DENTAL HYGIENE DEPARTMENT
STUDENT COURSE SYLLABUS
FALL 2014

COURSE TITLE: DHY 202 – ORAL HYGIENE – III
4 CREDITS - 1 HOUR LECTURE, 12 HOURS CLINIC

COURSE TIME: LECTURE: TUESDAY 9:25 – 10:20 am, Room C-321
           CLINICS: MONDAY, WEDNESDAY, FRIDAY
           8:30am -12:30pm, 1:00pm - 5:00pm Room S-327

INSTRUCTOR: DEBORAH A. COOK, RDH, BS, MAEd
Associate Professor, Academic Department Chair

OFFICE HOURS & TELEPHONE:
TUESDAY 8:25am-9:25am and 10:25am-11:25am Room S 337
WEDNESDAY 12:30pm-1:00 pm Room S 337
MONDAY 12:30pm-1:00pm Room S 337
THURSDAY & FRIDAY by appointment (201) 612-5390

Prerequisites: DHY 201, DHY 205, DHY 209, DHY 200, DHY 220
Co-requisites: DHY 204, DHY 206, DHY 207, DHY 219
Course Description

This course of study continues to expand the student’s clinical development and knowledge of current therapies. OH III is designed to integrate cognitive knowledge with practical applications of dental hygiene therapies. The primary focus of this course is to prepare the dental hygiene student for the appropriate protocols and techniques for successful periodontal therapies including advanced instrumentation, anxiety/pain control, periodontal and implant maintenance. The development of dental hygiene care plans for the medically, physically, and sensory challenged patient will also be discussed.

Course Objectives

Upon completion of this course, the dental hygiene student will be able to:

1. Create and implement a treatment plan for the periodontally involved patient.
2. Incorporate adjunctive periodontal therapies into the treatment plan for the periodontal patient.
3. Develop an evaluation and maintenance schedule for patients based on individual need.
4. Develop and implement a dental hygiene plan for patients with physical disabilities.
5. Develop and implement a dental hygiene plan for patients with sensory disabilities.
6. Develop and implement a dental hygiene plan for patients with eating disorders.
7. Create and implement communication strategies for providing dental hygiene care to compromised patients.
8. Develop and implement a dental hygiene plan for patients with oral cancer.
10. Develop and implement a dental hygiene plan for patients with dental implants.
11. Develop communication strategies for treating the anxious/phobic dental patient.
12. Recognize the need for flexibility and reevaluation of the dental hygiene treatment plan when providing care for patients with special needs.

Teaching Methods

The following teaching methods will be utilized in this course:

1. Lecture
2. Discussion
3. Review of handouts
4. Power Point Presentations
5. Videos
6. Photographs
7. Diagrams/Tables
8. Web enhancement through Moodlerooms
Learning Experiences/Activities

The following learning experiences and activities will be utilized in this course:

1. Visual, auditory, and tactile assessment of patients
2. Analysis of all patient data/assessments to formulate a dental hygiene diagnosis and care plan
3. Visual, auditory, and tactile implementation of treatment utilizing various hand and power instruments
4. Discussion and documentation of all patient treatment
5. Evaluation of patient’s response to treatment at time of appointment and/or subsequent visits
6. Journaling of clinical experiences through Moodlerooms

Competencies for Entry into the Profession of Dental Hygiene

Dental hygienists must complete an accredited educational program and qualify for licensure in any state or jurisdiction. They practice in collaboration with dental and other health care professionals in a variety of settings.

Core Competencies (C)
C.1 Apply a professional code of ethics in all endeavors.
C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.
C.4 Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.
C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
C.6 Continuously perform self-assessment for lifelong learning and professional growth.
C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
C.8 Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.
C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
C.11 Record accurate, consistent, and complete documentation of oral health services provided.
C.12 Initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.
C.14 Manage medical emergencies by using professional judgment, providing life support,
and utilizing required CPR and any specialized training or knowledge.

**Health Promotion and Disease Prevention (HP)**

HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
HP.2 Respect the goals, values, beliefs, and preferences of all patients.
HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive evaluation.
HP.4 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
HP.6 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

**Community Involvement (CM)**

CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the health care system.
CM.3 Provide community oral health services in a variety of settings.
CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
CM.5 Evaluate reimbursement mechanisms and their impact on the patient’s access to oral health care.
CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.
CM.7 Advocate for effective oral health care for underserved populations.

**Patient Care (PC)**

**Assessment**

PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.
PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

**Dental Hygiene Diagnosis**

PC.5 Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient’s dental hygiene care needs.

**Planning**

PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care
plan.
PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.
PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.
PC.9 Obtain the patient’s informed consent based on a thorough case presentation.

**Implementation**
PC.10 Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.

**Evaluation**
PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.
PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.
PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

**Professional Growth and Development (PGD)**
PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.
PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.
PGD.3 Access professional and social networks to pursue professional goals

Reference: American Dental Education Association, House of Delegates, (2011), Competencies for Entry into the Profession of Dental Hygiene

**Textbooks**


Wilkins, E. M., Clinical Practice Of The Dental Hygienist, Lippincott, Williams & Wilkins, eleventh edition, 2011, Philadelphia
Supplemental Texts

Alverez, K., Dental Hygiene Handbook, Williams & Wilkins, 1998, Baltimore


Topic Related Videos, CDs, DVDs – Library Media Center, 2nd floor

Additional Resources

Access BCC Dental Hygiene Student Manual
American Dental Education Assoc Compendium of Continuing Education
Dental Clinics of North America Journal of the American Dental Assoc
Course Evaluation

**DIDACTIC 50%**

Tests (2) 40%
Cumulative Final Exam 30%
Weekly Assignments (10) 10%
Special Needs Project/Assignment 10%
    Due 11/18/14
Assignment: Greater NY Dental Meeting 5%
    Due 12/2/14
Class Participation 5%

Please note that assignment due dates noted will be upheld. **Any assignment that is received after the due date will result in a 10 point deduction for every day it is late.**

**CLINICAL 50%**

Patient Care 55%
Instrument Competencies (90% skill level) 15%
Radiographs 5%
Support Therapies (Irrigation, Air Polish, Etc.) 10%
Journal Entries in Moodlerooms 10%
Professional Conduct 5%

Patient care encompasses all student evaluation grades including rotations. Negotiation is not a part of clinical evaluation. Faculty will evaluate student proficiency based on established criteria. Your goal is accurate assessment, treatment planning, implementation of care including removal of all deposits, home care instruction, patient management, and accurate, correct, and complete documentation.

**Grading Scale**

92 - 100 A
89 - 91 B+
83 - 88 B
80 - 82 C+
75 - 79 C
Below 75 R
Incomplete N All requirements not fulfilled

A cumulative average of **75** must be achieved in each of the didactical and clinical portions of the course to successfully progress to OH IV in the spring semester. When a student has not been able to earn a “C” grade or better, the student will be required to repeat the course.

**Course Requirements for Didactic Portion of OH III**
CLINICAL REVIEWS AND FINAL EXAMINATION:

✧ Two (2) tests and a cumulative final exam will be given per the course outline on pages twenty-eight to twenty-nine (28-29). Questions will be multiple choice, true/false, fill-in-the-blank, and case based scenarios.

ATTENDANCE:

✧ Bergen Community College’s attendance policy states: “All students are expected to attend punctually every scheduled meeting of each course in which they are registered. Attendance and lateness policies and sanctions are to be determined by the instructor of each course. These will be established in writing on the individual course outline.”

✧ It is the student’s responsibility to be on time for all classes and clinical sessions.

✧ Please note that attendance is critical to successful completion of the program. All program classes and activities must be prioritized. Scheduling conflicts must be resolved by the student so that program classes and activities are met.

ATTENDANCE POLICY ON EXAMINATIONS / TESTS / CLASS PARTICIPATION /LATENESS FOR OH III:

✧ Attendance is mandatory at all examinations / tests. Absence at either is not acceptable.

✧ Only in extenuating circumstances with proper documentation (current physician’s note) will a make-up examination / test be administered. The make-up examination / test format and date will be at the discretion of the faculty member.

✧ If the absence is inexcusable, the student will receive a 0 for the examination / test grade.

✧ For every absence from class, a ten point deduction will be made from the class participation grade.
For every late arrival, a five point deduction will be made from the class participation grade.

If a student leaves any class in session for a significant period of time, a ten point deduction will be made from the class participation grade.

GENERAL CLASSROOM POLICIES

- No audio or video taping of lectures and/or class discussions is permitted at any time.
- No eating, drinking, or gum chewing is permitted at any time.
- Cell phone use is not permitted during class time nor during tests/examinations.
- Children are not permitted in the classroom during class time.

Course Requirements for Clinical Portion of OH III

Criminal Background Checks and Fingerprinting

- The Joint Commission on Accreditation of Healthcare (JCAHO), the primary accrediting body for clinical agencies, requires criminal background checks (CHBC) for all individuals engaged in patient care. Therefore, all students must undergo a criminal background check.
- These checks are conducted by an outside vendor, Sterling Info Systems, and the information is sent to the College. If the clinical agency requests the CHBC, the report will be provided to them for evaluation.
- The clinical agency, in their sole discretion, will determine whether the student may engage in patient care at their agency. If a student is denied clinical placement by any clinical agency due to criminal history background check, the student will be dismissed from the program.
- Please note that your personal information, including results of the background check will be held completely confidential by Sterling Info Systems.
Paterson School District requires that all students submit electronic fingerprints to participate in the clinical rotation at the Paterson School Dental Center.

The fingerprints are completed by Sagem Morpho. All students must complete the digital fingerprinting prior to the first day of their first semester.

**ATTENDANCE POLICY ON CLINIC, ROTATION, AND OFF SITE MEETINGS:**

- Attendance is mandatory at all clinic, rotation, and offsite meetings (for example, Greater NY Dental Convention). A maximum of three (3) absences will be tolerated during the fall semester of OH III. Again, proper documentation (current physician’s note) must be received by Prof. D. Cook. In addition, a phone call to one of the following must be made on the day of the absence:
  1. Primary Course Instructor: Prof. D. Cook
  2. Primary faculty member assigned to the particular clinic
  3. Program Academic Dept Chair: Prof. D. Cook
  4. Department Secretary: Susan DiSanto
  5. Professional Assistant: Rene Cicarelli

- To report an absence before 9:00am, please email Professor D. Cook at dcook@bergen.edu or call (201)612-5390. After 9:00am notify the department secretary, Susan DiSanto at (201)447-7937 in addition to notifying Professor D. Cook.

**DO NOT LEAVE MESSAGES ON THE CLINIC PHONE TO REPORT ABSENCES NOR INFORM FELLOW STUDENTS TO PASS ON YOUR ABSENCE.** Personal accountability is your responsibility, not a fellow colleagues!

- Failure to follow these steps will result in a zero (0) for the clinical session in question and will be factored into the final grade.

- It is the student’s responsibility to make arrangements for scheduled patients in her/his absence. Failure to contact the patient and reschedule will result in a zero (0) for the clinical session in question and will be factored into the final grade.

**ABSENT, CANCELLED, OR DISMISSED PATIENTS:**
PNP (present - no patient care) will result in an INC (incomplete) and the student must make-up for the lost requirement. Students are permitted three (3) patient cancellations without penalty. Additional cancellations resulting in PNP will result in some form of grade alteration as well as factored into the attendance and professional conduct portions of the clinic grade for that day.

Students may NOT treat each other for credit during their own patient session. If a fellow classmate desires a prophylaxis, they are to make an appointment in the opposing clinic session.

Students must be present for all clinical sessions. If a patient cancels, the student must attend and remain in clinic for the entire scheduled clinic session, make appropriate use of the clinic time, and attempt all competencies that do not require a pt. It is your responsibility to make every effort to secure another patient from the campus during this time. In addition, the cancellation evaluation in Typhon will be completed by the faculty assigned to that student and it becomes part of the student’s evaluation/grade folder.

ABSENCE FROM ROTATION POLICY:

It is the student’s responsibility to call the scheduled faculty at the rotation sight to report an absence or lateness. Failure to do so will result in a zero (0) for the day which will be factored into the student’s grade. Again, do not relay messages through other students attending the same site. Inform your primary faculty member, Prof. D. Cook, only in the event that you were unsuccessful in contacting the rotation site (follow guidelines set forth under ATTENDANCE POLICY ON CLINIC, ROTATION, AND OFF SITE MEETINGS).

Each student is responsible for her/his transportation to and from any extramural clinical rotation sites. Directions will be provided.

LATENESS

If a student is late for clinic, a ten (10) point deduction will be made from the grade for the day in question.

PATIENT REQUIREMENTS

All students must complete the minimum number of patients listed in the clinical requirements section. In the event that the student does not complete the minimum
number of patients, an "N" will be issued for the course and the student will receive an incomplete. Patient requirements must be met along with OH III course load in order to pass the program.

- All students must complete at least one (1) Type II Severe patient in addition to all other clinical requirements in order to meet course criteria. In the event that the student does not complete a type II Severe patient, an "N" grade will be issued for the course and the student will receive an incomplete. The student must resolve the "N" grade within the next semester as specified by contractual arrangement made with the primary faculty member. Failure to do so will result in an "F" grade and the student is required to repeat the course loads according to BCC guidelines. Students must also complete all OH IV requirements in order to graduate. **Summer clinic is not an option!**

- Each student will schedule a patient to be treated every clinical session beginning Monday September 8 through Monday December 15, 2014. It is the responsibility of the student to secure patients for clinical sessions. Students may see clinic patients previously treated by former students but should not rely on these patients as their sole source of patients. It is **not** the responsibility of the dental hygiene program to provide patients! Be sure to check the appointment schedule in the computer daily.

- Patient requirement progress will be reviewed at five (5) week intervals. Students must keep their Typhon records and EagleSoft provider histories up to date. Information to be included: names and dates of patients treated, therapy rendered, and supportive therapies provided.

- Students must keep a log consisting of: dates, patients treated, services rendered including supportive therapies, and a grade for each case. This log will be provided at the beginning of the semester. Students must keep clinical logs up-to-date. Please keep accurate records with faculty signatures.

- Faculty will be provided individual student folders consisting of the attendance forms. All faculty will enter accurate records of individual evaluations and support therapies in the Typhon system prior to the end of each clinical session. This will allow for a smooth transition for grade review.

- Students will turn in their EagleSoft provider histories, have their Typhon records reviewed, and submit their clinical logs at the end of the semester to receive a final grade for the clinical component of this course.
Students wishing to review their progress may make an appointment with the primary course instructor. Office hours posted on page one (1) of this syllabus and on the office door.

Do not wait until the last possible week or day to fulfill clinical requirements!

**CLINICAL COMPETENCY EVALUATIONS**

Each student will complete three (3) clinical competency evaluations for designated instruments and supportive clinical therapies in five (5) week time intervals. All instrumentation competencies must be completed at a minimum level of 90%. If the student does not achieve 90%, the student must repeat the competency evaluation. If the student does not meet 90% on the second attempt, the student must be evaluated by the primary faculty member. All clinical competencies must be completed by December 5th to receive a passing grade in the clinical component of the course. If competency is not completed and achieved, a zero (0) grade for that section of the evaluation will be given.

Two to three assigned rotated instructors throughout the semester will administer the three (3) clinical competency evaluations. Students are responsible to incorporate clinical competencies into their patient care. Please inform assigned faculty member immediately after medical clearance and prior to intraoral assessments that you would like to be observed. Please have all forms available and accessible for faculty.

The due dates are as follows:

- **Wednesday** October 1, 2014 Students on assigned rotation
- **Friday** October 31, 2014 will be make up competency
- **Monday** November 24, 2014 at the next clinic session.

Attendance is mandatory; make-ups are at the discretion of the primary faculty member.

Instructors are required to complete a full set of competencies for each student that they are assigned to. Students may not switch, trade, or change assigned/rotated instructors. A zero (0) grade will be given for failure to complete and turn in a set of competencies at the required interval date assigned. In the event of school closing due to inclement weather or other emergency, a week’s grace period will be given for both student and faculty to complete competency. Do not wait until the last minute to complete instrument competency requirements!
Students in need of instrumentation review can schedule an appointment with the primary faculty member and/or make arrangements through additional resources. Do not wait until the last minute to express instrumentation concerns.

**CLINICAL JOURNAL**

- As you continue your clinical experiences, keep a weekly journal of clinical observation, challenges, triumphs, and patient interactions.
- Your comments must be a substantial **posting each week**. Please use proper grammar, spelling, and punctuation.
- Refrain from inappropriate language, derogatory comments, and non-clinical issues (example: gossip).
- You will submit one complete journal for the end of the semester on December 12, 2014.
- The clinical journal will constitute 10% of the clinical portion of the course grade. **Five percent will be for the weekly postings and five percent for the final journal.**

**OTHER CLINICAL POLICIES**

- Have all clinical requirements turned in to the primary faculty member by Monday, December 15, 2014. Otherwise, a course grade of “N”, incomplete or “F”, failure will be issued for the semester and a full course grade will not be issued until January 2015. (Refer to student manual on school policy for Progression/Appeal requirements for further clarification.)

- The Commission on Dental Accreditation (CODA) maintains that students must have a minimum number of hours providing patient care. This curriculum meets the minimum number of hours. If a student does not meet the minimum number of hours due to absence, lack of patient requirements, lateness and/or leaving clinic early, and/or missed rotations, an “N” of “F” grade must be given for the clinical component of the course. Resolution of “N” grades through clinical “make-ups” can only occur with student’s legitimate documentation indicating extenuating circumstances.

- The student may be permitted to attend pinning and commencement exercises but **must** complete the designated clinical hours prior to becoming eligible for board examinations.

**CLINIC MANAGER**
Each student will be assigned as clinic manager on a rotating basis. The clinic manager will act as the manager during the entire clinic session. Responsibilities include but are not limited to: collecting fees, retrieval of telephone messages, pulling /filing of charts, making new patient folders, distributing supplies, making appointments, and closing clinic. For a complete description of duties, please see the Power Point “Oral Hygiene III Orientation, 2014” distributed via DHY 220 class in July 2014.

On the day you are assigned as clinic manager do not schedule a patient. **Students may not switch, trade, or alter clinic manager assignments in any way. Plan accordingly!**

**CLINICAL CLEARANCE**

Clinical clearance will be issued on Wednesday, December 17, 2014. Students must remove all personal items, expired materials, and sharp’s containers (if full) from their unit. In addition, students must present hand piece numbers/names for cross-referencing, locker numbers, any additional instruments/hand pieces on loan, radiation badges, and inactive and/or terminated patient charts. All provider histories in Eaglesoft will be reviewed and each student will be responsible for entering/correcting their provider history. Once completed, students must pick up all instrument cassettes, XCP holders, cavitron tips, and hand pieces prior to winter recess.

Clinical grades will **not** be issued until this clearance is completed. Students have until **December 19, 2014 at 12:00 noon** to complete the final check out process. If any students fails to complete the process, an “**N**” (incomplete) grade will be issued.

**PROFESSIONAL JUDGEMENT**

- Attendance in class and clinic
- Punctuality
- Appropriate conduct and decorum at all times
- Attendance at professional meetings
- Participation in class and clinical sessions
- Compliance with Infection Control Policies (refer to Clinic Manual & Student Handbook)

**MEDICAL CLEARANCE**

All medical records must be complete and up-to-date. If notification is received from the medical office that a student record is not complete, the student will not be permitted to attend clinical sessions / rotations.
PROGRESSION REQUIREMENTS

- A student must complete the Dental Hygiene Program within **four (4) consecutive years** from enrollment in the Dental Hygiene Program.

- All dental hygiene students who are withdrawing “W” from a Dental Hygiene Course (DHY) or have received a failing “E” or “F” grade in any course MUST NOTIFY the Dental Hygiene Department Chair in writing within 14 days from the end of the semester about their intention to repeat the course, if eligible.

- A third semester student who receives an (E or F) or withdraws (W) from DHY 204, DHY 206, DHY 207, or DHY 219 but successfully completes DHY 202 will be allowed to repeat DHY 204, DHY 206, DHY 207 or DHY 219 ONLY if they audit the DHY 202 course concurrently. A student who has two failures or withdrawals in the same DHY course may not be permitted to continue in the program.

- A third semester student who receives an (E or F) or withdraws (W) from DHY 202 must complete DHY 210 prior to re-enrolling in DHY 202. A student who has two failures or withdrawals in the same DHY course may not be permitted to continue in the program.

- All core DHY courses **MUST** be taken in sequential order within the Bergen Community College Dental Hygiene Program. **NO** DHY courses may be transferred or taken at any other dental hygiene program.

- Any fourth semester student who has not completed a minimum of 50% of their clinical requirements by March 15th, will **NOT** be eligible to sit for the clinical exam, American Dental Hygiene Licensing Examination (ADHLEX).

- General science and education pre and co-requisites must be fulfilled as listed in the course sequence of the college catalog and program brochure.

- It is the responsibility of the individual student to review the pre and co-requisites for each course prior to registration.

- All core DHY courses are co-requisites for each other during every semester of the dental hygiene program.

- All students who are requesting a Leave of Absence must apply in writing to the Dental Hygiene Department Chair for consideration. If granted, all other policies still apply.

**Course Grade Appeal Policy**
Bergen Community College’s appeal policy states:

1. A student raising a complaint or concern about a course grade may discuss the matter with the individual faculty member no later than the first two weeks of the semester, immediately following receipt of the grade.

2. If the grade appeal is not resolved, the student may bring the matter to the appropriate department head within two weeks of discussion with the instructor.

3. The department head will investigate the appeal and attempt to resolve the matter as expeditiously as possible. The department head will notify the student either in writing or orally of the result.

4. If the appeal is not resolved, the student may put the appeal in writing, attaching copies of any supporting information and send it to the appropriate divisional dean within two weeks of hearing from the department head.

5. The divisional dean may consult other faculty in the discipline and the department head and may choose to meet with the student. The dean will notify the student in writing of the resolution. A grade appeal is sometimes a lengthy process and may take several weeks to resolve at this stage. Every effort will be made to notify the student within one month.

6. After receipt of the dean’s written response, a student may continue the appeal process by writing to the Academic Vice President. The student should attach copies of all previous correspondence regarding the appeal and copies of supporting documentation.

7. The Academic Vice President will consult all parties involved in the appeal process and may choose to meet with the student. Grade appeals may also take several weeks to resolve at this stage.

8. The Academic Vice President will notify the student in writing of the results of the appeal. Every effort will be made to notify the student within one month.

ACADEMIC CONDUCT

The Dental Hygiene Faculty adheres to the policy statement governing academic conduct as outlined in the Bergen Community College Catalog.

Faculty may not post exam grades due to privacy laws.
Faculty members reserve the right to delay the return of exam grades until all students have taken the exam and faculty review of the exam has been completed.

Cheating, plagiarism, and unethical behavior will **NOT** be tolerated. Any student who has exhibited any of the above behaviors will be disciplined according to college procedures.

Excessive talking will not be tolerated in the classroom! The disruptive student(s) will be told to leave the classroom promptly. Missed classroom information and materials can be obtained from a fellow student and not through the instructor /professor.

No discussions are permitted once students are seated for an examination. Faculty may dismiss a student who chooses not to comply with this policy.

Students are expected to behave as college adults. Follow the golden rule: treat others as you would have them treat you. In other words: have respect for others, speak courteously to others, and if a disagreement arises, **QUIETLY** attempt to resolve the issue with the party involved. If the disagreement/concern is in relation to a grade, arrange an appointment with the primary faculty member.

**ACADEMIC HONESTY**

A student must always submit work that represents his or her original words or ideas and complete all in class assessments (tests quizzes, etc.) without any collaboration. If any words or ideas are used that do not represent the student’s original words or ideas, the student must cite all relevant sources.

Academic dishonesty could involve: having a tutor or friend complete a portion of your assignments or make extensive revisions to an assignment, copying work submitted by another student, using information without proper citation, and/or viewing/copying another’s answers during any in class assessments.

Failure to adhere to this policy will result in a grade of zero for the assessment in question (assignment, tests, quizzes, etc.)

**DRESS CODE**
As a developing health care professional, your image is very important. Your interaction with colleagues, patients, and other health care professionals is not only verbal but may be based on appearance, body language, tone of voice, etc.

Often your image is based on first impressions. No shorts, lycra, spandex or body wear are permitted to be worn during clinic or lab sessions.

Hair must be off the face and collar and long nails/nail polish are not acceptable. Nails that extend beyond the fingertip are prime locations for bacteria.

Jewelry is to be kept to a minimum. A watch and plain wedding are band acceptable. Engagement rings, etc should be left at home. You will be asked to remove it and the faculty will not be responsible for lost or misplaced jewelry. All students are expected to adhere to these protocols during dental hygiene clinical and pre-clinic periods as well as at all rotation sites.

One (1) small earring in each ear is permitted. Body art (tattoos) must be covered. Visible body piercing(s) must be removed during dental hygiene clinical and rotation site periods.

Males: facial hair must be trimmed and neat

Attendance at professional conferences requires a professional appearance. NO jeans, sneakers, or casual wear are acceptable. The colleagues you meet now may be potential employers later. Building a professional image is essential. Remember, you never get a second chance to make a first impression!

NO jeans, sweatshirts/pants, spandex, or inappropriate attire may be worn during any clinical, pre-clinical, laboratory, or rotation sessions!

**UNIFORMS**

Uniform scrubs must be worn during all pre-clinical sessions and regulation lab jackets must be worn during all laboratory sessions. Clinical uniforms and lab coats must be cleaned and pressed (unless disposable) prior to each session.

No modifications of the clinical uniform are permitted. This includes but is not limited to turtlenecks, t-shirts, and tank tops under the scrub top. This is for all on campus clinical as well as off campus rotation sites including but not limited to: Paterson Public Schools,
St Joseph’s Hospital Family Dental Center, and Alpine Learning Center.

- White rubber sole closed (covering toes/heels) shoes or white heel covering clogs must be worn. Sneakers, white leather or canvas Keds with laces, and high heels are NOT acceptable. White hose or white or khaki color trouser socks are to be worn. Sweatsocks/slouch socks, colored socks, ankle or sport socks are unacceptable. Failure to adhere to the required dress code will result in severe penalty and/or dismissal from the clinical session, lab session, and/or rotation site.

- **Uncovered scrubs must not be worn outside of clinic.** Do not wear any clinic attire while traveling to the college. All students must change into clinical attire upon arrival to the clinic or clinical rotation and change at the end of the session. **In addition, NO UNIFORMS, SCRUBS, OR OTHER SUCH WORK RELATED ATTIRE may be worn to classes, labs, or clinic. It is an infection control violation!**

- A regulation monogram MUST be visible on the left side of the uniform during all clinical sessions. The monogram must also be visible during external rotations.

- Hair should be pulled back away from the face and should not hang over the shoulders. No elaborate hair fasteners or hair bands are permitted. Only white, black, or tortoise shell bands, combs, etc. are permitted.

- Isolation gowns must be worn when treating partners and patients. Avery name tags must be purchased and worn on isolation gown.

- Make up, when worn, must be applied subtly. NO fragrances are to be worn during clinical, lab, or rotation sessions.

**GENERAL CLINIC POLICIES**

- **Children under eighteen (18) years of age must be attended to by an adult or guardian in the reception room of the clinic** when a parent or other child/children are seen as patients in the dental clinic.

- **SENIOR CITIZENS SUFFERING FROM SENILE DEMENTIA AND/OR ALZHEIMERS DISEASE MUST** be attended to by an adult or guardian in the reception room of the clinic when the primary care giver is seen as a patient in the dental clinic.

- Students must terminate a patient at the appropriate check out time of **11:30am** and dismissal time of **11:45am for am clinic and** at the appropriate check out time of **4:00pm** and dismissal time of **4:15pm for pm clinic.** School policies explain the safety and legal ramifications of non-adherence to this policy.
In the event of a fire drill, students and patients must **immediately** exit the building at designated sites. Know where these exits are and assist fellow colleagues and patients out of the building. (Lost classroom/clinical time will be factored into the course evaluation).

Students are accountable for themselves. Instructors will not address academic or program related issues with anyone other than the student who is registered for the course. Parents or significant others shall **not** be included in discussions related to any of these issues.

**SERIOUS ILLNESS, INJURY, OR PREGNANCY**

A student in the Dental Hygiene Program who sustains a serious illness or injury or becomes pregnant must present written medical permission to attend classes and clinical practice at the time of resuming studies. Pregnant students must provide the Dental Hygiene department chair and clinical coordinator with written permission to participate in radiology and clinical courses. The college medical office and the course instructor must also receive copies of this medical clearance.

Pregnant students must wear a fetal monitor badge in addition to a radiology badge during all clinical and laboratory sessions. A due date must be noted in writing by the attending physician. Please consult with the department chair or clinical coordinator for more information and necessary forms.

Your good health is essential to the practice of dental hygiene. In order to successfully complete the program and establish your career, full participation in all areas of practice is required regardless of medical conditions.

**ABSENCE OF INSTRUCTOR**

From the college catalog: students are expected to wait 20 minutes for a faculty member to come to class.

If at the end of 20 minutes the faculty member does not come, the students should sign an attendance sheet which indicates course, date, and time. One student should delivery the attendance sheet to the dental hygiene office.

Students cannot be penalized by faculty for not waiting longer than 20 minutes.
PATIENT CONFIDENTIALITY

- All students will sign a confidentiality form at the beginning of the fall semester and comply with all protocols regarding patient confidentiality.

- NO copying of any patients files by any means, electronic or otherwise is permitted at any time. This includes but is not limited to copying via cell phone, IPOD, or any other photographic capable device.

COURSE ACKNOWLEDGEMENT FORM

- All students must carefully review the information stated in this course outline and sign the course acknowledgement form. This acknowledges that you reviewed and understand the requirements, evaluation methods, and policies of the course.

- A copy will be kept in the student folder and the student will keep a copy.

- All course acknowledgement forms will be signed and returned by Friday, September 5, 2014.

PATIENT CLASSIFICATIONS 2013-15

Periodontal Classification

Patient Classifications

I. Gingival Diseases

   A. Dental plaque-induced gingival diseases
   
   B. Non-plaque-induced gingival lesions

II. Chronic Periodontitis

   Characteristics:

   1. Commonly seen in adults over 35 years of age but can occur in children and adolescents
   2. Initiated and continued by plaque but the host response plays an essential role in its pathogenesis. It can be modified by other factors, especially cigarette smoking.
4. Bone loss may be evident on radiographs.

**Attachment Loss Classification**

**Slight:** 1-2 mm CAL

**Moderate:** 3-4 mm CAL;

**Severe:** > 5 mm CAL

- Mobility +1 (less than one mm B-L), +2 (1-2mm B-L), +3 (more than 2mm B-L or depressible in the socket), Furcation involvement ^ (1), Δ (2) ▲ (3), or ◊ (4)
- 50-100% bone loss

**Location**

A. Localized

B. Generalized (> 30% of sites are involved)

**III. Aggressive Periodontitis**

**Characteristics:**

1. Rapid destruction of the attachment and rapid loss of supporting bone.
2. No obvious signs or symptoms if systemic disease
3. Other family members with aggressive periodontitis
4. Lack of clinical signs of disease
5. Probing depths reveal deep pockets on affected teeth
6. Poor response to periodontal therapy
7. Episodic disease progression – occurs in acute destructive phases with intermittent inactive phases.

**Attachment Classification**

**Slight:** 1-2 mm CAL

**Moderate:** 3-4 mm CAL;

**Severe:** > 5 mm CAL

- Mobility +1 (less than one mm B-L), +2 (1-2mm B-L), +3 (more than 2mm B-L or depressible in the socket), Furcation involvement ^ (1), Δ (2) ▲ (3), or ◊ (4)
- 50-100% bone loss

**Location**

A. Localized

B. Generalized (> 30% of sites are involved)
For Initial Prep and Treatment Plan
Classify based on probe depths only

Deposit Classification

Type A supra-gingival calculus on up to six teeth, light diffuse stain

Type B supra-gingival calculus on seven to ten teeth or sub-gingival calculus on up to six teeth or moderate to heavy stain

Type C supra-gingival calculus on eleven or more teeth or sub-gingival calculus on seven to twenty teeth

Type D sub-gingival calculus on more than twenty teeth

Deposits will also be classified as light, moderate, or heavy

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM (ASA I-VI)

ASA I - Patients are considered to be normal and healthy. Patients are able to walk up one flight of stairs or two level city blocks without distress. Little or no anxiety.

ASA II - Patients have mild to moderate systemic disease or are healthy ASA I patients who demonstrate a more extreme anxiety and fear toward dentistry. Patients are able to walk up one flight of stairs or two level city blocks, but will have to stop after completion of the exercise because of distress. Examples: History of well-controlled disease states including non-insulin dependent diabetes, prehypertension, BP: 140-160 systolic, and/or 90-94 diastolic, epilepsy, asthma, or thyroid conditions; ASA I with a respiratory condition, pregnancy, and/or active allergies. Smokers are also in this classification. May need medical consultation.

ASA III - Patients have severe systemic disease that limits activity, but is not incapacitating. Patients are able to walk up one flight of stairs or two level city blocks, but will have to stop enroute because of distress. Examples: BP 160-200 systolic and/or 94-114 diastolic, History of angina pectoris, myocardial infarction, or cerebrovascular accident, congestive heart failure over six months ago, slight chronic obstructive pulmonary disease, and controlled insulin dependent diabetes or hypertension. Will need medical consultation.

ASA IV - Patients have severe systemic disease that limits activity and is a constant threat to life. Patients are unable to walk up one flight of stairs or two level city blocks. Distress is present even at rest. Patients pose significant risk since patients in this category have a severe medical problem of greater importance to the patient than the planned dental treatment. Elective dental care should be postponed until such time as the patient's medical condition has improved to at least an ASA III classification. Examples: History of unstable angina pectoris,
myocardial infarction or cerebrovascular accident within the last six months, severe congestive heart failure, moderate to severe chronic obstructive pulmonary disease, and uncontrolled diabetes, hypertension, epilepsy, or thyroid condition. If emergency treatment is needed, medical consultation is indicated.

**ASA V**- End stage, Patient is moribund and not expected to survive more than 24 hours

**ASA VI**- Clinically dead patients being maintained for harvesting of organs

### CLINICAL PATIENT REQUIREMENTS

+ Minimum number of patients is **twenty-eight (28)**

<table>
<thead>
<tr>
<th>PATIENT CLASSIFICATIONS</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERIO</strong> CASE VALUE DEPOSITS</td>
<td></td>
</tr>
<tr>
<td>Type I A</td>
<td>3</td>
</tr>
<tr>
<td>Type I B</td>
<td></td>
</tr>
<tr>
<td>Type II B slight C</td>
<td>8</td>
</tr>
<tr>
<td>Type II C moderate D</td>
<td>6</td>
</tr>
<tr>
<td>Type II A or B perio maintenance moderate</td>
<td>6</td>
</tr>
<tr>
<td>Type II C Severe D</td>
<td>1</td>
</tr>
<tr>
<td>Type II A or B severe perio maintenance</td>
<td>1</td>
</tr>
<tr>
<td>Pediatric / Alpine</td>
<td>2</td>
</tr>
<tr>
<td>Adolescent</td>
<td>1</td>
</tr>
</tbody>
</table>

### SUPPORTIVE THERAPIES

<p>| Oral Irrigation | 3 |</p>
<table>
<thead>
<tr>
<th>Service</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Polishing</td>
<td>2</td>
</tr>
<tr>
<td>Alginate Impressions</td>
<td>2 complete sets</td>
</tr>
<tr>
<td>Intra-Oral Photographs</td>
<td>4</td>
</tr>
<tr>
<td>Denture/Appliance Care</td>
<td>2</td>
</tr>
<tr>
<td>Ultrasonic Instrumentation</td>
<td>6</td>
</tr>
<tr>
<td>Periodontal dressings</td>
<td>1</td>
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<tr>
<td>Sealants</td>
<td><strong>Minimum</strong> of 20</td>
</tr>
<tr>
<td>Mouthguard</td>
<td></td>
</tr>
<tr>
<td>Homecare Therapies</td>
<td>2</td>
</tr>
<tr>
<td>Fluoride Therapies</td>
<td>6</td>
</tr>
<tr>
<td><strong>RADIOGRAPHS</strong></td>
<td></td>
</tr>
<tr>
<td>Full Mouth Series (traditional)</td>
<td>2</td>
</tr>
<tr>
<td>Bite Wing Series (traditional)</td>
<td>5</td>
</tr>
<tr>
<td>Panorex</td>
<td>1</td>
</tr>
<tr>
<td>Digital BWX</td>
<td>1</td>
</tr>
<tr>
<td>Digital FWX</td>
<td>1</td>
</tr>
<tr>
<td><strong>INSTRUMENT COMPETENCIES</strong></td>
<td>3 sets at 90% competence</td>
</tr>
<tr>
<td>Instrument Sharpening</td>
<td>2</td>
</tr>
</tbody>
</table>

Type **A** supra-gingival calculus on up to six teeth, light diffuse stain

Type **B** supra-gingival calculus on seven to ten teeth or sub-gingival calculus on up to six teeth or moderate to heavy stain

Type **C** supra-gingival calculus on eleven or more teeth or sub-gingival calculus on seven to twenty teeth

Type **D** sub-gingival calculus on more than twenty teeth

  + **subject to change**
<table>
<thead>
<tr>
<th>Clinical Pt Care Days</th>
<th>Competencies for Entry into the Profession of Dental Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 3 to Dec 15, 2014 Mon, Wed, Fri</td>
<td>C. 1-5, C. 7-13, HP. 1-6, CM. 2-4, CM. 7, PC. 1-13, PGD. 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workshop Days</th>
<th>Workshop:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 3</td>
<td>syllabus &amp; clinic protocols</td>
</tr>
<tr>
<td></td>
<td>assign lockers, assign &amp; set up the units</td>
</tr>
<tr>
<td></td>
<td>prepare instruments for sterilization</td>
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<tr>
<td></td>
<td>ck/enter rotations and clinic manager in Eaglesoft</td>
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<tr>
<td>Sept 5</td>
<td>Learn/review entering patient treatment completed and provider history reports, entering medical histories, charting,</td>
</tr>
<tr>
<td></td>
<td>Learn/Review Nabor's Probe</td>
</tr>
<tr>
<td></td>
<td>Learn/Review ProphyJet, Panorex, digital radiographs</td>
</tr>
<tr>
<td></td>
<td>Learn Nevi Posterior Scaler, Gracey 17/18, Gracey 11/12, Sub 0 Vision Curvette</td>
</tr>
<tr>
<td>Sept 9</td>
<td>Orascoptic Workshop</td>
</tr>
<tr>
<td>Nov 12</td>
<td>HuFriedy Advanced Instrumentation Workshop</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
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<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 9/2     | Periodontal Maintenance  
Advanced Instrumentation  
Bring typodont and dull instruments to class | D & H 31, 9, 10  
N 17, 18, 21, 24 | C 1-5, 7, 9, 10, HP 5-6  
PC 1-3, 5-8, 13 |
| 9/9 *   | Preadolescent to Post-Menopausal Pt Life Stages  
Orascoptic ON CAMPUS | Wilkins 51 (48)  
D & H 11 | C 1-3, 5, 7, 10, 12 |
| 9/16 *  | Orthodontic Pt. Cleft Lip & Palate | Wilkins 30(28)  
50(47) | C 1-3, 5, 7, 10, 12-13  
HP 2-6, PC 7 |
| 9/23    | Clinical Review Test #1 |                  |                                                  |
| 9/30*   | Oral Rehabilitation, Post Surgical Oral Rehabilitation, Implants | Wilkins 54 (51)  
Wilkins 32 (30)  
N 25 | C 1-5, 7, 9, 10, 12  
HP 2-6  
PC 2-3, 6-8, 11-13 |
| 10/7*   | Mental and Emotional Disorders Anxious/Phobic Pt | D & H 45  
D & H 40 | C 1-5, 7, 9, 10, 12-13  
HP 2-6  
PC 2-4, 6-8, 13 |
| 10/14   | Pt. with Cancer | D & H 48  
Wilkins 55 (52) | C 1-5, 7, 9, 10, 12-13  
HP 2-6  
PC 2-4, 6-8, 13 |
| 10/21   | Clinical Review Test #2 |                  |                                                  |
| 10/28   | All Day Faculty Conference | NO Class, lab, or clinic |                                                  |
| 11/04*  | Pts with Physical Impairments Neurological Impairments | Wilkins 58 (55)  
D & H 44 | C 1-5, 7, 9, 10, 12-13  
HP 2-6  
PC 2-4, 6-8, 13 |
| 11/11*  | Care of Pts with Physical Disabilities | Wilkins 56 (53)  
57 (54) | C 1-5, 7, 9, 10, 12-13  
HP 2-6  
PC 2-4, 6-8, 13 |
| 11/18*  | Sensory Compromised Pt Review for Final Exam Special Needs Written Project Due | Wilkins 59 (56) | C 1-5, 7, 9, 10, 12-13  
HP 2-6  
PC 2-4, 6-8, 13 |
| 11/25   | Final Examination – Cumulative | Report at 8:30am |                                                  |
| 12/2*   | No Class – Greater New York Dental Convention | C 6 & 7, PGD 1 & 3 |                                                  |
| 12/9    | Special Needs Project Presentation | C3, 7, 8, 10, HP 1, 2, 4  
CM 1, 2, 4, 7 PGD 3 |                                                  |
| 12/16   | Special Needs Project Presentation | C3, 7, 8, 10, HP 1, 2, 4  
CM 1, 2, 4, 7 PGD 3 |                                                  |

**ONLINE DAY**

**THIS COURSE SYLLABUS IS SUBJECT TO CHANGE**
BERGEN COMMUNITY COLLEGE

DENTAL HYGIENE DEPARTMENT

DHY-202-OH III

Student Acknowledgement

I, ________________________________ have read and understood the syllabus for DHY-202 Oral Hygiene III and agree to abide by the protocols and requirements set forth in this syllabus, in the Dental Hygiene Student Handbook, in the Dental Hygiene Clinic Manual, and in the Bergen Community College Catalog.

___________________________  _______________________________
Deborah A. Cook, RDH, BS, MAEd  Student Signature / Date

Academic Department Chair
Associate Professor, OH III & IV and Enhanced Clinical Techniques
Faculty Signature