Texas A&M University College of Dentistry  
Caruth School of Dental Hygiene

Course Syllabus

Course Number and Name: DDHS 4140 Clinical Dental Hygiene III

Course Type: Lecture  Laboratory  Clinical  Seminar  Selective

Academic Year/Semester Offered: 2017-2018  _X_ Fall ___ Spring ___ Summer Session

Course Director: Mary T. Vu, RDH, MS

Other Participating Faculty:
Maureen Brown, RDH, BS
Patricia R. Campbell, RDH, MS
Jane Cotter, RDH, MS
Erika Edwards BSDH, RDH
Eric Fox, RDH, MS
Alexandra Garcia, RDH, BS
Faizan Kabani, RDH, PhD
Lisa Mallonee, RDH, MPH, RD, LD
Kathy Muzzin, RDH, MS
Keri Pearson, RDH, BS
Kayla Reed, RDH, BS

Course Description:
Comprehensive dental hygiene care through clinical application of procedures. Includes intramural dental hygiene and dental school rotations and extramural site rotations.

Course Objectives:
See “Standards for Clinical Performance” in the Clinic Information Manual.

Learning Outcomes/ Related Competencies:
The following list of beginning competencies identifies the knowledge, skills and attitudes the dental hygiene student must acquire by graduation in order to become a competent, curious and caring practitioner of dental hygiene. This course will begin to address these specific competencies that will be needed to treat patients in a professional and competent manner. Refer to Competencies for the Dental Hygienist, Caruth School of Dental Hygiene, revised 5/2013.

Ethics
1.1 Apply ethical reasoning to dental hygiene and practice with professional integrity.
1.2 Comply with state and federal laws governing the practice of dentistry and dental hygiene.

Information Management and Critical Thinking
2.1 Apply critical thinking skills and evidence based decision making to the practice of dental hygiene.

2.2 Commit to self-assessment and lifelong learning in order to provide contemporary clinical care.

2.3 Communicate effectively with diverse populations without discrimination.

Self-Care Instruction

4.1 Promote positive values of overall health and wellness to the public and organizations within and outside of dentistry.

4.2 Identify the health needs of individuals and assist them in the development of appropriate and individualized self-care regimens.

4.3 Encourage patients to assume responsibility for their health while respecting their goals, values, beliefs and preferences.

Community Involvement

5.1 Identify services and agencies that promote oral health and prevent oral disease and related conditions.

5.4 Use screening, referral and education to bring consumers into the health care delivery system.

Assessment

6.1 Determine medical conditions that require special precautions or consideration prior to or during dental hygiene treatment.

6.2 Perform an extraoral and intraoral examination of the patient including assessment of vital signs and radiographic examination, and distinguish normal from abnormal findings.

6.3 Manage the patient at risk for a medical emergency, and be prepared to handle the emergency should it occur during an appointment.

6.4 Recognize predisposing, etiologic risk factors, and lifestyle choices that may require intervention to prevent disease.

6.5 Analyze and interpret the assessment data to formulate a dental hygiene diagnosis related to and congruent with the diagnosis of the dentist and other health professionals.

6.6 Determine the need for referral to the appropriate health professional.

Planning

7.1 Determine priorities and establish oral health goals with the patient/family and/or guardian as an active participant.

7.2 Acknowledge cultural differences in populations when planning treatment.

7.3 Establish a planned sequence of educational and clinical services based on the dental hygiene diagnosis using the problem-based approach.

7.4 Communicate the plan for dental hygiene services to the dentist or other interdisciplinary health team members to determine its congruence with the overall plan for oral health care.

Implementation

8.1 Provide an environment conducive to health by using accepted infection control procedures.

8.2 Control pain and anxiety during treatment through the use of accepted clinical techniques and appropriate behavioral management strategies.

8.3 Select and administer the appropriate preventive and/or antimicrobial (chemotherapeutic) agents and provide pre- and post-treatment instructions.

8.4 Apply basic and advanced principles of instrumentation.
8.5 Provide dental hygiene services in a variety of settings. 

**Evaluation**

9.1 Determine the clinical outcomes of dental hygiene interventions using indices, instruments, examination techniques, and determine the appropriate maintenance schedule.

9.2 Determine the patient’s satisfaction with the dental hygiene care received and the oral health status achieved.

9.3 Compare actual outcomes to expected outcomes when expected outcomes are not achieved and modify therapy as necessary.

**Evaluation Criteria/Methods:**

All performance will be evaluated using the “Standards for Clinical Performance” found in the Dental Hygiene Clinic Handbook.

Clinical Performance is evaluated as follows:

- **12%** Health History
- **5%** Extra/Intra Oral Examination
- **4%** Dental Charting
- **6%** Periodontal Charting
- **9%** Treatment Planning
- **11%** Instrumentation
- **11%** Clinical Management
- **5%** Aseptic Technique*
- **10%** Clinical Conduct
- **2%** Implementation of Educational Services
- **5%** Re-evaluation of DH Services
- **10%** Hard Deposit Removal
- **10%** Soft Deposit Removal
- **100%** TOTAL

**Grading Scale:**

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<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
<td>90-100</td>
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<tr>
<td>B</td>
<td>80-89</td>
</tr>
<tr>
<td>C</td>
<td>75-79</td>
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<tr>
<td>D</td>
<td>70-74</td>
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<tr>
<td>F</td>
<td>&lt;70</td>
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*The following are the consequences for receiving a U in Aseptic Technique. The U’s are cumulative beginning with clinical course 3830:

- **First offense** – Discuss error with supervising clinic faculty at end of clinic session.
- **Second offense** – Same as first offense AND meet with Clinic Coordinator within 48 hours of receiving error.
- **Third offense** – Same as second offense. In addition, one (1) point will be deducted from final grade. Also, an infection control topic will be given and the student will be required to write a paper on the chosen topic.
- All occurrences of infection control are cumulative for the entire time the student is enrolled in the program; meaning each offense after the initial three will result in the need to write a paper and another point deducted from the student’s final grade.
**Learning Materials:**

- *Clinic Manual*
- *Dental Hygiene Clinic Handbook*

**Remediation Policy:**
Remediation will take place in the following semester and will put the student one semester behind for graduation.

**Attendance and Make-up Policy:**
Attendance is required at all assigned clinical sessions as if in private practice. If the student does not have a patient for the session, they are to participate in a clinical activity approved by their supervising clinical faculty. These activities include but are not limited to:

- Practicing using prophy jet on a classmate
- Taking alginate impressions on a classmate and completing stone pour up
- Observing/assisting a dental student on the 3rd floor to become more familiar with dental procedures (Supervising DH faculty must accompany student to the 3rd floor and speak to dental faculty)
- Observing/assisting a grad perio resident (check in with Ms. Janet Velma at front desk)
- Sharpening instruments
- Practice rubber dam and IRM placement
- Assisting Lisa with front desk duties

The clinic activity sheet (located on the back of the clinic sign-up sheet) **MUST** be completed and signed by faculty or else the clinic session will be counted as an unexcused absence. All of the clinic session time **MUST** be accounted for.

There are three (3) forms that are acceptable for clinic attendance. These forms include one of the following:
1. Clinic grade sheet
2. Activity sign-up sheet (located at the main clinic podium during clinic sessions)*
3. Rotation sheet

*The activity sheet is only used if the student is assigned to clinic and the patient no-shows or cancels at the last minute.

Pam will contact the student by **AXIUM** email if the appropriate form has not been turned in. The student will have seven (7) days to turn in the form she is asking for. If the student needs to
be contacted more than twice, one (1) point may be deducted from the final grade. If the student cannot produce the appropriate attendance form seven (7) days after the 2nd notice, that clinic session will be considered unexcused.

Additionally, students are to attend each rotation and extramural assignment indicated on the clinic schedule and complete the task assigned. A student who is absent for any reason must schedule a make-up assignment through the Clinic Coordinator. This may result in a loss of scheduled clinic time during the next semester in order to make up the rotation.

Unexcused absences will result in a five (5) point deduction from the final grade for each missed clinical session. Two (2) unexcused absences from clinic or rotations may result in written documentation for unprofessional behavior as well as applicable point deduction. Three (3) unexcused absences will include all of the above as well as possible failure of the course.

If a student does not have a patient scheduled for a clinic session, and it is discovered this empty appointment could have been prevented by better management of the schedule by the student, a point may be deducted off the student’s final grade for each time this occurs. A discussion will take place between the Clinic Coordinator, the PSA1, and the student to discover the reason for the lack of a patient. A point deduction may also happen if other poor scheduling decisions are made by the student, especially if they affect a patient in a negative way.

**Absence Protocol:**
Professional responsibility is an important component of being a healthcare professional. In the case of an absence, you must CALL Pam Hines (214-828-8340) and Lisa Pradarits (214-828-8421). If necessary, leave a voicemail but DO NOT SEND AN EMAIL. There is no guarantee that emails will be checked early enough to contact the patient. Calls must be made by 8:00 AM, earlier if possible, so that your patient/rotation can be notified. If at all possible, call your patient/rotation to alert them of your absence.

**Tardy Protocol:**
On a rare occasion, you may be delayed for some unavoidable reason. In the case of a delay, you must CALL Pam Hines (214-828-8340) and Lisa Pradarits (214-828-84210). If necessary, leave a voicemail but DO NOT SEND AN EMAIL. Again, voicemails are generally checked before emails. Failure to do this may be reflected in your clinical grade for that patient or rotation.

**Laboratory/Clinic Policies and Procedures:**
**Course Requirements:**
To receive full credit, all of the following must be completed by 4:00 p.m. on Thursday, December 7, 2017, with the exception of the Blood Pressure Competency (see 5.a):
1. Complete comprehensive dental hygiene services on at least thirteen (13) patients with Gingivitis or Slight Periodontitis classification.*
2. Complete comprehensive dental hygiene services on at least three (3) patients with Moderate or Advanced Periodontitis classification.*
3. Complete comprehensive dental hygiene services on at least three (3) patients with a C or D calculus deposit classification.*
4. Complete the process for reevaluation of dental hygiene services on 4 quadrants.

5. Complete the fourteen (14) Competency Examinations listed on the competency form.
   a. The Blood Pressure Competency CANNOT be completed during the last week of clinic. The last day to complete this competency is Thursday, November 30, 2017.

6. Complete the following Clinical Service Requirements:
   a. Three (3) fluorides*
   b. One (1) desensitization on one (1) patient*
   c. Two (2) sealants on two (2) separate teeth*
   d. One (1) set of acceptable alginate impressions (one maxillary, one mandibular)
   e. One (1) set of acceptable stone pour-ups of alginate impressions (one maxillary, one mandibular)

7. Participate in the Mock Board Examination

8. Exhibit professionalism at an acceptable level as determined by the observing/supervising faculty. Unprofessional conduct (See Professionalism - Standard 14) will be documented in the form of a written reprimand and given to the Clinic Coordinator. At the first occurrence, the student will meet with the observing/supervising faculty and the Clinic Coordinator, also, the Program Director will be notified. At the second occurrence, the student will meet with the Clinic Coordinator and the Program Director. On the third occurrence, the student will meet with the Clinic Coordinator and the Program Director, also, the student’s final grade will be lowered by one letter grade. Any unprofessional conduct may be subject to the College’s due process procedures set forth in the “Texas A&M College of Dentistry Disciplinary Due Process Document” found at: https://exchange.bcd.tamhsc.edu/intranet/StudentResources/ Unprofessional conduct subject to the Disciplinary Due Process Document will result in a permanent letter placed in the student’s file and sent to Associate Dean of Student Affairs. Such infractions will be cumulative for the student’s time here at the College.

NOTE: Patients must be completed to count toward course requirements.

A completed patient will count toward the patient load requirement if 3 of the 4 quadrants are completed in the acceptable range for hard and soft deposit removal.

Half patient credit will count toward the patient load requirement if 2 of the 4 quadrants are completed in the acceptable range for hard and soft deposit removal.

Patients with a classification of Moderate Periodontitis or Advanced Periodontitis may be divided to satisfy Gingivitis or Slight Periodontitis requirements as follows:

Moderate Perio = two (2) Gingivitis/Slight Perio
Advanced = one (1) Moderate Perio and one (1) Gingivitis/Slight Perio

Refer to the COD Clinic Manual and the Dental Hygiene Clinic Handbook for the entire list of clinic policies and procedures.

Students must complete a minimum of 13 patients and obtain a 70% average to be passed to the next clinical course level.
The final clinic grade for the course will reflect a 5 point deduction for each incomplete Clinical Service Requirement, incomplete Competency Examination and each incomplete Patient Requirement. All incomplete requirements must be completed during the following semester. Any student completing extra patients or Clinical Service Requirements over the minimum requirements (those noted with *) may carry the extra over to satisfy requirements for the next semester.

Refer to the Clinic Manual and the Dental Hygiene Clinic Handbook for the entire list of clinic policies and procedures.

**Program Requirements:**
The student must complete the following requirements to competence* prior to graduation:

1. (2) Children between the ages of 0-12
2. (2) Adolescents between the ages of 13-19
3. (2) Special Needs Patients
4. (5) Adults between the ages of 20-64
5. (5) Geriatric patients ages 65+

*Competence is defined as no more than 1 “U” on the clinic evaluation sheet(s) in the categories of #1-#11 and #13, and zero (0) “U’s” in #12 (hard/soft deposit) for all appointments with the patient.

**Mock Boards:**
Students who present with a qualifying patient, but do not pass the Mock Board Examination will have their final grade deducted by 5 points. A passing grade is \( \geq 75\% \)

Students who do not have an appropriate patient and are unable to take the exam will have their final grade deducted by 10 points.

**Special Accommodation for Persons with Disabilities:**
The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact Dr. Paul Dechow, Associate Dean for Academic Affairs, Room 514, or call 214-828-8208 for additional information.

**Academic Integrity Statement and Policy:**

“An Aggie does not lie, cheat or steal, or tolerate those who do.”

Upon accepting admission to Texas A&M University, a student immediately assumes a commitment to uphold the honor Code, to accept responsibility, and to follow the philosophy and rules of the Honor System. Students will be required to state their commitment on examinations, research papers, and other academic work. Ignorance of the rules does not exclude any member of the TAMU community from the requirements or the processes of the Honor System.

http://aggiehonor.tamu.edu
Final Advising/Professional Conduct:
At the end of each semester, the student will meet with the Clinic Coordinator for a Final Advising session to ensure all requirements are completed and all patients assigned to the student are accounted for. Students are expected to come organized and well-prepared.
Five (5) points will be deducted from the final grade if one or more of the following occurs:

- The student arrives after their appointed time.
- The student runs over their assigned appointment time.
- The student has to return at another time or day to complete their Final Advising session.
- The student has more than 5 patients “in progress.” This will be evaluated on a case-by-case basis.
  - If it is found that any of the patients left “in progress” were not completed in a timely manner due to the student’s inability to schedule properly, a letter for Unprofessional Conduct may also be written and put in the student’s record. Please read the section under “Clinic Policies and Procedures” regarding professional maturity for further explanation.
- Patients “in progress” from the previous semester have not been completed and/or accounted for.
- “Completed Patient Report” is inaccurate.
- Grades for each completed quadrant have not been entered into axiUm accurately for all completed patients.
- The student is missing a signature and/or stamp from their faculty on the Competency Completion Log.
- One or more patients “in progress” do not appear on the Request/Active Report.
- Previous yellow grade sheets were not available when requested.

**NOTE:** This list is not all-inclusive; it is up to the discretion of the Course Director to determine if other behaviors are deemed inappropriate or unprofessional and will also result in a five-point deduction to the final grade.

Course Outline:
Clinic sessions will be held on the following days and times:

- **Tuesday** 1:00 – 4:00
- **Wednesday** 9:00 – 12:00 1:00 – 4:00
- **Thursday** 9:00 – 12:00 1:00 – 4:00

See printed clinic schedule for individual clinic schedule.

*Date prepared: 7/2017*
Dental and Dental Hygiene Students
Disciplinary Guidelines

**Principles:** Protected health information (PHI) is confidential and protected from access, use, or disclosure except to authorized individuals requiring access to such information. Attempting to obtain or use, actually obtaining or using, or assisting others to obtain or use PHI, when unauthorized or improper, will result in counseling and/or disciplinary action up to and including termination.

**Definitions and Caveats:**
- PHI = Protected health information; this includes all forms of patient-related data including demographic information
- Depending on the nature of the breach, violations at any level may result in more severe action or termination
- Levels I-III are considered to be without malicious intent; Level IV is considered malicious intent
- At Levels II-IV, residents will be reported to the Texas State Board of Dental Examiners
- At Level IV, individuals may be subject to civil and/or criminal liability
- For any offense, a preliminary investigation will precede assignment of level of violation

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<th>Level of Violation</th>
<th>Examples</th>
<th>Minimum Disciplinary/Corrective Action</th>
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</table>
| Level I            | *Misdirected faxes, e-mails & mail.  
*Failing to log-off or close or secure a computer with PHI displayed.  
*Leaving a copy of PHI in a non-secure area.  
*Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator).  
*Failing to redact or de-identify patient information for operational/business uses. | *Investigation by HIPAA Compliance Officer.  
*Referred to Associate Dean for Student Affairs.  
*If uncontested, Associate Dean for Student Affairs applies sanction.  
*Subsequent infractions referred to Student Faculty Review Committee.  
*Notify Privacy Officer of all incidents. |
| Level II           | *Requesting another individual to inappropriately access patient information.  
*Inappropriate sharing of ID/password with another coworker or encouraging coworker to share ID/password. | *Investigation by HIPAA Compliance Officer.  
*Referred to Associate Dean for Student Affairs.  
*If uncontested, Associate Dean for Student Affairs applies sanction.  
*Subsequent infractions referred to Student Faculty Review Committee.  
*Notify Privacy Officer of all incidents. |
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<thead>
<tr>
<th>Level III</th>
<th>Level IV</th>
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<td>*Releasing or using aggregate patient data without facility approval for research, studies, publications, etc… *Accessing or allowing access to PHI without having a legitimate reason. *Giving an individual access to your electronic signature. *Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, coworker, famous or “public” person, etc…</td>
<td>*Releasing or using data for personal gain. *Compiling a mailing list to be sold for personal gain or for some personal use. *Disclosure or abusive use of PHI. *Tampering with or unauthorized destruction of information.</td>
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STATEMENT OF UNDERSTANDING

I HAVE READ AND UNDERSTAND ALL OF THE INFORMATION LISTED IN THE COURSE SYLLABUS FOR 4820 CLINICAL DENTAL HYGIENE II.

DATE:________________________________________________________

NAME (printed legibly):___________________________________________

SIGNATURE:____________________________________________________

PLEASE RETURN TO THE CLINIC COORDINATOR BY FRIDAY, AUGUST 18, 2017