



DENTAL HYGIENE DEPARTMENT

STUDENT COURSE OUTLINE

SPRING

COURSE TITLE: DHY 203 – ORAL HYGIENE – IV
4 CREDITS - 1 HOUR LECTURE, 12 HOURS CLINIC

COURSE TIME: LECTURE: TUESDAY 8:25-9:15am and 9:25 – 10:15am, Room HP 325
CLINICS: MONDAY, WEDNESDAY, FRIDAY
8:15am -12:15pm, 1:00pm - 5:00pm Room HP 107

INSTRUCTOR:

OFFICE HOURS

Prerequisites: DHY 200, DHY 202, DHY 204, DHY 205, DHY 206, DHY 207, DHY 219, DHY 220

Co-requisites: DHY 214, DHY 216

Course Description

The primary focus of this course is to prepare the student to make the transition from school to real world dental hygiene practice. Through lecture, interactive sessions, and hands-on experiences, the student will be exposed to a variety of career opportunities.

Ethics, Jurisprudence, State Practice Acts/Licensure/Regulations will be integrated throughout the course. Emphasis will be also be placed on health care delivery systems, dental hygiene practice management, job search, resume writing, and interview process as well as professional networking.

The clinical component of the course will focus on fine sharpening (fine tuning) clinical skills, incorporating advanced clinical therapies, alternative therapies/medicines, and strengthening time management skills to prepare the students for any dental hygiene practice setting.

Course Objectives

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

1. Create and implement a treatment plan including evaluation and maintenance for the periodontally involved patient.
2. Define and differentiate between root debridement and root planing.
3. Develop and implement a dental hygiene plan for patients with mental health disorders.
4. Define and differentiate the types of local anesthetics, discuss their integration and effects on patient care, and recognize possible adverse reactions to local anesthetics.
5. Develop and implement a dental hygiene plan for patients with eating disorders.
6. Discuss, demonstrate, and implement advanced instrumentation techniques.
7. Integrate non-surgical periodontal therapies into general practice settings.
8. Discuss career opportunities for the dental hygienist.
9. Compare and contrast emerging oral healthcare delivery systems.
10. Incorporate ethical decision making into dental hygiene practice.
11. Develop and institute practice management strategies for the dental hygiene area of a dental practice.
12. Design and implement a dental hygiene recall system.
13. Discuss and understand Dental Hygiene Code of Ethics.
14. Create a resume and demonstrate interviewing skills.
15. Develop a professional network to enhance dental hygiene practice.
16. Compare and contrast dental hygiene state practice acts in 50 states, with special emphasis on interpreting and understanding New Jersey dental hygiene practice acts.
17. Implement teaching strategies used in dental hygiene clinical education through case studies.

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, (2111),
Competencies for Entry into the Profession of Dental Hygiene

Textbooks

Beemsterboer, Phyllis, Ethics and Law in Dental Hygiene, 2nd edition, W. B. Saunders Co, 2010, St. Louis

Daniel, S. J., Harfst, S. A., and Wilder, R. S., Dental Hygiene: Concepts, Cases, and Competencies, second edition, Mosby, 2008, St. Louis, MO

Darby, M. and Walsh, M., Dental Hygiene Practice and Theory, W. B. Saunders, 4th edition, 2014, Philadelphia

Hodges, Kathleen, Concepts in Non-surgical Periodontal Therapy, 1st edition, Delmar, 1998, Albany

Malamed, S. (2004), Handbook of Local Anesthesia, 5th edition, St. Louis, MO, Elsevier Mosby, Inc.

Nield-Gehrig, J. S., Fundamentals Of Periodontal Instrumentation, Lippincott, Williams & Wilkins, eighth edition, 2016, Philadelphia

Wilkins, E. M., Clinical Practice Of The Dental Hygienist, Lippincott, Williams & Wilkins, twelfth edition, 2017, Philadelphia

Supplemental Texts

Darby, M., Mosby's Comprehensive Review of Dental Hygiene, Elsevier, 7th edition, 2011, Philadelphia

Davidson, Judith, Legal and Ethical Considerations for Dental Hygienists and Assistants, Mosby, 2000, St. Louis

Langlais, R. P. & Miller, C. S., Color Atlas of Common Oral Diseases, Lippincott, Williams, Wilkins, fifth edition, 2016, Philadelphia

Laskaris, G., Pocket Atlas of Oral Diseases, 2nd edition, Thieme, 2006, NY

Newman, M. G., Takei, H. H., & Carranza, F.A., Carranza's Clinical Periodontology, twelfth edition, W. B. Saunders Co., 2014, Philadelphia

Perry, D. A. & Beemsterboer, P. L., Periodontology for the Dental Hygienist, third edition, W. B. Saunders Co., 2007, St. Louis, MO

Thomson, E. V., Case Studies in Dental Hygiene, second edition, Pearson Prentice Hall, 2009, Upper Saddle River, NJ

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

Additional Resources

Access	America Academy of Periodontology
American Dental Education AssocBCC	Dental Hygiene Student Manual
British Dental Journal	Compendium of Continuing Education
Contemporary Oral Hygiene	Dental Clinics of North America
Dentistry Today	Dimensions of Dental Hygiene
Journal of Allied Health	Journal of the American Dental Assoc
Journal of Dental Education	Journal of Dental Hygiene
Journal of Dental Research	Journal of Dentistry of Children
Journal of Oral Pathology	Journal of Periodontology
Journal of Practical Hygiene	Journal of Public Health Dentistry
New England Journal of Medicine	RDH Magazine

www.adea.org

www.adha.org

www.ada.org

www.colgate.com

www.dentalcare.com

Course Evaluation

DIDACTIC 40%

Clinical Reviews (2)		40%
Cumulative Final Exam		30%
Assignments		10%
Ethics Project/Paper	Due	10%

Class Participation 5%

Board Review Participation 5%

Criteria for Presentation of Ethics Project: 1. Selection & Research of Topic
2. Oral Presentation of Topic
3. Written Discussion & Format of Topic

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 60%

Patient Care 60%

Instrument Competencies (100% skill level) 10%

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 with professional integrity upheld to the highest standards that our profession commands!

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 in order to succeed. This will encompass completion of all clinical requirements, including at least one Stage IV patient, in order to graduate. If more than one area, whether didactical or clinical, is deficient (below 75), the student will not be able to take an incomplete and will result in a failure. 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 IV

CLINICAL REVIEWS AND FINAL EXAMINATION:

- ❖ Two (2) clinical reviews and a cumulative final exam will be given per the course outline on pages thirty-one (31) to thirty-two (32). 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.
- ❖ In the event of inclement weather, access the college website at www.bergen.edu and a window will appear with either delayed opening or school closing information. You can listen to 1010WINS School Closing Center or access their web site at <http://www.1010wins.com> . You may also try local television stations such as News 12 New Jersey. If you call the main campus at (201) 447-7100 you may receive information but do not rely on telephoning the college during periods of inclement weather/other emergencies.
- ❖ In addition, abide by the clinic/rotation closings or delayed openings as outlined in the Power Point, OH IV re-orientation, posted in OH III, in _____ and posted in OH IV Moodleroom.

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

- ❖ Attendance is mandatory at all examinations / tests and all online quizzes/board reviews. 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 zero (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 incomplete online quiz/board review, a ten point deduction will be made from the board review 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 IV

Criminal Background Checks and Fingerprinting

- ❖ The Joint Commission on Accreditation of Healthcare (JACHO), 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, Adam Safeguard or 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 Adam Safeguard or 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 spring semester of OH IV. In the event that a student has more than three (3) clinical absences, an **INC** (incomplete) grade will be issued and the student will be required to repeat OH IV.
- ❖ If a student is absent, 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.
2. Program Academic Dept Chair: Prof.
3. Primary faculty member assigned to the particular clinic
4. Department Administrative Assistant:

To report an absence, please email Professor _____ at _____ or call (201)-----
-. After 9:00am notify the department Administrative Assistant, at (201)447-7937 in addition to notifying Professor _____.

- ❖ **Have BCC contact numbers (faculty, staff, students, patients, etc.) available at all times and utilize chain when necessary!**
- ❖ **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.

- ❖ Be sure to have your patient's name and telephone number with you at all times in the event of inclement weather. It is each student's responsibility to contact their patient in the event the campus and clinic will be closed!

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 ANY PATIENT SESSION IN OH IV!**
- ❖ 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 and make appropriate use of the clinic time. It is your responsibility to make every attempt to secure another patient from the campus during this time. The cancellation form in Typhon will be completed by the faculty assigned to that student and it becomes part of the student's evaluation/grade.

ABSENCE FROM ROTATION POLICY:

- ❖ It is the student's responsibility to notify the scheduled faculty at the rotation site 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, in addition to 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 professionalism grade for the day in question as well as from the patient care grade for that day.

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 **“INC”** will be issued for the course and the student will receive an incomplete. Patient requirements must be met along with OH IV course load in order to pass the program.
- ❖ All students must complete at least **one (1) Stage IV** patient in addition to all other clinical requirements in order to meet course criteria. In the event that the student does not complete a Stage IV patient, an **“INC”** grade will be issued for the course and the student will receive an incomplete. The student must resolve the **“INC”** grade in the following fall 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 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 Friday, _____ through Wednesday, _____.
- ❖ 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 an eight week interval. Students must keep their Typhon records, EagleSoft provider histories, and clinic logs up to date. Information to be included: names and dates 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 names printed and beginning and end of treatment dates recorded.
- ❖ 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 and have their Typhon records reviewed 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!**

SERVICE LEARNING REQUIREMENTS

- ❖ Each student is required to complete forty (40) hours of Service Learning during the two years of the dental hygiene program.
- ❖ A minimum of twelve hours of clinical patient care at off campus rotations sites (Kindersmile and/or Paterson, EPIC and/or Alpine, and St. Joseph's Hospital) must be completed each semester.
- ❖ A minimum of three hours of lecture/presentation must be completed each semester. This may include one hour of patient education at a preschool or Head Start program, one hour of patient education during the Special Needs Project presentation, and one hour of patient education during the Self-Initiated project presentation. Other presentations can be submitted to the primary faculty member for approval of Service Learning Credits.
- ❖ Participation in events such as Special Olympics, Walk-a-Thons, Colgate Bright Smiles, and Give Kids A Smile day will also be credited towards Service Learning.
- ❖ At least **ONE** experience must be initiated by the student; the Self-Initiated Project.
- ❖ In addition, a written reflection piece must be submitted by the student for each experience. Reflection should include: who the audience was, when and where the presentation/experience was, what you presented or did, how it was received, and how it impacted you.
- ❖ Pending institution of additional rotation sites, this policy is subject to change.

CLINICAL COMPETENCY EVALUATIONS

- ❖ Each student will complete three (3) clinical competency evaluations for designated instruments in three to four (3-4) week time intervals. All instrumentation competencies must be completed at a minimum level of 95-**100%**. If the student does not achieve 100%, the student must be remediated by the faculty member who issued the grade. If remediation is not successful, the student must be evaluated by the primary faculty member. All clinical competencies must be completed by _____ 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 is obtained that you would like to be observed. Forms will be distributed to your assigned faculty.**

- ❖ The due dates are as follows:

Friday	_____	Students on assigned rotation
Monday	_____	will make up competency
Wednesday	_____	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).
- ❖ **Half of the journal grade (5%) will consist of your weekly postings and/or answers to questions.**
- ❖ You will submit one complete journal for the end of the semester on _____.
- ❖ The final clinical journal will constitute the other half (5%) of the clinical portion of the course grade for a total of 10%.

OTHER CLINICAL POLICIES

- ❖ Have all clinical requirements completed by Wednesday, _____ and submitted to the primary faculty member on Monday, _____. Otherwise, a course grade of **"INC"**, incomplete or **"F"**, failure will be issued for the semester and a full course grade will not be issued until Fall of _____. (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"** or **"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.

CLINICAL CLEARANCE

- ❖ Clinical clearance will be issued on Monday, _____, beginning at 8:30am. Students must present hand piece names/numbers for cross-referencing, unit numbers, locker numbers, any additional instruments/hand pieces on loan, radiology badges, chart audit forms, and inactive and/or terminated patient charts. Students must empty and thoroughly clean their respective units and lockers and pick up all instruments, cavitron tips, XCP holders, and hand pieces prior to completion of spring semester. Students have until **Monday, _____ at 12:00 pm** to complete the final check out process.

- ❖ Clinical grades will **not** be issued until this clearance is completed. 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 student manual)

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 and/or rotation sessions.

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.
- ❖ Any fourth semester student who has not completed a minimum of 50% of their clinical requirements by March 6th, will **NOT** be eligible to sit for the clinical exam, CDCA/NERB (Commission on Dental Competency Assessments / Northeast Regional Board Exam).
- ❖ A fourth semester student who receives a failure (E or F) in Nutrition, DHY 214 and/or COH II, DHY 216 but successfully completes DHY 203 will be allowed to repeat DHY 214 and/or DHY 216 **ONLY** if they register for the DHY 210 course concurrently. If a student fails any two dental hygiene courses (either the same course or any two dental hygiene courses throughout the curriculum) they will not be permitted to continue in the dental hygiene program.
- ❖ A fourth semester student receives a failure (E or F) in DHY 203 in the spring semester, will be required to register for the DHY 210 course, in the fall prior to re-enrolling in DHY

203 the following spring. If a student fails any two dental hygiene courses (either the same course or any two dental hygiene courses throughout the curriculum) they will not be permitted to continue in the dental hygiene program.

- ❖ Any student who fails any two dental hygiene courses as stated above, may reapply to the Dental Hygiene program and if accepted, must repeat all Dental Hygiene courses. All general science courses must be successfully completed within the past five years, as per admission requirements.
- ❖ General science and education pre and co-requisites must be fulfilled as listed in the course sequence of the college catalog and program brochure.
- ❖ Transfer credit may be awarded for general education courses as outlined in the college catalog.
- ❖ 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 **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.
- ❖ 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

- ❖ 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.
- ❖ Facial hair must be trimmed and neat

- ❖ Jewelry is to be kept to a minimum. A watch and plain wedding band are 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.
- ❖ 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

- ❖ Uniforms must be worn during all pre-clinical and clinical sessions and banded lab jackets are to be worn during all laboratory sessions. 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. All clinical uniforms must be appropriately tailored, cleaned and pressed. 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
- ❖ Black rubber sole closed (covering toes/heels) shoes must be worn. Sneakers, white leather or canvas Keds with laces, and high heels are NOT acceptable. Black hose or black or navy trouser socks are to be worn. Socks/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.
- ❖ Professional attire is expected during all clinical sessions. No shorts, short skirts or jeans are acceptable. Uniform jackets, shirts and pants must be clean and pressed for

each session. Again, building a professional image is essential.

- ❖ **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 is embroidered and will be visible on the left side of the uniform during all clinical sessions. The monogram must also be visible during external rotations (noncompliance will result in a 10 point deduction).
- ❖ 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 (non-compliance will result in a 10 point deduction).
- ❖ 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 SUFFERENING 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 request a scale check at 11:15am or 4:00pm and terminate a patient at the appropriate clinic closure time **11:30am for am clinic and 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). Familiarize yourselves with the policy and procedure for safe evacuation prior to any drills.

- ❖ 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.

CRITICAL INCIDENT

- ❖ No credit will be given if a student jeopardizes the health, welfare or safety of the patient, himself or herself or a peer, any faculty or staff member or exhibits unprofessional behavior. Any such behavior will result in a Critical Incident Report completion.
- ❖ The supervising Faculty must complete the Critical Incident Report that will be filed with the Academic Department Chair, Clinical Coordinator, and recorded in the student's permanent record.
- ❖ A Critical Incident Report will be reviewed on an individual basis and a decision/consequences will be determined by the Academic Department Chair in conjunction with Clinical Coordinator, and the supervising faculty to determine the appropriate course of action.

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 Monday, _____.

PATIENT CLASSIFICATIONS

Gingival Diseases

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

Periodontal Staging

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management.

Stage 1

CAL 1-2mm

RBL Coronal third <15%

Tooth loss none

Maximum probe depth ≤ 4 mm

Mostly horizontal bone loss

Stage 2

CAL 3-4mm

RBL Coronal third 15-33%

Tooth loss none

Maximum probe depth ≤ 5 mm

Mostly horizontal bone loss

Stage 3

CAL ≥ 5 mm

RBL extending to middle third of root and beyond

Tooth loss ≤ 4 teeth

In addition to Stage 2:

Probe depth ≥ 6 mm

Vertical bone loss ≥ 3 mm

Furcation involvement class II or class III

Moderate ridge defects

Stage 4

CAL \geq 5mm

RBL extending to middle third of root and beyond

Tooth loss \geq 5 teeth

In addition to Stage 3:

Need for complex rehabilitation due to:

Masticatory dysfunction

Secondary occlusal trauma (tooth mobility \geq 2)

Severe ridge defects

Bite collapse, drifting, flaring

< 20 remaining teeth (10 opposing pairs)

For each Stage, describe extent as:

Localized (<30% of teeth involved)

Generalized

Molar Incisor pattern

http://perio.org/2017wwdc?_ga=2.78839252.1993549376.1533064883-2053323494.1530809342

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 \wedge (1), Δ (2), \blacktriangle (3), \blacklozenge 4

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 (spicules), moderate (nodules), or heavy (ledges, rings)

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)**

PATIENT CLASSIFICATIONS			REQUIREMENT
PERIO	CASE VALUE	DEPOSITS	
Gingival Health / Gingivitis	A, B, C		3
Stage I	A, B		4
Stage I	C, D		
Stage II	A, B		8
	C, D		
Type III	A, B		8
	C, D		
Type IV	C, D	initial prep	1
Type IV	A or B	perio maintenance	1
Pediatric age 2-10			1
Adolescent age 11-17			1
Alpine or EPIC			1
SUPPORTIVE THERAPIES			
Oral Irrigation			3
Air Polishing			2
Alginate Impressions			2 complete sets
Periodontal dressings			2
Sealants			Minimum of 8
Local Anesthesia			6
Mouthguard			

RADIOGRAPHS	
Full Mouth Series (digital)	3
Bite Wing Series (digital)	4
Panorex	1
Scan X BWX	2
Assist freshman student in clinic for one full session, with radiographic exposures, at least one FMX and one BWX, after _____	2
INSTRUMENT COMPETENCIES	3 sets at 100% competence
Instrument Sharpening: one hand held stone and one Sidekick (automatic sharpener)	2

➤ **subject to change**

Clinical Pt Care Days	Competencies for Entry into the Profession of Dental Hygiene
Mon, Wed, Fri	C. 1-5, C. 7-13, HP. 1-6, CM. 2-4, CM. 7, PC. 1-13, PGD. 3
Give Kids a Smile Day	Sponsored by GKAS NJ and donated materials and supplies from H Schein and Colgate
Sealant Days	Sponsored by Bergen Dental Hygiene Dept
Workshop Days	
	Workshop: Mental Health
	Colgate Trip
	MOCK CDCA/NERB <ul style="list-style-type: none"> • student must schedule return pt

Lecture Outline and Reading Assignment Key

B – Beemsterboer

D – Darby

D&H - Daniel & Harfst

H - Hodges

N – Nield-Gehrig

W – Wilkins

Date	Topic	Text and Chapters			Competencies
	Review syllabus, clinic protocols, project, assign units, and prepare instruments for sterilization, Scan X workshop on campus	Handouts			
Week one *	Local Anesthesia	W D&H	Ch 38 Ch 41		C 2-5, 7, 9, 11, 13-14, HP 2, 6, PC 1-13
Week two *	Mental Health Disorders Eating Disorders (<i>SELECTION OF ETHICS TEAMS & DILEMMA TOPICS DUE!</i>)	W W	Ch 61 " 64		C 3, 5, 13, HP 3-4, CM 2, PC 3-4, 7-8
Week three *	Non-Surgical Periodontal Therapy General Practice	W H	" 41 " 19		C 1-5, 11,14, HP 1-3, CM 1-2, 5, PC 1-13, PGD 2-3
	Clinical Review Test #1				
Week five *	Dental Hygiene Practice Management Literature Search & Research Paper Writing	D	" 62		C 1-5, 7-8, HP 1-3, CM 1-3, PC 1, 8-9, 11, PGD 2
Week six *	Risk Management, Quality Assurance Legal and Ethical Considerations	B D&H	" 10 " 3		C 1-2, 5-6, 9, 12, HP 6, CM 5-6, PC 1, 12-13
	Clinical Review Test #2				
Week eight *	Career Opportunities in Dental Hygiene Healthcare Delivery Systems (<i>WRITTEN PROJECT DUE!</i>)	D D	Ch 1 Ch 4		C 3-4, 6-7, 10, 12-13, HP 1-2, 4-5, CM 1-3, 5-7, PC 12-13, PGD 1
*	Spring Break – NO CLASSES				
Week nine	State Practice Acts /Licensure/Regulations	B Handouts	Ch 7		C 1-2, 5-6, PGD 1, 3
Week ten *	Job Search/Resume Writing/ Professional Networking/Interview Process	D H	Ch 63 " 18		C 1-2, 6, 10, HP 1, PGD 1, 3
	NO class (all day faculty conference)				
	Final Examination – Cumulative				

	Ethics Project Presentations – Three Teams		C 1-3, 5, 10, 12-13, HP 2, 4, 6, CM 4, PC 1, 7-8
	Ethics Project Presentations – Three Teams Pinning Practice!		C 1-3, 5, 10, 12-13, HP 2, 4, 6, CM 4, PC 1, 7-8
	Guest Speaker - TBA		
	Guest Speaker - TBA		

* Online class (CDCA/NERB meetings may require onsite attendance)

Pt Classification	# Required	x Points	= Total points 100
Gingival Health /Gingivitis	3	1	3
Stage I	4	2	8
Stage II	8	3.5	28
Stage III	8	5	40
Stage IV	2	9	18
Pediatric	1	1	1
Adolescent	1	1	1
Alpine/EPIC	1	1	1

Support Therapy	# Required	x Points	= Total points 100
Air Polish	2	4.0	8.0
Alginates	2 sets	4.0	8.0
Instrument Sharpen	2	4.0	8.0
Local Anesthesia	6	4.0	24.0
Oral Irrigation	3	4.0	12.0
Perio Dressing	2	4.0	8.0
Sealants	8	4.0	32.0

Radiographs	# Required	x Points	= Total points 100
FMX	3	15	45
BWX	6	7	42
Panorex	1	7	7

Assist freshman with FMX & BWX	2	3	6
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This course syllabus is subject to change.

Learning Objectives

Weeks One

Local Anesthesia Wilkins Ch 38

- Be able to describe the contents of the local anesthesia cartridge
- Be able to differentiate between the characteristics of esters and amides
- Be able to describe the characteristics of lidocaine, mepivacaine, prilocaine, articaine, and bupivacaine
- Be able to describe the characteristics of vasoconstrictors
- Be able to differentiate between epinephrine and levonodofrin
- Be able to differentiate short, medium, and long duration of action
- Be able to describe the protocols for patient assessment prior to administration of local
- Be able to determine which treatment options are appropriate based on pt assessment
- Be able to describe medical conditions and/or drug interactions which would alter or contra-indicate use of local
- Be able to describe the armamentarium and the proper assembly for local
- Be able to describe the clinical procedures for administration
- Be able to differentiate between the various maxillary and mandibular injections
- Be able to determine which hard and/or soft tissues will be anesthetized with each injection
- Be able to describe the steps and procedures involved in the administration of local
- Be able to differentiate between negative and positive aspiration

Be able to describe proper disposal and sharp management following administration

Be able to describe the proper treatment entry to be written in the pt's chart following administration

Be able to describe potential adverse reactions to local anesthesia procedures including overdose, allergy, psychogenic and local reactions

Be able to differentiate between the advantages and disadvantages of local anesthesia

Local Anesthesia Daniel, Harfst, Wilder Ch 41

Be able to discuss the history of local anesthesia

Be able to locate the various injection sites for local anesthesia and describe the teeth/soft tissues anesthetized with each type of injection

Be able to differentiate between the various systemic complications that can result from local anesthesia administration

Be able to differentiate between the various local complications that can result from local anesthesia administration

Week Two

Mental Health and Eating Disorder Wilkins Ch 61 & 64

Be able to define mental retardation, IQ, and adaptive functioning

Be able to differentiate between the various categories of developmental disorders

Be able to define the terminology associated with these disorders

Be able to differentiate between mild, moderate, severe, and profound retardation

Be able to describe the various etiologies of mental retardation

Be able to describe both general and oral characteristics of the pt with mental retardation

Be able to describe the physical, oral, mental, and personal characteristics of the pt with Down Syndrome

Be able to describe the health problems of the pt with Down Syndrome

Be able to define autistic disorder

Be able to differentiate between the various types of PDDs and ASDs

Be able to describe the characteristics of autism

Be able to describe the possible etiologies and prevalence of autism

Be able to differentiate between the pharmacologic and behavioral therapy interventions for autism

Be able to develop a dental hygiene care plan for the pt with autism

Be able to describe the five steps in the D-TERMINED Dental Program of Repetitive Tasking and Familiarization in Dentistry

Be able to define the terminology associated with eating disorders

Be able to describe the characteristics of anorexia nervosa

Be able to describe the medical complications and the various treatments available

Be able to describe the personal factors and the various treatments available

Be able to describe the oral complications of anorexia nervosa

Be able to describe the characteristics of bulimia

Be able to describe the medical complications and the various treatments available

Be able to describe the personal factors and the various treatments available

Be able to describe the oral complications of bulimia

Be able to develop a dental hygiene care plan for the pt with bulimia

Be able to differentiate between anorexia nervosa, bulimia, and bulimarexia

Week Three

Non-surgical Periodontal Instrumentation, Wilkins, Ch 41

Be able to describe the scope, focus, aims, and outcomes of NSPT

Be able to differentiate between the single appt and multiple appt systems

Be able to discuss full mouth disinfection and the rationale for this therapy

Be able to describe partial or gross scaling and explain why this is NOT an effective TP

Be able to differentiate between the various possible locations of calculus

Be able to describe the manual scaling steps

Be able to differentiate between the types of lateral pressure applied

Be able to explain the channel of strokes and why overlapping strokes are critical to complete removal of calculus

Be able to define the various terminology associated with power scalers

Be able to differentiate between the CPS and pattern of movement of each power scaler

Be able to determine medical and dental contraindications / precautions regarding power scaling

Be able to differentiate between the various tip designs for power scalers

Be able to describe the proper preparation and instrumentation of power scalers

Be able to describe an overhanging restoration and the negative effects

Be able to differentiate between indications to re-contour an overhang vs. indications to replace a restoration

Be able to describe the various instruments available and the proper technique for re-contouring a restoration

Be able to develop a post treatment care plan for the pt following NSPT

Be able to describe the steps involved in the post tx follow up evaluation

Be able to differentiate between the need for further treatment vs. clinical endpoints

Be able to describe procedures to be followed if an instrument breaks in the oral cavity

Non-surgical Periodontal Instrumentation, Hodges, Ch 19

Be able to develop a NSPT program utilizing the periodontal client (pt) percentage, personnel needs assessment, and material needs assessment for an office

Be able to describe how a dental hygiene assistant can be utilized during the appt

Be able to discuss the need for office communication between the dentist, front desk personnel, assistants, and additional hygienists

Be able to establish a recare/recall plan between the GP and the periodontist office

Be able to differentiate between the pre-booked and non-prebooked appt schedule and the advantages and disadvantages of each

Be able to differentiate between a prophylaxis and periodontal maintenance and the procedure codes to be utilized for insurance purposes

Be able to explain the need for thorough documentation in the pt chart and the consequences / legal ramifications

Be able to describe the processes for evaluation of the pt, the practice, and the clinician

Weeks Five

Practice Management, Darby & Walsh, Ch 62

Be able to describe terminology associated with practice management including mission statements and policy and procedure manuals

Be able to describe and implement the various criteria associated with patient management including case presentation, pt motivation, and pt non-compliance issues

Be able to describe the functions of records management

Be able to differentiate between minimum and complete documentation

Be able to describe the various types of dental practice software and the functions of each type

Be able to differentiate between the various types of recall systems including tickler files and reclamation

Be able to determine which functions can be delegated to the hygiene assistant

Be able to describe terminology associated with economic considerations including overhead, office production, collection, and net income

Be able to describe terminology associated with financial arrangements and various insurance plans including HMO, PPO (in network), out of network, maximum benefits, and usual and customary fees

Be able to implement an inventory control and purchasing plan

Be able to implement a marketing plan including marketing strategies and working budget

Be able to describe the intangible benefits of the dental hygienist to the practice

Ethics Research Paper

Be able to implement the proper format for the Ethics Research paper including types of journals/articles, title page, body of paper, citations, and references

Week Six

Legal and Ethical Considerations, Daniel, Harfst, Wilder Ch 3

Be able to describe terminology associated with various types of laws, dispute resolutions, and causes of action

Be able to describe the various court cases involved in informed consent

Be able to describe the Patients Bill of Rights and Code of Ethics for the ADHA

Be able to describe terminology associated with informed consent

Be able to differentiate between intentional tort and unintentional tort

Be able to differentiate between informed consent and implied consent

Be able to differentiate between pt's right to be informed and pt's right to refusal

Be able to describe First Amendment Rights and the rationale for the free exercise clause

Be able to describe the Pt Self Determination Act, advanced directive, living will, and durable POA and the implementation of each

Be able to describe the patient's duties and responsibilities relative to dental care

Be able to implement the hygienist's duties and responsibilities relative to providing dental hygiene care

Be able to describe how the HIPPA (Health Insurance Portability and Accountability Act) protects the patient's right and when PHI (protected health information) can be disclosed without authorization

Risk Management, Beemsterboer, Ch 10

Be able to describe terminology associated with risk management

Be able to describe incident reports and explain the rationale for incident reporting

Be able to describe continuous quality assessment and improvement and explain the rationale for CQA&I

Be able to design a CQA&I program and describe the process, structure, and outcome dimensions of health care delivery

Be able to implement strategies for risk reduction including proper documentation, guidelines for maintaining dental records, and professional communication techniques

Be able to implement individual risk management protocols

Weeks Eight

Career Opportunities, Darby & Walsh, Ch 1

Be able to differentiate between the various career opportunities in Dental Hygiene

Be able to describe the various functions of each career path

Be able to differentiate between the responsibilities for each

Health Care Delivery Systems, Darby & Walsh, Ch 4

Be able to describe terminology associated with health care delivery systems

Be able to differentiate between the three major frameworks in the health care system

Be able to discuss the treatment of disease model and identify the challenges

Be able to discuss the disease prevention model, agent-host-environment model, and the health field concept model

Be able to discuss the health promotion (wellness movement) model, the human needs model, oral health related quality of life model, and health promotion framework model

Be able to describe:

- the U.S. Surgeon General's Report on Oral Health, *Report on the Burden of Oral Disease*
- World Health Organization's position on oral health, *Health Promotion and Oral Health, Global Goals for Oral Health in 2020*
- the U. S. Dept of Health and Human Services *Healthy People 2010*
- the Population Health Template of Canada

Be able to differentiate between the various theories of levels of influence per the U.S. Dept Health and Human Services NIH

Be able to discuss the various health promotion strategies

Be able to describe the functions of each including social marketing, mass media, community organization, health education, collaboration, advocacy, legislation, and public policy

Be able to describe the hygienist's role in health promotion and the various ways that the hygienist can participate and foster health promotion in the community

Week Nine

Licensure and Regulations, Beemsterboer, Ch 7

Be able to describe the three branches of state government

Be able to describe statutory laws and the state dental practice act

Be able to discuss statutory laws not in the dental practice act which impact the practice of dental hygiene

Be able to describe statutory laws that regulate the practice of dental hygiene

Be able to describe the functions of the state board of dentistry

Be able to differentiate between the various licensure provisions

Be able to describe the reasons for suspension and/or revocation of a license

Be able to describe expanded functions for dental hygienists

Be able to differentiate between the various supervision requirements

Be able to differentiate between the various types of abuse and determine how and where to report suspected abuse

State Practice Act

Be able to describe terminology associated with the NJ State Board of Dentistry Practice Act

Be able to list the powers and duties of the state board

Be able to describe the examination process for candidates for licensure as dental hygienists

Be able to discuss continuing education requirements

Be able to develop a plan for compliance with continuing education requirements

Be able to describe license renewal protocols and penalties for non-compliance

Be able to describe an inactive license and the protocols for resumption

Be able to describe the penalties for practice without a license and for fraudulent acts related to obtaining a license illegally

Be able to list the steps involved for application for licensure

Be able to describe the scope of practice for a registered dental hygienist in NJ

Be able to describe the requirements to obtain a nitrous oxide permit in the state of NJ

Be able to describe the requirements to obtain a local anesthesia permit in the state of NJ

Be able to describe the notification process for change of address

Be able to describe the requirements for maintenance of patient records

Week Ten

Job Search, Resume Writing, Interview Process Darby & Walsh, Ch 63

Be able to discuss possible employment sources and employment selection considerations

Be able to differentiate between the various resume styles and develop a resume for a graduate seeking their first position

Be able to describe the components of a cover letter

Be able to develop a cover letter for a graduate seeking their first position

Be able to differentiate between the various interview formats

Be able to prepare appropriate questions to ask as well as answers to questions posed during the interview process

Be able to utilize the proper techniques for successful interviews

Be able to develop the components of a follow up letter and post interview letter

Be able to differentiate between the various methods of compensation and types of fringe benefits

Be able to differentiate between the role of the employee vs. the role of the independent contractor

Be able to differentiate between the various terms of employment

Be able to describe employment rights such as the Civil Rights Act, the Pregnancy Discrimination Act, and OSHA

Be able to list the documents required to start a new job, the components of an employment contract, and the criteria utilized in an employment performance evaluation

Be able to discuss the steps involved in employment termination

Be able to differentiate between the various employment alternatives

Be able to discuss alternative practice and the various states which permit alternative practice and/or general supervision

Be able to describe the steps involved in financial planning

Be able to develop a budget

Be able to differentiate between tangible and intangible assets

Be able to discuss the various types of professional insurance

Be able to determine which professional expenses are tax deductible

Be able to differentiate between employer provided retire accounts and non-employer retire plans

Career Development, Hodges, Ch 18

Be able to describe terminology associated with career development

Be able to rate professional values and personal values

Be able to describe the various types of resume styles

Be able to develop a cover letter

Be able to describe the various interview strategies, prepare questions, and respond to questions posed during the interview process

Be able to differentiate between the employee status and independent contractor status

Be able to discuss the various types of compensation and benefits available

Be able to develop a professional portfolio

Be able to differentiate between the various distance learning options available for advanced degrees

BERGEN COMMUNITY COLLEGE

DENTAL HYGIENE DEPARTMENT

DHY-203-OH IV

Student Acknowledgement

I, _____ have read and understood the syllabus for DHY-203, Oral Hygiene IV, and agree to abide by the protocols and requirements set forth in this syllabus, in the Dental Hygiene Student Handbook, the Dental Hygiene Clinic Manual, and in the Bergen Community College Catalog.

Faculty Signature

Student Signature / Date