
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<tr>
<td>&lt; Illustrates heightened professionalism, humanitarianism and ethical</td>
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<tr>
<td>behavior</td>
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<td>1 2 3 4</td>
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</table>

#### 2. Does the portfolio specifically document evidence of attainment for each of the nine program competencies?

<table>
<thead>
<tr>
<th>Components</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; Competent in assessing persons of all ages/stages of life</td>
<td></td>
</tr>
<tr>
<td>&lt; Competent in dh treatment planning and case presentation</td>
<td></td>
</tr>
<tr>
<td>&lt; Competent in health education strategies</td>
<td></td>
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<tr>
<td>&lt; Competent in provision of preventive &amp; therapeutic dh services</td>
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<td>&lt; Competent in use of supportive procedures</td>
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<td>&lt; Competent in infection and hazard control procedures</td>
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<td>&lt; Competent in management procedures</td>
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<td>&lt; Competent in community oral health strategies</td>
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<td>&lt; Competent in utilization of information technology to assist in</td>
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<td>evidence-based decision making</td>
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#### 3. Does the portfolio contain sufficient evidence of self-evaluation by demonstrating the following components?

<table>
<thead>
<tr>
<th>Components</th>
<th>Rating</th>
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<tbody>
<tr>
<td>&lt; Demonstrates ability to identify weaknesses and develop appropriate</td>
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<tr>
<td>problem solving strategies</td>
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<tr>
<td>&lt; Illustrates ability to recognize strengths and maximize them</td>
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<td>&lt; Analyzes experiences in school and what effect these experiences had</td>
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<td>on learning</td>
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#### 4. Does the portfolio illustrate a commitment to life-long learning?

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<thead>
<tr>
<th>Components</th>
<th>Rating</th>
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<tbody>
<tr>
<td>&lt; Contains explanation of student’s commitment to lifelong learning</td>
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<tr>
<td>&lt; Contains explanation of student’s short and long term career goals</td>
<td></td>
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<tr>
<td>&lt; Student demonstrates the value of value of life-long learning to</td>
<td></td>
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<tr>
<td>them personally and to the profession as a whole</td>
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<td></td>
<td>1 2 3 4</td>
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</tbody>
</table>
### Description of Portfolio Traits

<table>
<thead>
<tr>
<th>Component</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portfolio design is concise with logical organization</td>
<td>Not at All Some Most All</td>
</tr>
<tr>
<td>Reflects student’s ability to adequately manage information and assemble relevant items to support achievement of competence</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Does the portfolio demonstrate creativity in its design, content and overall interpretation of items chosen for inclusion?</td>
<td>Not at All Some Most All</td>
</tr>
<tr>
<td>Reflects personality and characteristics of the student</td>
<td>1 2 3 4</td>
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<tr>
<td>Demonstrates ability to apply knowledge in creative (out-of-box) situations</td>
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<tr>
<td>Does the student portray a professional level of communication in the portfolio by incorporating the following components into the introduction to the portfolio, section introductions and the portfolio summary?</td>
<td>Not at All Some Most All</td>
</tr>
<tr>
<td>Introductions and summary present clear and succinct statements</td>
<td>1 2 3 4</td>
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<tr>
<td>The organization pattern of entries are logical and easy to follow</td>
<td></td>
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<tr>
<td>Portfolio contents are referred to as documentation to support the points made by the author</td>
<td></td>
</tr>
<tr>
<td>There are few errors in grammar or mechanics to distract from the overall presentation of information</td>
<td></td>
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<tr>
<td>Entries are placed into context for the reader</td>
<td></td>
</tr>
<tr>
<td>The relationship between the entry and the program competency are clearly linked for the reader</td>
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</tr>
<tr>
<td>Illustrates ability to transfer knowledge from school into practical application or the work environment</td>
<td>1 2 3 4</td>
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</tbody>
</table>

**Please check the following (must be checked in order to receive a grade):**

- [ ] Portfolio has been reviewed by a faculty member outside of the Division of Dental Hygiene.
- [ ] Portfolio has been reviewed by an individual in the community (legislator, family, friend).

Revised 8/04
<table>
<thead>
<tr>
<th>PROGRAM COMPETENCY</th>
<th>EVIDENCE OF ATTAINMENT</th>
<th>PORTFOLIO</th>
</tr>
</thead>
</table>
| 1.0: OUR GRADUATES MUST BE COMPETENT IN ASSESSING PERSONS OF ALL AGES/STAGES OF LIFE IN ORDER TO DESIGN, IMPLEMENT AND EVALUATE DENTAL HYGIENE CARE IN A DIVERSE SOCIETY | *scientific paper  
- systems review paper  
*assessment competencies in clinic reflecting a diverse patient population  
* case study (Seminar II)  
- systems review presentation (Intro Prev DH)  
- case presentation (Seminar 4)  
- case-based assessment (Seminar 4)  
- data collection using recognized indices: CPITN and DMFT (Comm Oral Health Field Experiences)  
- Full Mouth Series with comprehensive evaluation | |
| 2.0: OUR GRADUATES MUST BE COMPETENT IN DENTAL HYGIENE TREATMENT PLANNING AND CASE PRESENTATION FOR PERSONS OF ALL AGES/STAGES OF LIFE IN A DIVERSE SOCIETY | *1st semester-last semester treatment plan comparison and analysis of professional growth  
* case study (Intro Prev DH, Principles of Perio)  
- treatment planning competencies in clinic  
- case presentation (Seminar 4)  
- development and presentation of treatment plans for patient cases (Seminar 4) | |
| 3.0: OUR GRADUATES MUST BE COMPETENT IN HEALTH EDUCATION STRATEGIES FOR THE PREVENTION OF DISEASE AND THE PROMOTION OF HEALTH IN A DIVERSE SOCIETY | *Preventive counseling process evaluation (Clinic 4)  
* Lesson plans for dental health educational presentations  
- patient education process evaluations  
- patient education materials development  
- audio tape of preventive counseling  
- lesson plans for Dental Health Presentations  
- nutritional analysis and counseling | |
<table>
<thead>
<tr>
<th>EVIDENCE OF ATTAINMENT</th>
<th>PROGRAM COMPETENCY</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>6.0: OUR GRADUATES</td>
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<tr>
<td></td>
<td>DISEASE SOCIETY:</td>
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<tr>
<td></td>
<td>HYGIENE CARE IN A</td>
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<td></td>
<td>PROVISION OF DENTAL</td>
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<td>PROFESSIONAL THE</td>
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<td>USE OF SUPPORTIVE</td>
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<td>Must be completed</td>
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<td>4.0: OUR GRADUATES</td>
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<tr>
<td></td>
<td>DISEASE SOCIETY:</td>
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<td>AGES/SOCIALS OF LIFE IN A</td>
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<td></td>
<td>PERSONS OF ALL</td>
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<td>HYGIENE SERVICES FOR</td>
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<td></td>
<td>THE PROFESSIONAL DENTAL</td>
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<td>PROFESSIONAL AND</td>
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<td>THE PROVISION OF</td>
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<td>Must be completed</td>
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<tr>
<td></td>
<td>Section 8.12</td>
</tr>
</tbody>
</table>

**Section 8.12**

**Abstract of Scientific Article (Seminar 4)**
- Development of an infection control protocol
- Control of infection and hazards
- Clinical evaluations on infection control

**TERM PAPER & CAPSTONE PROJECT**

**Editor:** Kim Bray (Revised 8/11)**

**Dental Hygiene Class of 2013**

**Program Manual Editor:** Kim Bray
<table>
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<th>PORTFOLIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.0: OUR GRADUATES MUST BE COMPETENT IN MANAGEMENT PROCEDURES</td>
<td>*scientific paper, i.e. systems review paper, biomaterials paper, perio paper, special needs pr. paper/reflection</td>
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<tr>
<td></td>
<td>- practice philosophy</td>
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<td></td>
<td>- assessment of most meaningful rotation development</td>
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<tr>
<td></td>
<td>- study model (1st and last with evaluation of learning and outcomes)</td>
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<td></td>
<td>- case involving practice management that assisted in developing philosophy statement (Seminar 4)</td>
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<td></td>
<td>- Rotation Data Report</td>
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</table>
| 8.0: OUR GRADUATES MUST BE COMPETENT IN COMMUNITY ORAL HEALTH STRATEGIES IN A DIVERSE SOCIETY | *practicum  
school presentations (Comm Dent Health)  
*Community Service Learning Report (Oral Health Field Experiences)  
-rotations through Seton Center, Children's Mercy, Regional Center  
-community service/voluntee service  
-outreach projects, i.e. Venezuela  
-health fairs  
-SADHA involvement  
-constituent meetings  
-District VIII  
-synopsis of practicum, what was gained as a result of participating  
-table clinics |           |
| 9.0: OUR GRADUATES MUST BE COMPETENT IN THE UTILIZATION OF INFORMATION TECHNOLOGY TO ASSIST IN EVIDENCE-BASED DECISION MAKING. | *Evidence-based paper(s) written as course requirements (example – Biomaterials)  
AHEC Community Oral Health Assessment (Public Health) |           |
|                                                                                 | - teaching project for community presentations                                           |           |
|                                                                                 | - elective practicums                                                                    |           |
|                                                                                 | - evidence-based table clinic presentations                                              |           |