



DENTAL HYGIENE DEPARTMENT

STUDENT COURSE SYLLABUS

COURSE TITLE: DHY 202 – ORAL HYGIENE – III

4 CREDITS - 1 HOUR LECTURE, 12 HOURS CLINIC

COURSE TIME: LECTURES: TUESDAY 8:25-9:20 am and 9:25 – 10:20 am, Room HP 325

CLINICS: MONDAY, WEDNESDAY, FRIDAY

8:15am -12:15pm, 1:00pm - 5:00pm Room HP 107, A, B, C, D

INSTRUCTOR:

OFFICE HOURS

Prerequisites: DHY 201, DHY 205, DHY 208, DHY 209, DHY 200, DHY 220

Co-requisites: DHY 204, DHY 206, DHY 207, DHY 219

Course Description

This course of study continues to expand the student's clinical development and knowledge of current therapies. OH III is designed to integrate cognitive knowledge with practical applications of dental hygiene therapies. The primary focus of this course is to prepare the dental hygiene student for the appropriate protocols and techniques for successful periodontal therapies including advanced instrumentation, anxiety/pain control, periodontal and implant maintenance.

The development of dental hygiene care plans for the medically, physically, and sensory challenged patient will also be discussed.

Course Objectives

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

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

Teaching Methods

The following teaching methods will be utilized in this course:

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

Learning Experiences/Activities

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

1. Visual, auditory, and tactile assessment of patients
2. Analysis of all patient data/assessments to formulate a dental hygiene diagnosis and care plan
3. Visual, auditory, and tactile implementation of treatment utilizing various hand and power instruments

4. Discussion and documentation of all patient treatment
5. Evaluation of patient's response to treatment at time of appointment and/or subsequent visits
6. Journaling of clinical experiences through Moodlerooms

Competencies for Entry into the Profession of Dental Hygiene

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

Core Competencies (C)

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

Health Promotion and Disease Prevention (HP)

- HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
- HP.2 Respect the goals, values, beliefs, and preferences of all patients.
- HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive evaluation.

HP.4 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.

HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.

HP.6 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

Community Involvement (CM)

CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.

CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the health care system.

CM.3 Provide community oral health services in a variety of settings.

CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.

CM.5 Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care.

CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.

CM.7 Advocate for effective oral health care for underserved populations.

Patient Care (PC)

Assessment

PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.

PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.

PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.

PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

Dental Hygiene Diagnosis

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

Planning

PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.

PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.

PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.

PC.9 Obtain the patient's informed consent based on a thorough case presentation.

Implementation

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

Evaluation

PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.

PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.

PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

Professional Growth and Development (PGD)

PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.

PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.

PGD.3 Access professional and social networks to pursue professional goals

Reference: American Dental Education Association, House of Delegates, (2111),
Competencies for Entry into the Profession of Dental Hygiene

Textbooks

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

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, 2016, Philadelphia

Supplemental Texts

Darby, M. and Walsh, M., Dental Hygiene Practice and Theory, W. B. Saunders, 5th edition, 2019, Philadelphia

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

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

Additional Resources

Access	BCC Dental Hygiene Student Manual
American Dental Education Assoc	Compendium of Continuing Education
Dental Clinics of North America	Journal of the American Dental Assoc
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.adha.org

www.ada.org

www.colgate.com

www.dentalcare.com

Course Evaluation

DIDACTIC 50%

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

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

CLINICAL 50%

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

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

Grading Scale

92 - 100	A
89 - 91	B+
83 - 88	B
80 - 82	C+
75 - 79	C
Below 75	R

Incomplete N All requirements not fulfilled

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

Course Requirements for Didactic Portion of OH III

CLINICAL REVIEWS AND FINAL EXAMINATION:

- ❖ Two (2) tests and a cumulative final exam will be given per the course outline on pages thirty to thirty-one (30-31). Questions will be multiple choice, true/false, fill-in-the-blank, and case based scenarios.

ATTENDANCE:

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

- ❖ It is the student's responsibility to be on time for all classes and clinical sessions.
- ❖ Please note that attendance is critical to successful completion of the program. All program classes and activities must be prioritized. Scheduling conflicts must be resolved by the student so that program classes and activities are met.

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

- ❖ Attendance is mandatory at all examinations / tests. Absence at either is not acceptable.
- ❖ Only in extenuating circumstances with proper documentation (current physician's note) will a make-up examination / test be administered. The make-up examination / test format and date will be at the discretion of the faculty member.
- ❖ If the absence is inexcusable, the student will receive a 0 for the examination / test grade.
- ❖ For every absence from class, a ten point deduction will be made from the class participation grade.
- ❖ For every late arrival, a five point deduction will be made from the class participation grade.
- ❖ If a student leaves any class in session for a significant period of time, a ten point deduction will be made from the class participation grade.

GENERAL CLASSROOM POLICIES

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

- ❖ Children are not permitted in the classroom during class time.

Course Requirements for Clinical Portion of OH III

Criminal Background Checks and Fingerprinting

- ❖ The Joint Commission on Accreditation of Healthcare (JCAHO), the primary accrediting body for clinical agencies, requires criminal background checks (CHBC) for all individuals engaged in patient care. Therefore, all students must undergo a criminal background check.
- ❖ These checks are conducted by an outside vendor, Adam Safeguard, 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.
- ❖ 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 Identifi. All students must complete the digital fingerprinting prior to the first day of their first semester.

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

- ❖ Attendance is mandatory at all clinic, rotation, and offsite meetings (for example, Greater NY Dental Convention). A maximum of three (**3**) absences will be tolerated during the fall semester of OH III. Again, proper documentation (current physician's note) must be received by Prof. D. Cook. In addition, a phone call to one of the following must be made on the day of the absence:

1. Primary Course Instructor: Prof.
2. Primary faculty member assigned to the particular clinic
3. Program Academic Dept Chair: Prof.
4. Administrative Assistant: Mrs.

5. Technical Assistant: Ms.

- ❖ To report an absence before 9:00am, please email Professor ___ at d___ or call (201) _____. After 9:00am notify the administrative assistant, Mrs. _____ at (201) _____ in addition to notifying Professor _____.
- ❖ **DO NOT LEAVE MESSAGES ON THE CLINIC PHONE TO REPORT ABSENCES NOR INFORM FELLOW STUDENTS TO PASS ON YOUR ABSENCE.** Personal accountability is your responsibility, not a fellow colleagues!
- ❖ Failure to follow these steps will result in a zero (0) for the clinical session in question and will be factored into the final grade.
- ❖ It is the student's responsibility to make arrangements for scheduled patients in her/his absence. Failure to contact the patient and reschedule will result in a zero (0) for the clinical session in question and will be factored into the final grade.

ABSENT, CANCELLED, OR DISMISSED PATIENTS:

- ❖ PNP (present - no patient care) will result in an INC (incomplete) and the student must make-up for the lost requirement. Students are permitted three (3) patient cancellations without penalty. Additional cancellations resulting in PNP will result in some form of grade alteration as well as factored into the attendance and professional conduct portions of the clinic grade for that day.
- ❖ **Students may NOT treat each other for credit during their own patient session.** If a fellow classmate desires a prophylaxis, they are to make an appointment in the opposing clinic session.
- ❖ Students must be present for all clinical sessions. If a patient cancels, the student must attend and remain in clinic for the entire scheduled clinic session, make appropriate use of the clinic time, and attempt all competencies that do not require a pt. It is your responsibility to make every effort to secure another patient from the campus during this time. In addition, the cancellation evaluation in Typhon will be completed by the faculty assigned to that student and it becomes part of the student's evaluation/grade folder.

ABSENCE FROM ROTATION POLICY:

- ❖ It is the student's responsibility to call the scheduled faculty at the rotation 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, only in the event that you were unsuccessful in contacting the rotation site (follow guidelines set forth under ATTENDANCE POLICY ON CLINIC, ROTATION, AND OFF SITE MEETINGS).
- ❖ Each student is responsible for her/his transportation to and from any extramural clinical rotation sites. Directions will be provided.

LATENESS

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

PATIENT REQUIREMENTS

- ❖ All students must complete the minimum number of patients listed in the clinical requirements section. In the event that the student does not complete the minimum number of patients, an "N" will be issued for the course and the student will receive an incomplete. Patient requirements must be met along with OH III course load in order to pass the program.
- ❖ All students must complete at least **one (1) Stage IV** initial prep patient (requires at least two visits) 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 "N" grade will be issued for the course and the student will receive an incomplete. The student must resolve the "N" grade within the next semester as specified by contractual arrangement made with the primary faculty member. Failure to do so will result in an "F" grade and the student is required to repeat the course loads according to BCC guidelines. Students must also complete all OH IV requirements in order to graduate. **Summer clinic is not an option!**
- ❖ Each student will schedule a patient to be treated every clinical session beginning Friday September 6 through Friday _____. It is the responsibility of the student to secure patients for clinical sessions. Students may see clinic patients previously treated by former students but should not rely on these patients as their sole source of patients. It is **not** the responsibility of the dental hygiene program to provide patients! Be sure to check the appointment schedule in the computer daily.

- ❖ Patient requirement progress will be reviewed at five (5) week intervals. Students must keep their Typhon records and EagleSoft provider histories up to date. Information to be included: names and dates of patients treated, therapy rendered, and supportive therapies provided.
- ❖ Students must keep a log consisting of: dates, patients treated, services rendered including supportive therapies, and a grade for each case. This log will be provided at the beginning of the semester. Students must keep clinical logs up-to-date. Please keep accurate records with faculty signatures.
- ❖ Faculty will be provided individual student folders consisting of the attendance forms. All faculty will enter accurate records of individual evaluations and support therapies in the Typhon system prior to the end of each clinical session. This will allow for a smooth transition for grade review.
- ❖ Students will turn in their EagleSoft provider histories, have their Typhon records reviewed, and submit their clinical logs at the end of the semester to receive a final grade for the clinical component of this course.
- ❖ Students wishing to review their progress may make an appointment with the primary course instructor. Office hours posted on page one (1) of this syllabus and on the office door.
- ❖ **Do not wait until the last possible week or day to fulfill clinical requirements!**

CLINICAL COMPETENCY EVALUATIONS

- ❖ Each student will complete three (3) clinical competency evaluations for designated instruments and supportive clinical therapies in five (5) week time intervals. All instrumentation competencies must be completed at a minimum level of **90%**. During round one, if the student does not achieve 90%, the student must repeat the competency evaluation and the two grades will be averaged. During round 2 and 3, if the student does not meet 90% on the first attempt, the student must be evaluated by the primary faculty member. The first grade posted will be the grade issued for that instrument. 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 and prior to intraoral assessments that you would like to be observed. Please have all forms available and accessible for faculty.

- ❖ The due dates are as follows:

Friday	September ____	Students on assigned rotation
Wednesday	October _____	must complete the competency
Monday	November ____	at the prior clinic session.

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

- ❖ Instructors are required to complete a full set of competencies for each student that they are assigned to. Students may **not** switch, trade, or change assigned/rotated instructors. A zero (**0**) grade will be given for failure to complete and turn in a set of competencies at the required interval date assigned. In the event of school closing due to inclement weather or other emergency, a week's grace period will be given for both student and faculty to complete competency. **Do not wait until the last minute to complete instrument competency requirements!**

- ❖ Students in need of instrumentation review can schedule an appointment with the primary faculty member and/or make arrangements through additional resources. Do not wait until the last minute to express instrumentation concerns.

CLINICAL JOURNAL

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

OTHER CLINICAL POLICIES

- ❖ Have all clinical requirements turned in to the primary faculty member by Friday, _____. Otherwise, a course grade of “**N**”, incomplete or “**F**”, failure will be issued for the semester and a full course grade will not be issued until _____. (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.

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 (Alpine Learning Center, EPIC School, Paterson Schools, Kindersmile, and St. Joseph’s Hospital) must be completed each semester.
- ❖ A minimum of two hours of lecture/presentation must be completed each semester. This may include one hour of patient education at a preschool or Head Start program and one hour of patient education during the Special Needs 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, the Oral Cancer Walk-a-Thon, Liberty Science Center, the Health EASE Senior Wellness Fair, Colgate Brite Smiles, Community Health Week, and Give Kids A Smile day will also be credited towards Service Learning.

CLINICAL CLEARANCE

- ❖ Clinical clearance will be issued on Wednesday, _____. Students must remove all personal items, expired materials, and sharp's containers (if full) from their unit. In addition, students must present hand piece numbers/names for cross-referencing, locker numbers, any additional instruments/hand pieces on loan, radiation badges, and inactive and/or terminated patient charts. All provider histories in Eaglesoft will be reviewed and each student will be responsible for entering/correcting their provider history. Once completed, students must pick up all instrument cassettes, XCP holders, cavitron tips, and hand pieces prior to winter recess.
- ❖ Clinical grades will **not** be issued until this clearance is completed. Students have until _____ **at 12:00 noon** to complete the final check out process. If any students fails to complete the process, an "**N**" (incomplete) grade will be issued.

PROFESSIONAL JUDGEMENT

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

MEDICAL CLEARANCE

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

PROGRESSION REQUIREMENTS

- ❖ A student must complete the Dental Hygiene program within four 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 Academic Department Chair in writing **within 14 days** from the end of the semester about their intention to repeat the course, if eligible.

- ❖ Any student who withdraws (W) from any DHY (core dental hygiene course) must withdraw from all DHY courses for that semester. All DHY courses from the semester in question must be repeated and successfully completed in the subsequent year.

- ✚ A first semester student who receives a failure (E or F) in DHY 108 or DHY 109, but successfully completes DHY 101, will be allowed to repeat DHY 108 or DHY 109 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 second semester student who receives a failure (E or F) in DHY 201, will be allowed to repeat DHY 201 ONLY if they register for the DHY 210 course in the fall prior to re-enrolling for DHY 201 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.

- ✚ A second semester student who receives a failure (E or F) in DHY 205 or DHY 209, but successfully completes DHY 201 will be allowed to repeat DHY 205 or DHY 209 ONLY if they will 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 summer semester student who receives a failure (E or F) in DHY 200 or DHY 220 but successfully completes DHY 208 will be allowed to repeat DHY 200 or DHY 220 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 summer semester student who receives a failure (E or F) in DHY 208, will be allowed to repeat DHY 208 ONLY if they register for the DHY 210 course in the spring prior to re-enrolling for DHY 208 the following summer. 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 third semester student who receives a failure (E or F) in OH III, DHY 202, must enroll in DHY 210, Enhanced Clinical Techniques, during the summer session, prior

to re-enrolling in DHY 202 the following fall. 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 third semester student who receives a failure (E or F) in DHY 204, DHY 206, DHY 207, or DHY 219 but successfully completes DHY 202 will be allowed to repeat DHY 204, DHY 206, DHY 207 or DHY 219 ONLY if they 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 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 prerequisites 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.
- ❖ Any fourth semester student, who has not completed a minimum of 50% of their clinical requirements by _____, will **NOT** be eligible to sit for the clinical exam, CDCA/NERB.

Course Grade Appeal Policy

❖ Bergen Community College's appeal policy states:

1. A student raising a complaint or concern about a course grade may discuss the matter with the individual faculty member no later than the first two weeks of the semester, immediately following receipt of the grade.
2. If the grade appeal is not resolved, the student may bring the matter to the appropriate department head within two weeks of discussion with the instructor.
3. The department head will investigate the appeal and attempt to resolve the matter as expeditiously as possible. The department head will notify the student either in writing or orally of the result.
4. If the appeal is not resolved, the student may put the appeal in writing, attaching copies of any supporting information and send it to the appropriate divisional dean within two weeks of hearing from the department head.
5. The divisional dean may consult other faculty in the discipline and the department head and may choose to meet with the student. The dean will notify the student in writing of the resolution. A grade appeal is sometimes a lengthy process and may take several weeks to resolve at this stage. Every effort will be made to notify the student within one month.

6. After receipt of the dean's written response, a student may continue the appeal process by writing to the Vice President of Academic Affairs. The student should attach copies of all previous correspondence regarding the appeal and copies of supporting documentation.
7. The Vice President of Academic Affairs 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 Vice President of Academic Affairs 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/electronically receiving and utilizing another's answers during any in class assessments/examinations.
- ❖ Failure to adhere to this policy will result in a grade of zero for the assessment in question (assignment, tests, quizzes, etc.)
- ❖ Failure to adhere to this policy may also result in suspension and/or termination from the program.

DRESS CODE

- ❖ As a developing health care professional, your image is very important. Your interaction with colleagues, patients, and other health care professionals is not only verbal but may be based on appearance, body language, tone of voice, etc.
- ❖ Often your image is based on first impressions. No shorts, lycra, spandex or body wear are permitted to be worn during clinic or lab sessions.
- ❖ Hair must be off the face and collar and long nails/nail polish are not acceptable. Nails that extend beyond the fingertip are prime locations for bacteria.
- ❖ Jewelry is to be kept to a minimum. A watch and plain wedding are band acceptable. Engagement rings, etc should be left at home. You will be asked to remove it and the faculty will not be responsible for lost or misplaced jewelry. All students are expected to adhere to these protocols during dental hygiene clinical and pre-clinic periods as well as at all rotation sites.
- ❖ One (1) small earring in each ear is permitted. Body art (tattoos) must be covered. Visible body piercing(s) must be removed during dental hygiene clinical and rotation site periods.
- ❖ Facial hair must be trimmed and neat

- ❖ Attendance at professional conferences requires a professional appearance. **NO** jeans, sneakers, or casual wear are acceptable. The colleagues you meet now may be potential employers later. Building a professional image is essential. **Remember, you never get a second chance to make a first impression!**
- ❖ **NO** jeans, sweatshirts/pants, spandex, or inappropriate attire may be worn during any clinical, pre-clinical, laboratory, or rotation sessions!

UNIFORMS

- ❖ Uniform scrubs must be worn during all pre-clinical sessions and regulation lab jackets must be worn during all laboratory sessions. Clinical uniforms and lab coats must be cleaned and pressed (unless disposable) prior to each session.
- ❖ No modifications of the clinical uniform are permitted. This includes but is not limited to turtlenecks, t-shirts, and tank tops under the scrub top. This is for all on campus clinical as well as off campus rotation sites including but not limited to: Paterson Public Schools, Kindersmile, St Joseph's Hospital Family Dental Center, EPIC School, and Alpine Learning Center.
- ❖ Black rubber sole closed (covering toes/heels) shoes or white heel covering clogs must be worn. Sneakers, leather or canvas Keds with laces, and high heels are NOT acceptable. Black hose or black or navy color 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.
- ❖ **Uncovered scrubs must not be worn outside of clinic.** Do not wear any clinic attire while traveling to the college. All students must change into clinical attire upon arrival to the clinic or clinical rotation and change at the end of the session. **In addition, NO UNIFORMS, SCRUBS, OR OTHER SUCH WORK RELATED ATTIRE may be worn to classes, labs, or clinic. It is an infection control violation!**
- ❖ A regulation monogram **MUST** be visible on the left side of the uniform during all clinical sessions. The monogram must also be visible during external rotations.
- ❖ Hair should be pulled back away from the face and should not hang over the shoulders. No elaborate hair fasteners or hair bands are permitted. Only white, black, or tortoise shell bands, combs, etc. are permitted.

- ❖ Isolation gowns must be worn when treating partners and patients. Avery name tags must be purchased and worn on isolation gown.
- ❖ Make up, when worn, must be applied subtly. NO fragrances are to be worn during clinical, lab, or rotation sessions.

GENERAL CLINIC POLICIES

- ❖ **Children under eighteen (18) years of age must be attended to by an adult or guardian in the reception room of the clinic** when a parent or other child/ children are seen as patients in the dental clinic.
- ❖ SENIOR CITIZENS SUFFERING FROM SENILE DEMENTIA AND/OR ALZHEIMERS DISEASE **MUST** be attended to by an adult or guardian in the reception room of the clinic when the primary care giver is seen as a patient in the dental clinic.
- ❖ Students must terminate a patient at the appropriate check out time of **11:15am** and dismissal time of **11:30am for am clinic and** at the appropriate check out time of **4:00pm** and dismissal time of **4:15pm for pm clinic**. School policies explain the safety and legal ramifications of non-adherence to this policy.
- ❖ In the event of a fire drill, students and patients must **immediately** exit the building at designated sites. Know where these exits are and assist fellow colleagues and patients out of the building. (Lost classroom/clinical time will be factored into the course evaluation).
- ❖ Students are accountable for themselves. Instructors will not address academic or program related issues with anyone other than the student who is registered for the course. Parents or significant others shall **not** be included in discussions related to any of these issues.

SERIOUS ILLNESS, INJURY, OR PREGNANCY

- ❖ A student in the Dental Hygiene Program who sustains a serious illness or injury or becomes pregnant must present written medical permission to attend classes and clinical practice at the time of resuming studies. Pregnant students must provide the Dental Hygiene department chair and clinical coordinator with written permission to participate in radiology and clinical courses. The college medical office and the course instructor must also receive copies of this medical clearance.
- ❖ Pregnant students must wear a fetal monitor badge in addition to a radiology badge during all clinical and laboratory sessions. A due date must be noted in writing by the

attending physician. Please consult with the department chair or clinical coordinator for more information and necessary forms.

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

ABSENCE OF INSTRUCTOR

- ❖ From the college catalog: students are expected to wait 20 minutes for a faculty member to come to class.
- ❖ If at the end of 20 minutes the faculty member does not come, the students should sign an attendance sheet which indicates course name and number, date, and time. One student should deliver the attendance sheet to the dental hygiene office.
- ❖ Students cannot be penalized by faculty for not waiting longer than 20 minutes.

PATIENT CONFIDENTIALITY

- ❖ All students will sign a confidentiality form at the beginning of the fall semester and comply with all protocols regarding patient confidentiality.
- ❖ **NO** copying of any patients files by any means, electronic or otherwise is permitted at any time. This includes but is not limited to copying via cell phone, IPOD, IPAD, 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 Wednesday, _____.

PATIENT CLASSIFICATIONS

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, moderate, or heavy (spicule, nodule, or ledge/ring)

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 en-route 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			3
Stage I	A B		4
	C D		
Stage II	A B		8
	C D		
Stage III	C		4
	D		
Stage III	A or B perio maintenance		4
Stage IV	C		1
	D		
Stage IV	A or B perio maintenance		1
Pediatric, Alpine and/or EPIC			2
Adolescent			1
SUPPORTIVE THERAPIES			
Air Flow			3
Alginate Impressions			2 complete sets (max & man)
Denture/Appliance Care			1
Fluoride Therapies			4
Homecare Therapies			2

Intra-Oral Photographs	2
Local Anesthesia	Minimum of 6 Administrations
Oral Irrigation	3
Periodontal dressings	1
Sealants	Minimum of 10
Ultrasonic Instrumentation	4
RADIOGRAPHS	
Full Mouth Series (film/traditional)	0
Bite Wing Series (film/traditional)	1
Panorex	1
Digital BWX	5
Digital FWX	3
INSTRUMENT COMPETENCIES	3 sets at 90% competence
Instrument Sharpening	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
Return Visit Days	C. 1-5, C. 7-13, HP. 1-6, CM. 2-4, CM. 7, PC. 1-13, PGD. 3
Workshop Days	
	<p>Workshop:</p> <ul style="list-style-type: none"> • syllabus & clinic protocols • assign lockers, assign & set up the units • prepare instruments for sterilization • ck/enter rotations in Eaglesoft • J & J lunch and learn Webinar • Learn HuFriedy Air Flow system
	<ul style="list-style-type: none"> • HuFriedy Advanced Instrumentation Workshop • Medical Emergencies Workshop
	<ul style="list-style-type: none"> • NO classes, labs, nor clinics
	No Clinic – Greater New York Dental Convention
	<ul style="list-style-type: none"> • Dental materials and clinic workshop

Lecture Outline Reading Assignments

N – Nield-Gehrig **D&H** - Daniel & Harfst **W** – Wilkins **Videos** in Library

Date	Topic	Text and Chapters	Competencies
Week one *	Preadolescent to Post-Menopausal Pt Life Stages	Wilkins 52 D & H 11	C 1-3, 5, 7, 10, 12
Week two	Periodontal Maintenance Advanced Instrumentation Bring typodont and dull instruments to class, New instruments: Nevi 2 Posterior Scaler, Sub Zero, Gracey 11/12 After five, 137 Sickle/Curette Mini five and Sidekick	D & H 31, 9, 10 N 18,20,21,22,26	C 1-5, 7, 9,10, HP 5-6 PC 1-3, 5-8, 13
Week three *	Orthodontic Pt. Cleft Lip & Palate Special Needs Project Topic/Team due	Wilkins 31 51	C 1-3, 5, 7, 10,12-13 HP 2-6, PC 7
	Clinical Review Test #1		
Week five *	Oral Rehabilitation, Post Surgical Oral Rehabilitation, Implants	Wilkins 55 Wilkins 33	C 1-5, 7, 9, 10, 12 HP 2-6 PC 2-3, 6-8, 11-13
Week Six *	Mental and Emotional Disorders Anxious/Phobic Pt	D & H 45 D & H 40	C 1-5, 7, 9, 10, 12-13 HP 2-6 PC 2-4, 6-8,13
Week Seven	Pt. with Cancer	D & H 48 Wilkins 56	C 1-5, 7, 9, 10, 12-13 HP 2-6 PC 2-4, 6-8, 13
	Clinical Review Test #2		
Week nine *	Pts with Physical Impairments Neurological Impairments	Wilkins 59 D & H 44	C 1-5, 7, 9, 10, 12-13 HP 2-6 PC 2-4, 6-8,13
Week ten *	Care of Pts with Physical Disabilities	Wilkins 57 58	C 1-5, 7, 9, 10, 12-13 HP 2-6 PC 2-4, 6-8, 13
Week eleven *	Sensory Compromised Pt Review for Final Exam	Wilkins 60	C 1-5, 7, 9, 10, 12-13 HP 2-6 PC 2-4, 6-8, 13
	Final Examination – Cumulative Special Needs Written Project Due	Report at 8:20am – will conclude 10:15am	
	Special Needs Project Presentation		C3, 7, 8, 10, HP 1,2, 4 CM 1, 2, 4, 7 PGD 3

	Special Needs Project Presentation		C3, 7, 8, 10, HP 1,2, 4 CM 1, 2, 4, 7 PGD 3
	Guest Speaker – To be announced		
	Guest Speaker – To be announced		

***ONLINE DAY**

Pt Classification	# Required	x Points	= Total points 100
Gingival Health / Gingivitis	3	1.5	4.5
Stage I	4	2.5	10
Stage II	8	3	24
Stage III	8	5	40
Stage IV	2	9	18
Pediatric	1	1	1
Adolescent	1	1.5	1.5
Alpine or Epic	1	1	1

Support Therapy	# Required	x Points	= Total points 100
Air Flow	3	2.5	7.5
Alginates	2 sets	2.5	5.0
Denture Care	1	2.5	2.5
Fluoride Tx	4	2.5	10.0
Home Care	2	2.5	5.0
I-O Photos	2	2.5	5.0
Instrument Sharpen	2	2.5	5.0
Local Anesthesia	6	2.5	15.0
Oral Irrigation	3	2.5	7.5
Perio Dressing	1	2.5	2.5
Sealants	10	2.5	25.0
Ultrasonic Instrument	4	2.5	10.0

Radiographs	# Required	x Points	= Total points 100
FMX	3	15	45
BWX	6	8	48
Panorex	1	7	7

THIS COURSE SYLLABUS IS SUBJECT TO CHANGE

Learning Objectives

Week One

Life Stages, D,H,& W, Ch 11

Be able to describe the physiological, oral, and and psychological characteristics for early childhood

Be able to describe the physiological, oral, and and psychological characteristics for late childhood

Be able to describe the physiological, oral, and and psychological characteristics for adolescence to young adulthood

Be able to describe the physiological, oral, and and psychological characteristics for early adulthood

Be able to describe the physiological, oral, and and psychological characteristics for mature adulthood

Be able to describe the physiological, oral, and and psychological characteristics for late adulthood

Preadolescent to Post Menopausal Pt, Wilkins, Ch 52

Be able to describe the stages of adolescence for males and females

Discuss LAP and GAP

Discuss menstruation and dysmenorrhea

Discuss menopause

Periodontal Diseases, Perry, table 14-2b

Be able to discuss Papillon Le-Fevre Syndrome

Be able to discuss Chediak-Higashi Syndrome

Be able to discuss Cohen Syndrome

Be able to discuss Ehlers-Danlos Syndrome

Be able to discuss Hypophosphatasia

Gingival Diseases, Perry, table 14-2a

Be able to discuss Syphilis

Be able to discuss Gonococcal Stomatitis

Be able to discuss NOMA

Week Two

Periodontal Debridement, D,H,& W, Ch 31

Be able to discuss debridement, cavitation, microstreaming

Explain pathogenesis and wound healing

Differentiate between sonic and ultrasonic scalers

Describe the various tips for power instrumentation

Differentiate between prophylaxis and periodontal debridement

Describe the dental endoscope and explain indications for use

Instrument Design, Principles, and Sharpening D,H,& W, Ch 9 & 10

Describe the various types of examination and scaling instruments and their design features and uses

Describe the various types of five types of advanced fulcrums and differentiate between their uses

Discuss the fundamentals of instrumentation

Describe the various types of sharpening devices and differentiate between their techniques

Describe the methods for sharpening each type of instrument

Describe the care and maintenance of each instrument

Fundamentals of Periodontal Instrumentation, Nield, Ch 18, 20, 21, 22, 26

Describe the file, explain the instrumentation techniques, and identify the various types

Differentiate between the various types of calculus attachment

Be able to differentiate between full mouth debridement and quadrant debridement

Describe the different methods of treatment planning

Explain the procedure for recording various oral deviations

Explain the procedure for assessing and recording mobility

Explain the procedure for assessing and recording clinical attachment loss

Explain the procedure for assessing and recording width of attached gingival

Explain the procedure for assessing and recording furcation involvement

Describe the history of power instrumentation

Differentiate between frequency and amplitude

Discuss the various medical and dental contraindications for power instrumentation

Week Three

Pt with Cleft Lip and Cleft Palate, Wilkins Ch 51

Be able to describe the 7 classes of clefts

Differentiate between cleft lip and cleft palate

Describe the occurrence, etiology, and formation of cleft lip and cleft palate

Describe the treatment for cleft lip and cleft palate

Be able to explain the purpose of an obturator

Pt with Orthodontics, Wilkins Ch 31

Differentiate between cemented bands and bonded brackets

Discuss the advantages and disadvantages of brackets

Explain the procedures for bonding, debanding, and debonding

Describe the post debonding evaluation

Differentiate between removable and fixed retainers

Learning Objectives

Week Five

Clinical Practice of the Dental Hygienist-Wilkins The Oral and Maxillofacial Surgery Patient Chapter 55

Be able to discuss the categories of oral surgery

Be able to define terminology of oral surgery such as comminution, ecchymosis, exodontics, and osteosynthesis

Be able to describe pre –surgical instructions

Be able to discuss the causes of fractured mandibles

Be able to describe the treatment for Dislocated Mandible, Facial Fracture, Avulsed tooth

Be able to recognize clinical signs of fractured mandibles and differentiate between simple, compound, comminuted, and incomplete fractures

Be able to recognize clinical signs of fractured maxillas and differentiate between LeFort I, II, and III midface fractures

Be able to describe and differentiate between open and closed reductions including IMF, ESK, and mini-plates and screws

Be able to describe the indications and contra-indications for IMF, ESK, and mini-plates and screws

Be able to describe the alveolar process fracture and the treatment required

Be able to describe the nutritional needs of the post-surgical pt and design the appropriate diet including, clear liquid, full liquid, blenderized, and soft diets

Be able to describe and design an oral hygiene care plan for the post-surgical pt

Clinical Practice of the Dental Hygienist-Wilkins
The Patient with Oral Rehab. & Implants - Chapter 33

Be able to define the objectives of oral rehabilitation and describe the components of treatment

Be able to describe the characteristics of the rehabilitated oral cavity including fixed and removable prosthesis

Be able to design a home care regiment for the rehabilitated oral cavity

Be able to differentiate between endosseous, subperiosteal, and transosteal implants

Be able to describe and one step and two step surgical procedures for each type of implant

Be able to describe the implant interface and differentiate between the natural tooth and the implant and prosthesis

Be able to describe indications and contra-indications for implant placement

Be able to describe and design an oral hygiene care plan for the implant pt

Be able to describe and differentiate between the successful implant and the implant with an infection

Fundamentals of Periodontal Instrumentation
Nield-Gehrig Ch 26

Be able to describe the different types of implant restorations / prosthesis

Be able to describe and differentiate between the various debridement instruments and techniques for calculus removal on implants

Week Six

Dental Hygiene, Cases, Concepts, and Competencies
Daniel, Harfst, & Wilder, Mental & Emotional Disorders - Chapter 45

Be able to define mental disorders

Be able to discuss the five axes in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*

Be able to discuss the GAF (Global Assessment of Functioning) Scale and differentiate between levels 100 to 10

Be able to describe anxiety disorders

Be able to differentiate between panic disorders, phobic disorders, GAD, OCD, and PTSD

Be able to design an oral hygiene care plan for the pt with anxiety disorders

Be able to describe mood disorders

Be able to differentiate between major depressive / unipolar mood disorder and bipolar mood disorder

Be able to design an oral hygiene care plan for the pt with mood disorders

Be able to describe personality disorders

Be able to differentiate between Clusters A, B, and C personality disorders

Be able to discuss eating disorders

Be able to differentiate between anorexia nervosa and bulimia

Be able to design an oral hygiene care plan for the pt with eating disorders

Be able to discuss schizophrenia

Be able to differentiate between the five major types of schizophrenia

Be able to design an oral hygiene care plan for the pt with schizophrenia

Dental Hygiene, Cases, Concepts, and Competencies
Daniel, Harfst, & Wilder, Anxiety Control - Chapter 40

Be able to define fear, anxiety, and phobia

Be able to describe the etiology of dental anxiety

Be able to determine through various assessment procedures how to identify the pt's anxiety level

Be able to design an oral hygiene care plan for the pt with dental anxiety

Be able to describe the various behavior management procedures and differentiate between what works best for adults and/or children

Week Seven

Dental Hygiene, Cases, Concepts, and Competencies Daniel, Harfst, & Wilder, Cancer – Chapter 48

Be able to describe the various theories for the etiologies of oral cancer

Be able to differentiate between leukoplakias, erythroplakias, and erythroleukoplakias

Be able to describe the sites for oral cancers and the signs and symptoms

Be able to describe the various boundaries, TMN classifications (tumor, node, metastasis), and stages of cancer

Be able to differentiate between the various early detection devices / tests

Be able to differentiate between the various treatments for oral cancer

Be able to describe the various prognoses for each area of the oral cavity

Be able to differentiate between the various types of radiation therapy

Be able to describe the various oral complications of radiation therapy and the treatment for each complication

Be able to discuss the oral care protocols, before, during, and after radiation therapy

Clinical Practice of the Dental Hygienist-Wilkins The Patient with Cancer – Chapter 56

Be able to define terminology associated with cancer such as alopecia, dysgeusia, hyperbaric oxygen, pancytopenia, and pleomorphism

Be able to differentiate between benign and malignant cells/tumors

Be able to discuss the statistical occurrences, risk factors, and commonly occurring cancers

Be able to design an oral hygiene care plan for the pt with oral cancer

Be able to recognize the areas and the fields of radiation for head & neck tumors

Be able to differentiate between the different types of radiation therapy and the recommended dosages

Be able to differentiate between the various effects of radiation to the oral cavity and the therapy and/or management for each

Be able to discuss the objectives of chemotherapy and the types of chemotherapy

Be able to differentiate between the systemic and oral side effects of chemotherapy

Be able to discuss the oral care requirements for the patient on chemotherapy

Be able to discuss the indications for surgery and the types of surgery for the cancer pt

Be able to discuss bone marrow transplant and the types of donors available

Be able to identify the stages (steps) necessary for bone marrow transplant

Be able to discuss the possible complications with bone marrow transplant and the preventive therapy

Learning Objectives

Week Nine

Clinical Practice of the Dental Hygienist-Wilkins The Patient with a Physical Impairment Chapter 59

Be able to define terminology of physical impairments such as akinesia, decubitus ulcer, dysphagia, orthosis, and TIA

Be able to describe the etiologies of spinal cord dysfunction

Be able to differentiate between the different levels of spinal cord injury

Be able to describe the characteristics of spinal cord injuries

Be able to describe the secondary complications of spinal cord injuries

Be able to describe the characteristics of an oral orthosis for the spinal cord injury pt

Be able to describe and design an oral hygiene care plan for the spinal cord injury pt

Be able to differentiate between the various types of spina bifida

Be able to differentiate between the various characteristics of spina bifida

Be able to describe the various types of surgeries available for the spina bifida pt

Be able to identify and describe the etiologies of cerebral vascular accident

Be able to describe the signs and symptoms of cerebral vascular accident

Be able to differentiate between right side and left side cerebral vascular accident

Be able to describe the various types of medical therapies available for the CVA pt

Be able to design an oral hygiene care plan for the CVA pt

Be able to identify the various types of muscular dystrophy

Be able to describe the characteristics and prognosis for Duchenne muscular dystrophy

Be able to describe the characteristics and prognosis for facioscapulohumeral muscular dystrophy

Be able to design an oral hygiene care plan for the muscular dystrophy pt

Be able to describe the characteristics for Myasthenia Gravis

Be able to describe the cause, symptoms, and emergency care for Myasthenic Crisis

Be able to describe the cause, symptoms, and emergency care for Cholinergic Crisis

Be able to describe the various types of medical therapies available for the Myasthenia Gravis pt

Be able to design an oral hygiene care plan for the Myasthenia Gravis pt

Be able to describe multiple sclerosis and the onset

Be able to describe the characteristics and physical symptoms of multiple sclerosis

Be able to describe the various types of medical therapies available for the multiple sclerosis pt

Be able to design an oral hygiene care plan for the multiple sclerosis pt

Be able to describe cerebral palsy and the various etiologies

Be able describe the three types of CP and their various characteristics

Be able to describe the various types of medical therapies available for the cerebral palsy pt

Be able to describe Bells Palsy and the various suspected etiologies

Be able to describe the characteristics and physical symptoms of Bells Palsy

Be able to describe the various types of medical therapies available for Bells Palsy

Be able to design an oral hygiene care plan for the Bells Palsy pt

Be able to describe the characteristics and physical symptoms of Parkinson's Disease

Be able to describe the various types of medical therapies available for the pt with Parkinson's Disease

Be able to design an oral hygiene care plan for the pt with Parkinson's Disease

Be able to describe the characteristics and physical symptoms of Rheumatoid Arthritis

Be able to describe the various types of medical therapies available for the pt with Rheumatoid Arthritis

Be able to describe the characteristics and physical symptoms of Juvenile Rheumatoid Arthritis

Be able to describe the medical therapies available for the pt with Juvenile Rheumatoid Arthritis

Be able to describe the characteristics and physical symptoms of Osteo Arthritis

Be able to describe the medical therapies available for the pt with Osteo Arthritis

Be able to design an oral hygiene care plan for the pt with Osteo Arthritis

Be able to describe scleroderma and the characteristics

Be able to describe the medical therapies available for the pt with scleroderma

Be able to design an oral hygiene care plan for the pt with scleroderma

Be able to describe end stage renal disease and discuss impaired functions of the kidney

Be able to describe the medical treatments available for the pt with end stage renal disease

Be able to design an oral hygiene care plan for the pt with end stage renal disease

**Dental Hygiene, Cases, Concepts, and Competencies -Daniel, Harfst, & Wilder
Neurologic & Sensory Impairments - Chapter 44**

Be able to define autism

Be able to describe the signs and symptoms of autism

Be able to describe the treatments available for the pt with autism

Be able to define hydrocephalus

Be able to differentiate between ventriculoatrial and ventriculoperitoneal shunts

Be able to define brain injuries

Be able to describe the signs and symptoms of brain injuries

Be able to differentiate between complete and incomplete spinal cord injuries

Be able to differentiate between quadriplegic and paraplegic pts

Be able to describe the signs and symptoms of spinal cord injuries

Be able to describe Alzheimer's Disease

Be able to describe the hallmark signs and symptoms of Alzheimer's Disease

Be able to differentiate between the three stages of Alzheimer's Disease

Be able to identify Amyotrophic Lateral Sclerosis / Lou Gehrig's Disease

Be able to describe the signs and symptoms of Amyotrophic Lateral Sclerosis

Be able to describe neuromuscular deficits and the accommodations required for the pt

Be able to describe musculoskeletal deficits and the accommodations required for the pt

Be able to describe respiratory deficits and the accommodations required for the pt

Be able to describe bowel & bladder deficits and the accommodations required for the pt

Be able to describe integumentary deficits and the accommodations required for the pt

Be able to describe cognitive and perceptual deficits and the accommodations required for the pt

Be able to describe visual deficits and the accommodations required for the pt

Be able to describe communication deficits and the accommodations required for the pt

Be able to describe mobility deficits and the accommodations required for the pt

Week Ten

Clinical Practice of the Dental Hygienist-Wilkins Care of the Disabled Patient Chapter 57

Be able to differentiate between impairment, disability, and handicap

Be able to describe the objectives for care of the disabled pt

Be able to differentiate between the pts and family's barriers to care

Be able to describe the steps involved in pre treatment planning

Be able to differentiate between external and internal barrier free environments

Be able to differentiate between the various types of wheelchair transfers

Be able to differentiate between the various types of body enclosures

Be able to describe the various oral manifestations for disabled pts

Be able to differentiate between the different functioning levels of disabled pts

Be able to design an oral hygiene care plan for the disabled pt

Be able to design various adaptations for home care for the disabled pt

Be able to teach the pts caregiver various techniques for home care

Be able to assess the pt's diet and recommend nutritionally sound alternatives

Be able to design an in-service presentation for caregivers of disabled pts

Be able to design instrumentation techniques that are safe for the clinician and the disabled pt

Clinical Practice of the Dental Hygienist-Wilkins Care of the Homebound Patient Chapter 58

Be able to define terms associated with the disabled pt such as sordes, hospice, and palliative

Be able to describe the objectives for care of the homebound pt

Be able to describe the steps involved in preparation for treating the homebound pt

Be able to design various adaptations for hygiene care for the homebound pt

Be able to design various adaptations for home care for the homebound pt

Be able to describe the objectives for care of the unconscious pt

Be able to describe the objectives for care of the prosthesis for the unconscious pt

Be able to design various adaptations for hygiene care for the unconscious pt

Be able to describe the various oral conditions for the unconscious pt

Week Eleven

Clinical Practice of the Dental Hygienist-Wilkins

The Patient with a Sensory Disability Chapter 60

Be able to define terms associated with the sensory disabled pt such as astigmatism, nyctalopia, retinitis, decibel, and tinnitus

Be able to describe example of auxiliary aids for the sensory disabled pt

Be able to differentiate between the various etiologies for the visually impaired pt

Be able to design an oral hygiene care plan for the visually impaired pt

Be able to describe the various etiologies for the hearing impaired pt

Be able to differentiate between conductive, sensorineural, mixed, and central hearing loss

Be able to differentiate between the various types of hearing aids

Be able to describe a cochlear implant

Be able to describe the various modes of communication for the hearing impaired pt

Be able to design an oral hygiene care plan for the hearing impaired pt

BERGEN COMMUNITY COLLEGE

DENTAL HYGIENE DEPARTMENT

DHY-202-OH III

Student Acknowledgement

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

Faculty Signature

Student Signature / Date