GREAT FALLS COLLEGE
MONTANA STATE UNIVERSITY



Great Falls College MSU Dental Hygiene Handbook

Revised Summer 2026

Contents

Purpose of the Handbook 4
American Dental Association Commission on Dental Accreditation (CODA) Complaint Statement 5
What is a Dental Hygienist? 6
Dental Hygiene Program Goals 6
Dental Hygiene Program Outcomes 7
Dental Hygiene Curriculum 9
Academic Policies and Procedures 11
Equal Opportunity 11
Technical Standards 12
Student Pregnancy Accommodations 14
Dignity Statement 15
Academic Advising and Career Center 15
Academic Integrity Policy 16
Illness and Injury 16
Classroom Attendance 16
Dental Hygiene Program Assessment and Grading Scale 18
Exam Facilitation Procedures 19
Dismissal and Readmission Policy 20
Appeals 22
Clinic Curriculum and Clinic Protocols 22
Immunization Policy Overview 23
Medical Clearance for Illness or Injury 24
Health Insurance 25
Liability Insurance 25
Needle Sticks and Sharps 25
Blood and Body Fluids 29
Human Subject and Lab Practice 30
Program Immunization Information 32
Required CPR Certification 33
Dress and Appearance 34
Human Subject and Lab Practice 36
Clinical Externship Rotations 37
Patient Recruitment 38
Recare System Protocol 41

Clinic Attendance Policy 42
Set up for clinic session 43
Clinic Assessment 44
Taleval 45
Clinic Requirements 48
Clinic Requirement Definitions: 54
Administration of Local Anesthesia 62
Radiographic Exposure 64
Skill Assessments 67
Incompletes 69
Clinic Procedures 71
Clinic Specific Course Outcomes 71
Periodontal Diagnosis 74
Clinic Assistant Duties (CA) 74
Chart Audit 75
No Client Session 76
Clinical Remediation Policy 77
Children of Patients in the Clinic 78
Fees 79
Patient Record Management 80
Oral Hygiene Education and Instruction 82
Professional Expectations and Ethical Behaviors 83
1. Professional Conduct & Attitude 83
2. Professional Attire, Personal Hygiene, and Safety 83
3. Academic and Professional Integrity 84
4. Clinical Safety & Patient Care 84
5. Confidentiality & HIPAA Compliance 85
6. Substance Use & Prohibited Items 85
7. Respectful Behavior and Boundaries 86
8. Property & Resource Use 86
9. Program Responsibilities 86
Corrective Action 86
Dental Hygiene Program Confidentiality Agreement 90
Phone Use 91
Smoking, Drink, and Food 91

Visitors 92
Social Networking Policy 92
Graduation And Licensing 93
Graduation 93
State Licensure 94
Professional Organizations 95
Signature Forms 97
RECEIPT OF HANDBOOK 98
Confidentiality Agreement 99
Guidelines for Human Subject Consent Form 100
Dental Hygiene Education/Profession Risk Factors 101
Recruitment of Patients for Clinical Courses 102
Film, Videotape, and/or Photograph Consent Form 103
Externship Clinical Contract 104
Release of Information Authorization for Lab/Clinicals/Practicum 105

Purpose of the Handbook

This Dental Hygiene Program Handbook outlines policies specific to the Dental Hygiene Program and the Division of Health Sciences at Great Falls College Montana State University (GFC MSU). Students should also refer to the college catalog and website for general college policies. The policies in this handbook apply specifically to the Dental Hygiene Program.

GFC MSU is part of the Montana University System. The Dental Hygiene Program is accredited by the American Dental Association Commission on Dental Accreditation (CODA), and the college is accredited by the Northwest Commission on Colleges and Universities. The program is designed to prepare students for a professional career in dental hygiene, including eligibility to take the required licensing exams, such as the Central Regional Dental Testing Services (CRDTS) exam.

Program policies and procedures are outlined in this handbook and in individual course syllabi. Students should consult these resources first for answers to questions. For didactic courses, questions should be directed to the course instructor. For clinical courses, questions should be posted in Canvas discussion boards, where responses will be shared with all students.

The handbook is available in Canvas course shells for clinical courses and on the Dental Hygiene Program webpage. Policy clarifications will be provided by program faculty to ensure consistency.

This handbook is a dynamic document and may be updated during the program. Students will be notified of any changes and may be required to acknowledge updates.

Students are responsible for understanding all content in this handbook and course syllabi. They should seek clarification directly from faculty rather than relying on other students.

If concerns arise, students should first contact the course instructor. If unresolved, they may escalate concerns to the Program Director and then to the Health Science Division Director.

The handbook is guided by the American Dental Hygienists' Association (ADHA) Code of Ethics to promote ethical decision-making. Students are expected to become familiar with the handbook and keep it accessible.

The Dental Hygiene Program includes a fully functioning on-site dental clinic, providing hands-on experience. This environment requires strict policies and

procedures to ensure safety and proper operation while delivering high-quality patient care.

The program's mission is to prepare knowledgeable and skilled dental hygiene professionals. The curriculum is based on CODA standards and is designed to support successful completion of licensing exams and entry into the profession.

American Dental Association Commission on Dental Accreditation (CODA) Complaint Statement

The Commission on Dental Accreditation of the American Dental Association will review complaints that relate to a program's compliance with the accreditation standards and competencies. The Commission is interested in the sustained quality and continued improvement of the dental and dental-related education programs. They do not, however, intervene on behalf of individuals or act as a court of appeal of individuals in matters of admission, appointment, promotion, or dismissal of faculty, staff, or students.

The Great Falls College MSU Dental Hygiene Program has been granted **"Accreditation without reporting"** and the next site visit is in the year 2026.

A copy of the appropriate accreditation standards and/or ADA Commission's policy and procedure for submission of complaints may be obtained by contacting:

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL, 60611
1-800-621-8099 ext.2719

If students or community members have a complaint with the program and carry out its standards, a complaint can be placed on the Great Falls College MSU's Complaint Log along with contacting the Commission. The Log is at the Dental Clinic Reception desk with the Dental Clinic Manager.

What is a Dental Hygienist?

According to Esther Wilkins, "The Registered Dental Hygienist is a licensed professional, oral health educator, and clinician, who, as a co-therapist with the dentist, uses preventative, educational, and therapeutic methods for the control of oral diseases to aid individuals and groups in attaining and maintaining optimum oral health."

American Dental Hygiene Association (ADHA) Principles of Ethics

- To provide oral health care utilizing the highest professional knowledge, judgment, and ability.
- To serve all patients without discrimination.
- To hold professional relationships in confidence.
- To utilize every opportunity to increase public understanding of oral health practices. To instill public confidence in all members of the dental health professions.
- To cooperate with all health professionals in meeting the health needs of the public. To participate actively in this professional association and uphold its purpose.
- To maintain professional competence through continuing education. To exchange professional knowledge with other health professions. To maintain high standards of personal conduct.

Dental Hygiene Program Goals

Patient Care:

Provide challenging clinical experiences that encompass dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients so students can demonstrate clinical care that is safe, effective, and ethical.

Instruction:

Provide a comprehensive curriculum in dental hygiene that reflects current practice and incorporates a variety of health care settings.

Research:

Incorporate evidence-based research into presentations for dental hygienists that require students to analyze and assess emerging technology and treatment modalities hygienists can integrate into their clinical practices.

Service:

Promote participation in professional organizations and community service projects.

Dental Hygiene Program Outcomes

When students graduate, they will be prepared to:

1. Apply a professional code of ethics in all endeavors. This should include assuming responsibility for professional actions and care based on the current standard of care. This standard of care should incorporate scientific theories and research. (DENT 105)
2. Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care. (DENT 205)
3. Use critical thinking skills, comprehensive problem solving and reflective judgement to identify oral health care strategies that promote patient health and wellness and should be able to determine a dental hygiene diagnosis. These strategies should consider predisposing and ecological risk factors to prevent disease. In addition, these strategies should recognize how systemic diseases, meds, and oral health conditions influence patient care. (DENT 260)
4. Use of evidence-based decision making to evaluate emerging technology and treatment modalities as well as accepted scientific theories and research to provide not only quality, cost effective care but also educational, preventative, and therapeutic oral health services. (DENT 130)
5. Continuously perform self-assessment for lifelong learning and professional growth that may include pursuing career opportunities within health care, industry, education, research, and other roles as they evolve in dental hygiene. They should understand how to access professional and social networks to pursue professional goals. (DENT 281)
6. Communicate effectively with diverse individuals and groups, serving them without discrimination by acknowledging and appreciating diversity. (DENT 250)
7. Promote the values of the dental hygiene profession as well as positive values of overall health and wellness to the public and organization through service-based activities, positive community affiliations and active involvement in local organizations within and outside the profession. (DENT 232)
8. Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care that include methods that ensure the health and safety of the patient and clinician in the delivery of care. (DENT 151 & DENT

122)

9. Initiate a collaborative approach with all patients to develop an individualized care plan that may include collaboration with and consultation from other health care providers to formulate a comprehensive dental hygiene care plan that is patient centered. Demonstration of professional judgement and current science-based evidence practices with considerations ofthe unique needs of each patient including cultural sensitivity and possible referrals. These referrals may include physiological, psychological, or social problems. Plans will adhere to disease prevention and maintenance strategies. Finally, obtain and document patients informed consent based on through presentation of case. (DENT 160, DENT 251, DENT 252, & DENT 281)
10. Systematically collect, analyze, and record diagnostic data on the general, oral and psychosocial health status of a variety of patients. Record accurate, consistent, and complete documentation of oral health services provided. (DENT 251 & DENT 281)
11. Identify patients at risk for medical emergencies and manage patient care to prevent emergencies. Manage a medical emergency by using professional judgement that may include providing life support, CPR, and specialized training and knowledge. (DENT 151, DENT 251, & DENT 252)
12. Provide specialized treatment that includes educational, preventative, and therapeutic services designed to achieve and maintain health that includes determining outcomes of dental hygiene interventions using appropriate techniques. Also, evaluate the effectiveness of this treatment and compare actual outcomes of dental hygiene interventions with expected outcomes and adjusted as needed to provide optimal care. (DENT 252 or DENT 281)
13. Identify population risk factors as well as oral health needs in the community and develop/ implement strategies that promote health-related quality of life which may include determining availability of resources to meet the health care needs of this population or community. (DENT 232)
14. Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care. (DENT 205)

Dental Hygiene Curriculum

The curriculum is designed to provide the student with the necessary didactic coursework and clinical experience to make them eligible to sit for the nationally recognized certification examination administered by the National Dental Hygiene Board of Examiners and the Central Regional Dental Testing Service and to prepare the student for employment as a dental hygienist.

Dental Hygiene Program Pre-Requisites

The above courses must be completed prior to admission into the Dental Hygiene Program. Grades in prerequisite courses are a major factor in ranking applications for admissions.

Course Number	Title	Credits
BIOM 250	Microbiology for Health Sciences/Lab	4
BIOM 201	Human Anatomy and Physiology I/Lab	4
BIOM 211	Human Anatomy and Physiology II/Lab	4
CHMY 121 OR CHMY 141 &143	Intro to General Chem w/Lab	4
CHMY 121 OR CHMY 141 &143	College Chemistry 1 w/Lab AND College Chemistry 2 w/Lab	Total credits = 8
WRIT 101	College Writing	3
M 121	Or any math course in the MUS core	3-4

Table 1 Required Pre-requisite Courses

Total 22/27

All science prerequisite courses must be completed within 5 years of applying for the dental hygiene program. Other general education courses must be completed within 15 years of application. Lab components of science courses are required.

Fall Semester (1st Year)	Credits	Spring Semester (1st year)	Credits
DENT 101 Introduction to Dental Hygiene/Preclinical	2	DENT 150 Clinical Dental Hygiene Theory I	2
DENT 102 Introduction to Dental Hygiene/Preclinical Lab	2	DENT 151 Clinical Dental Hygiene Practice I	4
DENT 110 Theory of Infect Control & Disease Prevention	1	DENT 160 Periodontology I	3
DENT 118 Head and Neck for Hygienist	3	DENT 165 Oral Embryology and Histology	2
DENT 122 Oral Radiology w/ Lab	2	DENT 125 Oral Radiology Interpretation with Lab	1
HTH 140 Pharmacology for Health Care Providers	2	DENT 240 Local Anesthesia & Nitrous Oxide Theory w/ Lab	2
DENT 105 Professional Issues and Ethics in Dental Practice	1		
DENT 119 Dental Anatomy	1		
Total	14	Total	14

Table 2 First Year Coursework

Su Semester	Credits	Fall Semester (2nd Year)	Credits	Spring Semester (2nd Year)	Credits
DENT 260 Periodontology II	1	COMX 111 Intro to Public Speaking **OR** COMX 115 Intro to Interpersonal Communication	3	PSYX 100 Intro to Psychology **OR** PSYX 230 Developmental Psychology	3
DENT 223 Clinical Dental Hygiene Theory II	2	DENT 130 Dental Materials w/ Lab	2	SOCI 111 Introduction to Sociology	3
DENT 251 Clinical Dental Hygiene Practice II	4	DENT 237 Gerontology and Special Needs Patients	2	DENT 232 Community Dental Health and Education	2
NUTR 221 Basic Human Nutrition	3	DENT 263 General/Oral Pathology	3	DENT 205 Professional Issues & Ethics in Dental Practice	1
		DENT 250 Clinical Dental Hygiene Theory III	2	DENT 280 Clinical Dental Hygiene Theory IV	1
		DENT 252 Clinical Dental Hygiene Practice III	5	DENT 281 Clinical Dental Hygiene Practice IV	5
Total	11	Total	17	Total	15

Table 3 Second Year Coursework

Total Prerequisite Credits 22-27
Total Program Credits 71
Total Degree Credits 93-98

Academic Policies and Procedures

Equal Opportunity

Equal Opportunity, Non-Discrimination and Harassment Policy

The Montana State University campuses are committed to a learning and working environment that emphasizes the dignity and worth of every member of its community that is free from discrimination, harassment, and retaliation based upon race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, sex, gender, age, political ideas, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation (taken together, generally, "protected-class harm"). An inclusive environment is necessary to a healthy and productive college community. The college will take appropriate action to prevent, resolve, and remediate protected-class harm.

Great Falls College Montana State University prohibits and will not tolerate discrimination, harassment, sexual misconduct, dating violence, domestic violence, stalking, or retaliation on its premises, within any of its programs, services or other College-sponsored activities, or by anyone acting as an agent of the College. Great Falls College Montana State University is committed to providing and ensuring a safe, positive learning environment that is free from harassment.

In order to maintain consistency across the Montana State University affiliation, Great Falls College MSU follows a four-campus policy in regards to discrimination, harassment and retaliation. GFC Policy 301.1

The College's Equal Opportunity Officers are as follows:

- For students, the Executive Director of Student Services, 2100 16th Avenue South, Great Falls, MT 59405. Telephone: 406-771-5123
- For employees, the Human Resources Manager, 2100 16th Avenue South, Great Falls, MT 59405. Telephone: 406-268-3701

Accessibility Services

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 reasonable accommodation for their disabilities. Instructors must receive an official letter from the Academic Success and Accessibility Office to provide accommodation. If you believe you have

a disability requiring an accommodation, please contact: Director of Academic Success and Accessibility Services, 406-771-4311.

Technical Standards

The technical standards for the Great Falls College MSU Dental Hygiene Program are considered criteria for admission to the program and are listed below.

If you have questions or concerns about your ability to meet the technical standards with or without accommodations, or if you would like to arrange reasonable accommodations, you should contact Accessibility Services. Students who disclose a disability are considered for admission if they are otherwise qualified so long as such accommodation does not significantly alter the essential requirements of the curriculum and the educational program, or significantly affect the safety of patient care or others.

To successfully complete the Dental Hygiene Program, students must demonstrate their competency in carrying out tasks necessary for safe and effective practice in the field, including:

Observation/Sensory-Motor

- Accurately identify and assess heart, breath, and other sounds of the human body
- Accurately assess normal and abnormal color changes in the skin and oral cavity
- Accurately differentiate colors and recognize patient odors
- Detect and respond appropriately to activation/warning signals on equipment) including auditory and visual signals)
- Detect significant environmental odors
- Distinguish fine print on various labels
- Observe and assess conditions of a patient accurately, at a distance and close at hand, and observe non- verbal communication when performing patient assessments and interventions or administering local anesthesia
- Accurately perform local anesthesia with steady hands
- Observe and participate in all demonstrations and experiments in the basic sciences including computer assisted instruction
- Perceive signs of disease and/or infection as manifested through physical examination including visual images of the body surfaces, palpable changes in various organs and tissues of the head and neck, and auditory information (patient voice and heart sounds)
- Read gradients on a periodontal probe

Communication

- Accurately document treatment information
- Communicate accurately and effectively in English with other students, faculty, staff, patients, families and other professionals in a culturally sensitive manner
- Communicate effectively in classroom presentations, seminars, simulation, clinical sites, and online-formats
- Convey or exchange accurate information in a clear and efficient manner to obtain a health history, identify problems presented, and explain alternative solutions
- Effectively communicate with and respond appropriately to other healthcare professionals' questions, requests, and directions in classroom, lab and clinical settings
- Process and communicate information on the patient's status including changes in mood, activity and posture and non-verbal communications with accuracy in a timely manner to members of the health care team Psychomotor
- Adjust and operate diagnostic or therapeutic devices by manipulating knobs, dials, and keyboards
- Assemble dental equipment and supplies
- Coordinate fine and gross muscular movements to treat patients in a clinical setting
- Engage in patient care delivery in all settings and deliver care to all patient populations including but not limited to children, adolescents, adults, individuals with disabilities, medically compromised patients and vulnerable adults
- Execute physical movements required to provide general care and treatment to all patients in all health care settings
- Perform basic life support, ventilation/compression (including CPR and AED), and other basic life support functions
- Perform inspection, palpation, percussion, and other diagnostic maneuvers
- Respond to emergencies precisely, consistently, accurately, and quickly
- Safely assist a patient in moving from one place or another
- Transfer patients from wheelchair to dental chair as needed

Intellectual-Conceptual, Integrative, and Quantitative

- Accurately perform mathematical calculations and calculate local anesthesia dosages from instructions given
- Analyze, collect, and synthesize data to reach diagnostic and therapeutic judgments and to develop an appropriate plan of care
- Demonstrate factual, conceptual, procedural, and metacognitive knowledge
- Effectively perform chart reviews and continuous assessment of the patient's status
- Effectively prioritize multiple tasks

- Effectively take and record dentists' orders, patient histories, and subjective/objective findings
- Exercise good judgment in patient assessment
- Maintain accurate clinical records on patient care
- Manage the demands of time constraints and frequent interruptions
- Measure, calculate, reason, analyze, integrate, synthesize and problem solve in the context of the level and the focus of their curricular program
- Perform data entry tasks using available technology
- Perform universal precautions against contamination
- Provide clear expression of personal ideas and feelings, demonstrations of bidirectional feedback, and sensitivity to persons with ideas and experiences that different from their own
- Provide in-depth rationale for plan of care

Behavioral and Social Attributes

- Abide by the professional standards of practice defined by the discipline
- Demonstrate compassion, sensitivity, and concern for others
- Demonstrate understanding and adherence to professional standards of dental hygiene
- Function effectively under physically taxing workloads including in times of physical and mental stress
- Function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways
- Maintain appropriate professional decorum in high stress situations and when exposed to unusual sights and smells
- Maintain confidentiality with regard to all phases of work

Student Pregnancy Accommodations

Pregnant students should be aware that the hygiene program requires the use of specific materials, technologies and/or chemicals that may be of concern to pregnant individuals. Pregnant students are encouraged to meet with the Program Director, primary faculty, and clinical instructors as early as possible to discuss possible risks. Pregnant students, in consultation with their physician, should determine whether the potential risks of exposure require an adjustment to their academic program.

Pregnant students are entitled to reasonable accommodations under both Title IX and the Americans with Disabilities Act (ADA). Title IX prohibits schools from penalizing students because they need time off or other reasonable accommodations due to pregnancy, loss of pregnancy, infertility, childbirth, or recovery from these events. The ADA allows students reasonable accommodations for serious health conditions arising from pregnancy or conditions that constitute a disability and are exacerbated due to pregnancy.

Pregnant students are encouraged to meet with the Academic Success and Accessibility Services to discuss any academic adjustments recommended by their physician. Pregnant students must meet all academic requirements before graduating and accommodations may result in the extension of time needed to complete the degree.

Individualized support and accommodations include but are not limited to:

- Academic support
- Modified schedules
- Leaves of absences
- Access to nursing/pumping sites on campus or at hospital affiliates
- Adjusted breaks for nursing, pumping, or symptom management
- Other accommodations may be available based on individual circumstances.

If a medical provider recommends that a pregnant student withdraw from a course or program, students are encouraged to speak with the Title IX Coordinator to make a plan for returning to the program.

Dignity Statement

The Dental Hygiene Program is committed to providing all students with an education of the highest quality and in a manner that exhibits concern and sensitivity to our students, faculty and others who use our services. It is therefore essential that everyone connected with this program exhibits appropriate and conscientious behavior in dealing with others.

Students, faculty, and staff members have the right to be treated fairly and with sensitivity. They must be given the maximum opportunity to learn and work in an environment that is caring, friendly, and free from harassment and discrimination. Every student and employee of GFC MSU is expected to treat every person with dignity and respect.

Academic Advising and Career Center

Your academic advisor is one of the most important and helpful individuals to you during your time at Great Falls College MSU. It is important for you to work with your advisor on all decisions regarding your course load and plans. You should make it a point to visit your advisor at least once a semester so you can register for your program courses on time and graduate on time. Advisors can help with:

- Selecting courses that match your interests and skills
- Choosing a degree program

- Making a long-term academic plan to meet your goals
- Interpretation of placement test scores
- Short and long-term academic planning
- Registration procedures and class scheduling- including advisory pin number and course schedule for registration
- Transfer information
- Completing an application for graduation
- Academic concerns
- Making referrals to college and community resources

Academic Integrity Policy

The college is responsible for promoting academic honesty and integrity, and ensuring the highest ethical and professional standards and behavior are followed in courses and programs. Accordingly, the college has developed policy and procedures to address instances of academic dishonesty. See the Great Falls College Policy 300.2 Academic Honesty and Integrity for descriptions, sanctions, and procedures related to acts of dishonesty.

Faculty must report all violations of academic integrity to the Executive Director of Student Services. Academic Integrity Violation reports remain in the student's permanent file. For further information, please refer to the student code of conduct and academic decision appeal policies.

Cheating, plagiarizing, or knowingly furnishing false information may result in dismissal from the Dental Hygiene Program. See GFC MSU academic misconduct policy and procedures for more information.

Illness and Injury

In case of illness, injury, or health concern, the policies of Great Falls College MSU and the clinical sites will be followed. Should an illness or injury occur in the clinical setting, students must immediately notify the faculty members and staff. Injuries must be documented on agency forms. Students are referred to the emergency room, urgent care, or personal physician as appropriate. An assessment by the clinic instructor will determine if the student may return to a clinical setting and provide safe hygiene care. The Great Falls College MSU Dental Hygiene Program is not liable for any illness or injury incurred on campus or at a clinical site. The student is responsible for any or all costs associated with their treatment of injury.

Classroom Attendance

Regular attendance, punctuality, and responsibility for class work are three of the most significant factors for success in the Dental Hygiene Program. Students are urged to be present, punctual, and prepared for every class assignment. While absences or tardiness may be unavoidable for some acceptable reason, you should keep in mind that regular attendance and arriving to class/labs/clinic on time is a key factor in judging your values regarding your chosen profession.

Attendance Policy
(See Clinic Attendance Policy for additional clinic-only attendance guidelines)

Students must contact both the dental clinic office manager and the instructor if they will not be attending class as soon as possible (by 7:30am if possible) on the day of the absence otherwise the absence will be recorded as unexcused.

An Excused Absence is defined as an absence due to illness that has a doctor's note, or a child of the student who has an illness that has a doctor's note, an immediate family emergency, proof of positive COVID test, or college policy requiring students to not come to campus. The immediate family is defined as mother, father, grandparents, siblings, and children.

Students with an excused absence may be offered the option of attending class through Teams and if needed some flexibility of assignment and exam deadlines. Actual extension deadlines will be determined by the instructor of the course, but all work must be completed by the last week of the semester. If the student cannot complete a course by the end of the semester, they may fail the course, receive an instructor-permitted 'incomplete' under special circumstances, or receive a 'withdrawal' from the course. If it is a 'fail' or 'withdrawal', the student will not be allowed to continue in the program. Please see the readmission policy for readmittance into the program.

An Unexcused Absence is defined as any absence of a student from class, clinic, or lab due to any reason other than an excused absence. No extensions or Teams options will be available to students with an unexcused absence. Students are solely responsible to review all material missed on their own. Instructors are not obligated to review instruction time. If missing the course and or instruction time results in missed assignments or failed assessments, students may receive an F in the course and will be dismissed from the program. Students are not eligible to receive an 'incomplete' status in courses where the student fails to meet course requirements and has unexcused absences in that same course.

Not every event can be accounted for in an absentee policy. The Program Director will have the final decision in these situations.

Tardiness

Didactic, Lab and/or Clinic Tardiness will not be tolerated. Students who are late to class, lab or clinic one time will be given a warning. A second tardiness of more than 10 minutes may result in being marked absent from class. Please note the above absence policy and effects on program participation. Individual faculty syllabi will explain tardiness procedures related to their specific course.

10-minute classroom breaks will be provided during class sessions that are longer than 50 minutes. To be respectful of your instructor and other classmates, getting up and leaving the classroom during the class session should not occur unless it is an emergency.

Dental Hygiene Program Assessment and Grading Scale

Students are responsible for maintaining a record of their grades. An appointment may be made with the instructor to discuss grades and/or progress on the course. Office hours are posted in course syllabi, outside the student kiosk, and appointments may also be scheduled with individual faculty.

Students must receive a grade of 75% "C"or above to successfully pass all dental hygiene coursework and proceed through the program. Any grade below 75% is an F.

Percentage	Letter grade
100-92	A
91-84	B
83-75	C
74-0	F

Table 4 Program Grade Scale

You are engaged in college level courses and are responsible for your own study procedures. This material is quite extensive and may present difficulties for some of you. If difficulties arise, it is your responsibility to ask the Dental Hygiene Program course instructors for help. Refer to the specific course syllabus for assignments and grading criteria.

Individual faculty will give you a syllabus explaining their grading procedures regarding the specific course requirements. Students should review the rubric correlated to all assignments and clarify with their instructor any questions about how assignments will be assessed. Self-assessment and peer assessment are great practices to ensure you have included everything in the assignment rubric outline.

Rounding up final grades will be left to the discretion of instructors and will be outlined in the syllabus.

Exam Facilitation Procedures

Missed/make-up exams and/or quizzes will be given at the instructor's discretion**.** In which case a 25% grade deduction may be awarded for any makeup exam/quiz. For example, the best a student could receive if they obtained a 100% on an exam is 75%. An alternative exam/quiz may be given at the instructor's discretion. It is the student's responsibility to contact the course instructor for missed exams, quizzes and/or other assessments. See individual course syllabi for instructor specifics on this policy. In any event, the student has 24 hours to contact the instructor in person, by phone, or email to explain the situation. After 24 hours no makeup quizzes or exams will be allowed and all assessments missed will receive a zero toward course content. Students must be on time for all exams, quizzes and/or other assessment tool(s). It is at the discretion of the instructor whether students will be permitted to take a test if they arrive after the quiz/exam has been initiated.

Quiz and Exam Procedure (online and/or on campus)

- Students should sit at separate tables when space allows.
- Remove all personal items from the testing area. Backpacks, purses, drinks, and similar items must be placed at the back of the room or in lockers.
- Cell phones and smart watches must be turned off and stored in a backpack or purse.
- Cell phone calculators are not permitted.
- Have all required materials at your desk before the exam begins; accessing bags after the exam starts is not allowed.
- Once the exam has started, students may not leave the room or online session unless they submit their exam for grading.
- Eating and drinking are not allowed during exams, whether on campus or online.
- A quiet environment must be maintained at all times; talking is not permitted.

Online exams or quizzes

All online exams and quizzes will be administered using Respondus LockDown Browser. Students must complete an environmental scan when prompted, showing all four walls of the testing area, the entire desk surface, and the area around the computer screen (a hand mirror may be required). Failure to provide a complete scan will be considered academic dishonesty and will result in a grade of zero for the exam.

No books or materials may be present on the desk or floor during the exam. Students

must keep their eyes focused on the screen at all times; looking away or focusing on other areas may be considered cheating.

All on-campus testing rules apply to online exams. Smart watches, phones, drinks, and other prohibited items are not allowed and must be put away. Talking, whispering, or reading questions or answers aloud is strictly prohibited. Violations will result in a zero for the exam, with no exceptions.

Dismissal and Readmission Policy

Dismissal

The Dental Hygiene Program requires students to complete all semester course work with a grade of 75% "C" or higher. Any final course grade below a 75% "C" will result in a failed grade for that course and dismissal from the Program. All grades are determined as outlined by each course syllabus. Each instructor has the right to round up or not round up their final course grades. This information is in each course syllabus. Once the instructor has entered the course grade, that final grade will determine the student's eligibility to enroll in subsequent semester courses.

Financial aid may be affected, please see financial aid office for questions and assistance. See policies on student conduct and professionalism in this handbook and GFCMSU Student Affairs Policies.

Readmission

Students can only be readmitted once into this Dental Hygiene Program.

Students who are dismissed from the Dental Hygiene Program the first semester must reapply through the Program's competitive application process, including having current pre-requisite courses as required by application. Students accepted by this process will only have to repeat courses they did not pass if they can demonstrate competency (see Demonstration of Abilities below).

Students wishing to re-apply to the Program after a dismissal from any semester following the first semester must submit a letter to the DH Program Director by June 1st in the academic year of dismissal from the Program, or September 1st in the academic year of dismissal if dismissed summer semester. This letter must outline specific reasons for readmission that include a detailed plan for successful completion of the Program.

If it has been more than one year since dismissal, the student must apply to the Program through our competitive application process and repeat all academic courses.

Readmission into the Dental Hygiene Program may only occur under the following conditions:

- Space availability, particularly in clinical and lab courses for the academic year directly following dismissal: If there is no space available in the year directly following dismissal, students seeking readmission must take part in competitive re-entry and retake all course work. All pre-requisites required must be current as stated in the most recent dental hygiene application. This is a sequential program, and students will need to refresh themselves to be successful. There may be financial aid implications that the student is responsible for if re-taking passed courses. Please reach out to the financial aid office for more information.
- If there are more readmission requests than spaces available, readmission will be accepted on a secondary ranking system based on the following order.
    - Cumulative Program GPA
    - Pre-requisite GPA
    - Number of courses failed
    - Disciplinary action taken

The Dental Hygiene Program Director has the right to approve or disapprove these requests for readmission based on previous educational and behavioral concerns.

Upon acceptance as a readmission student, there may be stipulations made regarding the retaking of courses dependent on the student's current knowledge and abilities as assessed through return demonstration prior to the start of the semester of return. The specific assessments required for readmission will ultimately be determined by the Program Director. Assessments will be delivered/scored by the original faculty teaching the course whenever possible; otherwise, assessments will be delivered/scored by the Program Director.

Demonstration of Abilities

- Successful completion of a FMX on DXTTR graded using clinic criteria and scale of last successfully passed clinical course (required in 30 minutes if successfully completed DENT 125).
- Instrumentation skill assessment of last successfully passed clinic course. If on a live patient, students must provide their own live patient (all patients must have a current dental exam from the program's current supervising dentist)

    - DENT 102- Final Skill Assessment Practicum
    - DENT 151 Instrumentation Skill Assessment
    - DENT 251 Instrumentation Skill Assessment
    - DENT 252 Power Scaler and Instrumentation Skill Assessment (DENT 251)
- Demonstration of ability to manage a medical emergency.
    - Completing Dental Office Medical Emergency and Operation of Oxygen Tank (following criteria of skill assessment requirements of last successfully completed clinical course)
    - Medical/Dental History (following criteria of skill assessment requirements of last successfully completed clinical course.
- If successful completion of DENT 240, the student must demonstrate successful administration of local anesthesia of the PSA and IA using the criteria from DENT 240 Final Practicum- first on a manikin and then on a live patient. Students must provide their own live patients. Patients must be approved for local anesthesia by the program's supervising dentist. Students may use a current or former student from the program. Also, they must provide documentation of written local anesthesia board results or a written plan on how they will study for the exam if they have not passed it yet.

Appeals

Students who disagree with an academic decision made by an instructor or administer, including assignment of grades or decisions about program or degree requirements or eligibility, should attempt to resolve the situation informally with a meeting with the instructor or administrator. If an attempt at informal resolution fails, the student may file an appeal under the Great Falls College MSU Academic Policy 300.4. *These procedures are available only to review allegedly unfair academic decisions and not mere difference of opinion regarding the professional judgement of the instructor in evaluating a student's work or making an academic decision.* Students should meet with a college advisor for assistance with determining the next course of action.

Clinic Curriculum and Clinic Protocols

Students must complete all minimum requirements in each clinic course DENT 151, 251, 252, and 281 to proceed to another semester and graduate from the program. If a student does not complete the basic requirements in a clinic course, and achieve a minimum of 75%, they will fail the course and be dismissed from the program. (Please refer to sections regarding incompletes and the readmission policy in this handbook for more information).

Immunization Policy Overview

All health science students are required to submit documentation regarding their immunization history and TB status. Health science programs have specific policies and procedures related to biohazards and infection prevention. These policies are outlined below.

Infectious Disease and Immunization Requirements

Due to the risk of spreading infectious diseases in healthcare and animal care settings, most clinical and partner facilities, including the Great Falls College Dental Clinic, require specific immunizations or regular testing. Students who submit a medical or religious waiver, or who choose not to receive recommended vaccines (such as the rabies vaccine for vet tech students), may be unable to complete required clinical hours or competencies refer to individual program handbook for more guidance.

If facility or accreditation policies prevent unvaccinated students from participating in patient care, the program will attempt to find alternative solutions. However, some competencies may not be replaceable, which could affect graduation eligibility. Students with questions or concerns should contact their Program Director as early as possible.

In order to be in compliance with Administrative Rules of Montana, students taking seven (7) or more credits OR enrolled in a certificate/degree/transfer program must submit proof of TWO vaccinations against measles (rubeola) AND TWO against rubella (German measles). Students must provide documentation that meets the following requirements:

- Two doses started after 12 months of age
- Must be at least 28 days between dose 1 and 2
- Can be as combined (MMR-Measles, Mumps, Rubella) or individual vaccines (Two Measles (Rubeola) and Two Rubella (German Measles)
- No measles vaccination given before 1967 is valid and no rubella vaccination given before 1969 is valid.
- Students born prior to January 1, 1957 are not required to submit documentation of immunization.

Official documentation must include the student's name and date of birth. Types of official documentation include:

- Immunization record from doctor's office
- State-certificate of immunization
- Record of immunizations from county health department
- High school transcript including immunizations
- Military immunization record
- Yellow Card immunization booklet

- Childhood immunization booklet
- Lab results of titers showing immunity to measles, mumps, and rubella

Students can submit blood draw (Titer test) results proving immunity for BOTH measles and rubella; or submit documentation (including dates of illness) of having contracted measles and rubella.

Students are authorized to file a medical or religious exemption. Contact Admissions for the exemption form.

Medical Clearance for Illness or Injury

If a student has an illness, infectious disease, or injury that could pose a risk to others, or could be worsened by participation in labs or clinicals, must seek medical care and submit a signed medical clearance from a licensed healthcare provider to the Program Director before returning to any clinical or lab setting.

Rationale

Health science students must understand the importance of personal health and safety in all learning environments, including:

- On-campus laboratories
- Clinical sites
- Off-campus partner facilities
- Animal care and treatment settings

Patients receiving care are often in vulnerable health states and must be protected from potential exposure to infectious diseases or unsafe conditions. Fellow students and staff also require protection.

Additionally, unvaccinated mammals can transmit rabies to humans and other animals through bites or scratches. The rabies vaccination is highly effective at preventing infection and the potential spread of this fatal disease.

Students who may pose a health or safety risk must not participate in clinical, lab, or fieldwork activities until the situation is reviewed. Any concerns must be discussed with the Program Director. Medical clearance may be required.

Recommendations

- Students are strongly encouraged to receive all required and recommended vaccines, based on CDC guidelines and facility policies.
- Students should consult their primary care provider to discuss vaccine concerns and make informed decisions.
- Immunization records or approved waivers must be submitted to the Program Director after program acceptance.

Health Insurance

At registration each semester in Banner, students must either enroll in or sign a waiver stating they have other medical insurance coverage. This is completed through Banner Web.

Students MUST maintain personal health insurance due to the risks associated with clinical work. If a student must seek medical care during the program for any reason, they are responsible for covering the cost of the care.

Liability Insurance

Liability insurance is included in student lab fees and covers students for incidents involving patient care at clinical sites. Note: Liability insurance is not personal health insurance.

- Coverage ceases upon termination of the student's enrollment.
- Coverage is limited to activities that are part of, and a requirement of, the student's curriculum.
- Students must notify their program immediately about the occurrence that might cause liability to the student.
- An Incident Report form must also be completed to document the incident.

Needle Sticks and Sharps

On campus when practicing patient care techniques involving needles and other sharp instruments, students are expected to follow guidelines and protocols as outlined by their instructor. When attending clinical internships, the protocol of the facility will be followed. Red biohazard containers are available in all labs in which the use of needles or sharps is a component of the learning experience and lab. Needles must not be inappropriately recapped, bent, broken, or clipped, removed from syringes, or otherwise manipulated by hand. Disposable needles, syringes, blades, razors, and other sharps must be disposed of in the red biohazard containers. Students must never place their hands inside the red container, and if the container is full, they should ask the instructor for a new container.

In the event of accidental needle stick with a contaminated needle an off campus clinical site the student and supervising faculty/program director must follow the procedures as outlined by the clinical site and submit an Incident Report form found on the Great Falls College website. The Health Science Program will keep the completed form in the student's program file, and follow-up with any protocol as established by the facility. file, and follow-up with any protocol as established by the facility.

In the event of an accidental needle stick with a contaminated needle or an exposure to body fluid to non-intact skin, mucous membrane, or by percutaneous injury during an on-campus lab or in clinic, the student/supervising faculty or program director should comply with the Needle Stick Protocol and submit an Incident Report form to the program director and the Executive Director of Operations. It is critical to follow these steps because if the source is positive for HIV, there are medications available to help prevent HIV transmission. These medications, however, are most effective when started within two hours after exposure.

The source and student will be encouraged to seek counseling so they can receive appropriate medical treatment and needed information to prevent further exposure. The source individual will be encouraged to make available the results of the test to the student and the Health Science Program Director. Copies of all reports will be kept by the program director in the student's file. The program director will follow-up with the source and the student following current guidelines as outlined by the Center for Disease Control and Prevention (CDC) and policies as outlined by the City/County Health Department. The program director will also inform the Health Sciences Division Director of the incident; however, the names of the source and student will not be shared for confidentiality purposes.

Needlestick/Blood Borne Pathogen Exposure Protocol

All Great Falls College MSU students that are required to participate in clinical training on campus and/or at participating facilities may be exposed to blood borne pathogens. Students exposed to bloodborne pathogens are appropriately assessed, treated and offered follow up per current Centers for Disease Control and Prevention (CDC) guidelines.

Procedures and Recommendations

Student(s) sustains a blood/infectious body fluid exposure to non-intact skin, mucous membrane, or by percutaneous injury. Exposure to any of the following may pose risk for blood borne pathogen transmission: Blood, Semen, Vaginal Secretions, Cerebrospinal Fluid, Synovial Fluid, Pleural Fluid, Peritoneal Fluid, Pericardial Fluid, and Amniotic Fluid. Body Fluids that do NOT pose a risk of blood borne pathogen transmission UNLESS visibly contaminated with blood include Urine, Saliva, Non-purulent Sputum, Stool, Emesis, Nasal Discharge, Tears, and Sweat.

Steps if exposure occurs

1. Immediately notify your supervisor (instructor if on campus) or nurse of the incident and the need to implement needlestick protocol.
2. Wash wound and skin with soap and water; flush mucous membranes, including

eyes, with water or sterile saline for 15 minutes assuring fluids drains to outer side of eye.

3. Notify supervisor (instructor if on campus) or charge nurse that source patient's blood needs to be tested with the rapid HIV test if not already known to be infected with HIV, Hep B or Hep C. For GFC MSU dental clinic patients, please have source patient go to Cascade County Health Department or Local County Health Department for blood test. Treatment is to end immediately after stick has occurred. Supervising instructor will need to call ahead to notify the clinic that you are coming.
4. Find out "source patients" rapid blood tests as soon as possible. Your clinical site or supervisor (instructor if on campus) should do this for you. However, you may have to make sure this is done. IF the tests were done through CCHD, you can call the department yourself and ask for the results of the tests (see number highlighted below).
    a. If the source patient is positive for HIV, post-exposure prophylaxis (PEP) are available for you that may prevent HIV transmission; however, they are most effective when started within two hours after exposure.
    b. If patient's blood is positive for Hep B and/or Hep C, treatment should be given as soon as possible.
5. Base-Line Blood Draw for you, the student: Leave your area of clinical training, only when it is safe or someone has replaced your duties
    a. Base-Line blood draws should be performed the same day the exposure occurred.
6. Report to one of the following providers
    a. **Great Falls**
        i. BMG Same Day Orthopedics: Monday–Friday from 0800-1600
        ii. Benefis Walk-In clinic: 1600-2000 or on the weekends
        iii. City County Health Department: 8:30-4:30 Monday-Friday (406) 454-6950 options #1
    b. **Bozeman**
        i. Bridger Orthopedic West: 3400 Laramie Drive, 59718, Monday-Friday 8-4:30. Contacts are Brook or Corrina- Occ Health PCCs at (406) 522-1151
    c. Last resort should be to the Emergency Room after hours, Holidays, and/or weekends as soon as possible. **NOTE**: If incident occurs outside of Great Falls or Bozeman, check to see if they have a City County Health Department, walk-in clinic or use their ER.
7. Inform the provider of your immune status for Hepatitis B virus (HBV), if known.
8. Inform the provider of any known risk factors of the source patient or known positive test results for HIV, Hepatitis B (HBV), or Hepatitis C (HCV).
9. Provide the provider with information on:
    a. Type and amount of fluid (e.g., blood, visibly bloody fluid, other potentially infectious fluid or tissue, concentrated virus)
    b. Type of exposure (i.e., percutaneous injury, mucous membrane or non-intact skin exposure, bite resulting in blood exposure
    c. If percutaneous injury, type of device (i.e., hollow needle and gauge, solid needle, broken glass, other non-needle sharp)
10. If the source patient is known and consents to HIV testing (if status not already

known to be positive):

a. Receive HIV pretest counseling from provider and go to the lab for baseline post exposure lab tests (HIV antibody, Hepatitis C antibody, and Hepatitis B surface antibody (if status not already known).
b. Receive source patient rapid HIV test results from provider (usually available 1 hour after source patient blood obtained).
c. Receive further treatment as indicated by exposure type and source patient's rapid HIV test result. If the source patient is known to be positive for HIV, antiviral drugs may be started depending on the severity of the exposure.

11. If the source patient is unknown or does not consent to HIV testing and no previously drawn blood is available:
    a. Assist the provider with assessment of need for HIV prophylaxis based on exposure type, severity, and the possible risk of HIV exposure.
    b. Receive HIV pretest counseling in Benefis Same Day Orthopedics Monday-Friday from 0800-1600, City Count Health, in the area, or ER after hours, on holidays and/or weekends for baseline post exposure lab tests (HIV antibody, Hepatitis C antibody, and Hepatitis B surface antibody (if status not already known), and other baseline tests (CBC, kidney and liver function tests) ordered if started on HIV Post Exposure Prophylaxis (PEP).
12. Keep information concerning source patient's HIV status and all other medical information confidential.
13. Students with a positive serological test within 72 hours of exposure will be considered to have been seropositive prior to the reported incident.

Follow up treatment

1. Additional blood draws may be necessary after a needlestick or bloodborne exposure.
2. If source patient's blood is positive for HIV, the provider you chose will direct you for future treatment. Post-Exposure Prophylaxis should be started within 2-3 hours of exposure. The provider will also provide follow up times and a treatment plan.
3. If source patients' blood is positive for HEP C, treatment will be administered. Post-Exposure Prophylaxis should be started within 2-3 hours of exposure. 8 week, 6 month and 1 year blood draws should be performed to monitor disease status.
4. Note: If a needlestick or exposure encounter happens and the source patient is positive for HIV, Hep C, or Hep B, the exposed student should practice safe sex for at least 8 weeks.
5. Seek counseling if necessary.
    a. Counseling for exposure can done at the City County Health Department.
    b. Benefis Employee Health is also available to answer any questions you may have.
6. If the patients' rapid test for HIV is negative, there is no need to follow up with additional testing unless advised to do so.
7. If the patients' records are negative for Hep C, follow up blood draws should be performed at 8 weeks and 6 months.

Payment of testing and treatment

1. All students enrolled in a Great Falls College MSU Health Science Program are responsible for paying for their blood testing, treatment and follow-up visits after a needlestick or bloodborne pathogen exposure.
    a. Students must be covered by health insurance.
        i. Students must provide proof of health insurance to their program director before clinical rotations begin.
    b. Students should avoid using the Emergency Room because of the high cost associated with treatment from the ER.
2. All students that seek medical attention because of a needlestick or bloodborne pathogen exposure during school established clinicals, will be reimbursed $100.00 from the Great Falls College MSU, for their initial visit. Note: There is only a one-time per student, $100.00 reimbursement. For campus dental clinic, expenses for patients going to CCHD for source blood testing will be covered by college. For dental clinic patients there will be a maximum of $100.00 one-time reimbursement.
    a. If you choose to use City County Health or Bridger Orthopedic West, they will bill the school directly.
    b. If you use any other facility, please bring your bill Director of the Health Sciences Division at the Great Falls College MSU campus to be reimbursed.

References: Uniform Health Care Act (Title 50, Chapter 16, Part 6, Montana Code Annotated; Centers for Disease Control and Prevention, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis. MMWR 2001; 50(RR11): 1 42.

Blood and Body Fluids

At clinical sites, procedures for handling blood, body fluids or any types of secretions must be followed in accordance with the facility's policies and procedures. In case of a blood or secretion spill, students must follow procedures outlined by the facility. Never leave a spill unattended. Do not attempt to clean the spill yourself! Instead, notify a clinical instructor about the spill and wait for maintenance personnel to arrive. For *informational purposes only*, the following lists protocol that may be used by appropriate personnel for handling spills in our clinic:

- If there is blood, body fluid or any type of secretion spilled in the campus lab, don gloves and lay dry paper towels on the spill to absorb the fluid then layer a second set of disinfectant soaked paper towels over the spill. A mixture of bleach diluted in water at 1:10 may be used to soak the paper towels.
- Encircle the spill with additional disinfectant being careful to minimize aerosolization while assuring adequate contact.
- Decontaminate all items within the spill area. Allow a minimum of 20 minutes contact time to ensure disinfection.

- Discard contaminated disposable materials using appropriate Biohazardous waste disposal procedures.
- Spray down the area again with the bleach solution and wipe clean, disposing of all paper towels in the Biohazardous bag: tie the bag and dispose of the bag in one of the large red Biohazardous containers located near the dental clinic. Your instructor will tell you the location of the large containers.

Linen

- When handling any type of linen (sheets, pillowcases, towels, etc.) at clinical sites, take care to always wear gloves and minimally agitate the materials due to airborne contamination. In many facilities, paper products are used in certain areas.
- All soiled linen should be bagged at the location of its use: it should not be sorted or rinsed in patient care areas. Follow facility procedures in disposing of soiled linens to appropriate areas.
- If using linens in on-campus lab, your instructor will inform you about your program's care and laundering of any linen. The washer and dryer utilized for the dental clinic is found in the dental locker room.

Disposal of Hazardous Waste

- Biohazardous waste is disposed of in accordance with Occupational Safety and Health Administration (OSHA) regulations.
- Any full sharps containers or red biohazard bags containing contaminated material must never be left in a lab or clinic operatory: assist your instructor in disposing of materials in the appropriate container or area, underneath the counter in our sterilization room.
- At clinical sites, always follow facility procedures. There are usually many bio- hazard containers available in all patient care areas.

Additional Precautions

- If a student has an exudative lesion, weeping dermatitis or any skin lesion which could potentially transmit disease through touch, the student should refrain from patient care and from handling patient equipment until the condition resolves. Students should notify their instructor of the condition, and it is up to the course instructor to allow students with these conditions into the on-campus lab.
- Students working in direct patient care areas that are pregnant or suspect they may be pregnant should be particularly cautious when working with certain types of patients, or with Nitrous Oxide.

Human Subject and Lab Practice

Before students provide treatment on community patients, competency must be obtained. In supervised settings during some health science program courses, students will practice on fellow students to gain the knowledge and skills needed to proceed safely treating community patients. Fellow students are required to serve as each other's patients

Dental Hygiene Program

Before students provide dental hygiene treatment on community patients, competency must be obtained. In supervised settings during dental hygiene program courses, students will practice on fellow students to gain the knowledge and skills needed to proceed safely treating community patients. Fellow students are required to serve as each other's patients. For that reason, please do not get the following procedures done in our clinic or elsewhere while you are in our Program without prior approval from the lead clinic instructor and/or Program Director: dental cleaning, xrays, sealants.

If for some reason a student cannot be a human subject for a lab or clinic activity, it will be the responsibility of that student to recruit a willing individual to take their place so their partner has someone to practice on. Students may also have to recruit patients for some lab activities to meet requirements for that course. Family members are a great resource for these situations. With this policy, there are limitations.

Program Immunization Information

TB Policy

A two-step screening for TB must be done upon entry into any health science program. Evidence of screening must be provided to the DH Program Director. The student may be asked to provide a repeat screening based on the Program and/or clinical site's policy, with evidence of update provided to the DH Program Director to be kept on file during the program of study. Students are expected to follow health practices protecting both their patients and them. Clinical sites require proof of students TB tests prior to allowing attendance at the clinical internship. **Failure to show proof of TB test within the last 12 months will result in denial of access to the dental clinic or other clinic sites**.

Two-step TB skin test: Why 2 tests?

Your health care provider may perform a two-step TB skin test if you are going to be screened for TB periodically (for example, if you are a health care worker).

Some people with inactive TB, also called latent TB infection, have a negative reaction to the TB skin test when tested years after being infected. However, if they are tested again within a year of the first test, they may have a positive reaction. The first TB skin test can "trigger the memory" of the immune system, boosting its ability to react to the second TB skin test.

It may appear that these people were infected between the first and second tests. However, the second positive test reaction is actually a boosted reaction due to TB infection that occurred a long time ago.

The two-step TB skin test can lower the chance that a boosted reaction from an old TB infection will be misinterpreted as a recent infection. If the reaction to the first-step TB skin test is classified as negative, a second-step TB skin test is given one to three weeks after the first test is read. (retrieved from CDC website on June 1, 2024)

Hepatitis B Series

The Dental Hygiene Program requires students enrolled, who will be working in direct patient contact areas, to receive the Hepatitis B vaccine series. Students are urged to use good sense in protecting themselves against health risks and potentially infectious diseases in the clinical environment. If a student declines to receive the Hepatitis B series, a signed vaccine declination form will be kept in the student's file along with their vaccine exemption documentation. Students are encouraged to discuss the benefits of receiving the Hepatitis B series with their

health care provider. Students must also be aware that certain clinical sites will not allow students access to their facility unless they have completed the series.

Evidence of all of the above must be submitted before students can register for courses. Please note that students are expected to complete mandatory clinical enhancement experience in other health care facilities that may require these vaccinations or other vaccines not listed. If this is the case, students who are not vaccinated will not be able to participate. If reasonable alternatives cannot be found a student could fail those courses.

Suggested protocol

- Three (3) doses of Engerix-B, Recombivax or Twinrix or 2 doses of Heplisav-B followed by a QUANTITATIVE Hepatitis B Surface Antibody (titer) preferably drawn 4-8 weeks after the last dose.
- If negative titer (<10 IU/ml) complete a second Hepatitis B series followed by a repeat titer.
- If Hepatitis B series Surface Antibody titer is negative after a secondary series, additional testing including Hepatitis B Surface Antigen should be performed.
- See CDC for more information.

Documentation of Chronic Active Hepatitis B is for rotation assignments only.

Hepatitis B Vaccine: Why test for immunity?

"More than half of people with hepatitis B are unaware of their infection status, and approximately 50%–70% of people with acute hepatitis B are asymptomatic1. Without testing, people with hepatitis B virus (HBV) infection can unknowingly transmit the virus to others" Reference: CDC

Healthcare workers are more susceptible than the general population to contracting Hepatitis B. Susceptible people include those who either did not complete a hepatitis B vaccine (HepB) series per ACIP recommendations *or who are known to be vaccine nonresponders (i.e. those who test negative for HepB immunity)*. Thus, an immunity test for healthcare workers is essential.

Required CPR Certification

Students must provide proof of a current CPR card before they begin the first week of class.

Students working with patients must be prepared to assist with the management of emergencies. All students must be continuously recognized/certified in basic life support (BLS) procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED). That is, all students must have up-to-date BLS CPR Certification. It is the student's responsibility to make sure all certifications are current. Expired CPR certification will result in the student forfeiting the right to treat patients. If a student forfeits the right to treat patients due to BLS CPR Certification expiration, they will receive a 'no client session' in clinic until the certification has been renewed. See protocol for 'no client session' under Clinic Protocols in this handbook.

Resuscitation Equipment

At the College, there is an Automatic External Defibrillator (AED) mounted to the wall outside of the Dental Clinic on the northeast side of the front office desk in the dental patient waiting area. When at any clinical site, students must know where to locate nearby resuscitation equipment. Students should ask the clinic coordinator about facility procedures when responding to an emergency. This information is included in the facility orientation when students first arrive at the site.

Dress and Appearance

Health professionals, wherever employed, should consider how patients view their appearance in clinical environments. The Clinical Dress Code must comply with American Dental Association (ADA) and Occupational Safety and Health Administration (OSHA) policies.

Students who do not conform to the dress and appearance requirements may be asked to leave the class/lab/clinic until they are appropriate for the specific learning environment. Inappropriate clinical appearance will result in a loss of professionalism points in Taleval.

Preclinic, Clinical and Lab Appearance

Our personal appearance makes strong impressions on the client's attitude toward the Dental Programs and the profession. Policies concerning dress will be in effect for **ALL** clinic experiences including public presentations, community outreach, externships, and student/partner exercises. Final authority for appropriate dress in a laboratory setting is determined by the individual course instructor. Preclinical/Clinic Lab attire follows clinical session attire as we are working on each other in a patient type manner.

The following regulations will be enforced:

- Uniforms, shoes, and shoelaces must always be spotless.
- Only solid color, no pattern scrubs.
- Only school selected clinic/lab jackets are authorized. Unkempt, torn, or

dingy uniforms must be replaced. Lab coats may not be worn on the street or anywhere outside the clinic or lab. *If the student leaves the clinic floor, clinic lab coats must remain in the clinic hung on hooks.*

- Clean, white, low-heeled, closed toe/heel/top, rubber-soled shoes without colored design, stripes or ornamentation must be worn. They must be wipe-able and not cloth or mesh.
- Long socks must be worn when in uniform. Socks must be long enough that legs do not show while seated.
- Coats, sweaters, and other outerwear must not be worn over the uniform when in the clinic.
- f a shirt is worn under the scrub top, it must be plain (no pattern) and of a knit/cotton type fabric. The sleeves must be no longer than the sleeves of the lab coat and hem. It must have a low, round neckline so that the top of the shirt is not visible above the top snap of the lab coat.
- No watches or bracelets while in clinic.
- Tattoos and piercings: Montana is considered a more conservative culture where excessive earrings, cross bars, gauges, and visible tattoos are typically not professional and may need to be covered while on the clinic floor.
    - No jewelry (rings, necklaces or dangly earrings) may be worn in the clinic. Small post earrings are acceptable; however, only one earring *per ear* is allowed.
    - If a student wears gauges, they may not wear tunnels in clinic, but acrylic plugs are acceptable.
    - Visible tattoos should be in good taste, i.e., non-offensive to patients and guests. Otherwise, if requested, the tattoos need to be covered during clinic sessions.
    - Tongue piercing is not appropriate or acceptable for clinic or lab sessions. Therefore, the student will be asked to remove the tongue piercing prior to working on patients.
    - Hickeys and face piercings must be covered. If piercing cannot be covered it must be REMOVED prior to seeing community patients. These piercings include but are not limited to eyebrow, nose, cheek and lip.
- Good personal hygiene must always be maintained.
- Be sure that your teeth are scrupulously clean and your breath fresh, free of odor. Brush after each meal and avoid food seasoned with garlic/onions before coming to clinic.
- Chewing gum is not permitted.
- Fingernails must be clean and neatly trimmed. Nails should be short enough that they cannot be seen over the ends of the fingers when your hand is held up toward the light, with the palm toward you. Nail polish, including clear and/or artificial nails, may **not** be worn in clinic. Cuticles should be maintained to present a healthy neat appearance; this skin should be kept intact to prevent infection.
- Hands must be free of all objectionable odors, particularly tobacco!!!
- The hairstyle you choose must be neat and appropriate for a professional person. Unless your hair is cut short enough to remain close to the head and

off the collar, you must style it so that no strands fall forward off the shoulders or in your face. Flat smooth, non-ornamental barrettes, rubber bands, and small “scrunches” may be used to hold your hair. Beards and mustaches must be neatly trimmed. Students may also wear clean scrub caps.

- Apply cosmetics to achieve a clean, natural look. All make-up should be worn conservatively.
- Scented items should NOT be worn. This includes perfume, cologne, lotion, body spray, etc. The smell of smoke is not permitted when engaging in any clinical activities at externships or in the onsite clinic.
- Lab jacket, protective gloves, glasses, and a mask must be worn during patient treatment for the protection of the student and the patient. If utilizing an ultrasonic device, a protective hair net and face shield are also required.
- If a patient warrants treatment that will deliver splattering of blood and debris the student may want to wear a disposable gown instead of their lab coat for the session disposing of it after.

In the clinic when patients are being treated, a lab coat and clinic shoes must be worn, even if a student is not directly working on patients. Students must also look and behave professionally.

Lab Appearance

Students must wear prescribed clinic attire to all labs, including open labs. Safety glasses, long- sleeve lab coats, long pants, closed-toed clinic shoes and appropriate socks, and hair tied back and kept off the face are all required when working in the lab. When the lab activities include working on patients, all clinical attire and policies are followed.

Human Subject and Lab Practice

Before students provide dental hygiene treatment on community patients, competency must be obtained. In supervised settings during dental hygiene program courses, students will practice on fellow students to gain the knowledge and skills needed to proceed safely treating community patients. Fellow students are required to serve as each other’s patients. For that reason, please do not get the following procedures done in our clinic or elsewhere while you are in our Program without prior approval from the lead clinic instructor and/or Program Director: dental cleaning, xrays, sealants. If for some reason a student cannot be a human subject for a lab or clinic activity, it will be the responsibility of that student to recruit a willing individual to take their place so their partner has someone to practice on. Students may also have to recruit patients for some lab activities to meet requirements for that course. Family members are a great resource for these

situations. With this policy, there are limitations.

Clinical Externship Rotations

Clinical externship rotations enhance clinical experiences received in the GFC MSU onsite clinic. These experiences are invaluable and most often only obtained while involved in educational programs. Students are responsible for travel and lodging costs to these externship sites. Students are expected to attend all externships associated with dental hygiene courses. Students who are unable to attend their externships during their scheduled times due to weather or other unforeseen events will be expected to reschedule their rotation and may receive an incomplete for their clinic grade until the experience has been completed. Some experiences cannot be rescheduled, and students may be required to attend a unique experience that the instructor deems equivalent to the original. Students missing their externship must follow the absentee policy regarding excused and unexcused absences. These experiences are part of the courses and all program and syllabi rules and regulations apply. Please review the absentee policy and incomplete policy in this handbook for further information.

Minor Sites for Externships

Montana State Prison Dental Hygiene Externship Program (Deer Lodge)

Students will travel to Deer Lodge to provide dental hygiene care to the facility's residents. Students will be responsible for transportation and hotel arrangements. This externship is usually completed during the summer session. At this site students may meet local anesthesia and board worthy calculus requirements.

Nexus Methamphetamine Treatment Facility (Lewistown)

Students may have a rotation where they travel to Lewistown, MT to provide dental hygiene care to the facilities residents under the supervision of the Nexus dentist on site. Nexus Nursing is the contact person and can be reached at (406) 535- 6660 ext. 238. In addition to prophies, students may be asked to present basic homecare instruction to all residents in this facility.

Alluvion Dental Clinic (Great Falls)

Students may have a rotation to Alluvion once each semester for DENT 251, 252, and 281. For questions regarding this rotation, speak with the lead instructor for the clinic course you're enrolled in.

Great Falls Rescue Mission

Students may have a rotation where they travel locally to the Great Falls Rescue Mission to treat patients of all ages. Students will likely travel with their POD and POD instructor. See clinic schedule for rotation assignments.

The externship rotations listed above are examples of possible opportunities but are not a guarantee. There may also be opportunities for others not listed above; students may be asked to attend other experiences outside those listed. Information on all experiences and consequences for absences will be addressed in individual clinical course syllabus.

Students may be asked to complete reflection questionnaires upon their return from an externship. All reflections are due to the lead instructor within one week of attending the site. Please refer to each individual lead course instructor for instructions on submissions. We will use your input to try to make improvements in the Program. We ask that you fill out site evaluations truthfully and fairly.

Didactic Course Rotation/Externships

Some didactic courses may also require clinical rotations. These rotation experiences are designed by the instructor to enhance your clinic experience and knowledge. Please see course instructor, course syllabus, and information provided in the course regarding where and when these rotations/excursions are as well as their effect on the final course grade.

Externship Supervision, Transportation and Parking

During all externships, students will be supervised by an instructor or a dental professional who has agreed to supervise students. If the students are completing any requirements at these sites, the supervisors will be calibrated yearly with GFC MSU faculty before their externship with the college begins. There will never be more than 5 students with 1 instructor.

Students are responsible for all transportation to and from these sites and housing/lodging for out-of-town externships. Clinical assignments are designed to carry out the Program's objectives and must be followed by hours and duties performed. Students will follow the parking guidelines of each clinical externship site they are assigned to. Parking areas close to the clinical site are reserved for patients and visitors to the facility. Students who do not follow these guidelines will be subject to disciplinary action. These guidelines will be reviewed during that clinical orientation session and site tour.

Patient Recruitment

Students are required to provide community patients for their clinic courses. These

patients will need to range from 4 years old to 99+ years old with multiple treatment needs. Students are required to recruit their own patients to meet these requirements. Through recruitment, students will learn the necessary communication skills required for a dental hygienist and professional member of the healthcare field.

It is the student's responsibility to prepare for and recruit patients to successfully complete the required patient load including local anesthesia injections, radiographic exposures, and competency assessments for each clinical course. Some of these requirements may stipulate finding patients that have not been seen in our clinic for at least 3+ years or may have never been seen in our clinic before. Students must complete the minimum required number of patients each semester to achieve basic mastery of the course and enough competency points to maintain a benchmark of 75% "C" for the clinic course. If the student does not achieve a 75% "C," does not pass a Mastery assignment by second attempt or does not meet their minimum requirements they will fail the clinical course and not proceed in the Dental Hygiene Program.

Great lengths have been taken to ensure students develop necessary skills to become a licensed dental hygienist through required clinical coursework. Deviation from these requirements has demonstrated that students are not as successful on their board exams; therefore, stated requirements of this program will be followed. Patient recruitment is part of the skills students need to learn to be a successful clinician. Verbal communication, organization, and body language are all important skills that students learn through patient recruitment. These skills will be utilized to promote preventative health to patients in multiple settings. Being a prevention specialist is the focus of this profession.

Family members are often reliable and provide constructive feedback; however, it is important to understand that if students only see family members, they may not be able to meet all their requirements. Also, scheduling patients (e.g. family members, etc.) from out of town during the winter increases the chance of cancellation due to poor road conditions. All students must have a plan "b" and "c" to ensure that they are not without a patient.

Patient Recruitment and Acceptance

Recruiting patients is a skill developed throughout the program. The **GFC MSU Dental Hygiene Program and faculty do not provide patients**; it is the student's responsibility to recruit patients. Resources are available, but students must take initiative.

Before a patient is accepted into the clinic, the following must be met:

- Oral conditions must be **safe and appropriate** for student learning.
- The patient must be **interested in preventive oral care**.
- The patient must be **reliable and attend appointments on time**.
- **Payment must be made prior to services**.
- **Minor patients (under 18)** must have a parent, legal guardian, or approved delegate present in the waiting room for the entire appointment.
    - Delegates must be **immediate family only** (grandparent, adult sibling, aunt, or uncle) and understand the patient's medical/dental history.
    - A **new, signed delegate form** is required for each visit and must be on file before the appointment.

Patient Dismissal During a Scheduled Session

If a patient is dismissed by the instructor due to a **contagious condition or medical concern requiring consultation**, the student must attempt to find a replacement patient.

- If no replacement is found, the instructor will decide if a **"no-client session"** is assigned.
- Typically, **unexpected conditions** (e.g., cold sores) do **not** result in a no-client session.
- If it is determined the student was aware of the condition and did not plan accordingly, a **no-client session may be assigned**.
- If a patient is dismissed for other reasons (e.g., a minor arrives **without a parent/guardian or proper delegate**), a **no-client session may be assigned** at instructor discretion if no replacement is found.

Students are encouraged to always have **backup patients (Plan B and C)** for unexpected situations.

Patient Dismissals from Clinic

Not all patient experiences are successful, and some patients may ultimately be dismissed from the program. However, students do **not** have permission to independently dismiss a patient.

If a patient has paid for services, students must make every effort to complete treatment. When a patient cancels last minute or no-shows, each occurrence must be documented in the patient's chart, including the reason. Any communication (e.g., text messages) should be saved, printed, and added to the chart. Always maintain professionalism in all patient communications.

If a patient repeatedly cancels or misses appointments, consult your clinic instructor for guidance on next steps.

Patients may also be dismissed if their behavior makes students, faculty, or staff uncomfortable. If you experience or witness inappropriate or rude behavior, notify an instructor, the front office manager, or the Program Director immediately. Students are not required to tolerate disrespectful or inappropriate conduct. Written documentation of such behavior should be printed and included in the patient's chart.

If a patient refuses or is unable to return to complete treatment, inform your instructor during final chart audit. In some cases, you may be asked to contact the patient once per semester until your final semester, at which point a pre-approved dismissal letter may be issued. This letter does not dismiss the patient from the clinic but informs them that treatment was not completed and they should seek care elsewhere after you graduate. All communication must be documented and verified by an instructor.

If you ever feel threatened, report it immediately to your instructor, the office manager, or the Program Director. Maintaining a safe and respectful clinic environment is a priority for everyone.

Recare System Protocol

A recare patient is a returning patient who has previously completed treatment with you or a peer in your graduating class. Each student is required to complete four recare patients during the program (see Patient Requirements and Definitions).

To support student experiences, the program assigns recare patients at the start of the summer (3rd) semester. The following protocols apply:

- Students may receive a group of patients with varying levels of difficulty. (Note: The Bozeman site does not yet use this system due to being a new clinic.)
- Students may not transfer patients to peers or junior students without approval from the lead instructor or Program Director.
- Students must attempt to contact each assigned patient every semester, documenting all efforts in the patient chart and verifying them with an instructor. Proof of contact (texts or letters) may be required.
- Failure to contact a patient at least once per semester will result in one critical error point per abandoned patient at final chart audit (spring, 5th semester).
- If initial contact is not made by the summer deadline, the patient will be reassigned.
- If a patient reaches out, always ask if they have been seen in the clinic before. If yes, check FUSE to confirm assignment before scheduling.
- Juniors (Clinic I) should not schedule established patients, as they may already be part of the recare system.
- Recare patient lists must be stored securely in the Office Manager's office and cannot leave campus.

- Students must sign the Recare Patient Responsibilities and Referral Cards Contract before receiving their assigned list.

Clinic Attendance Policy

Great Falls College recognizes the correlation between attendance and both student retention and achievement. Any class session or activity missed, regardless of cause, reduces the opportunity for learning and may adversely affect a student's achievement in the course. Class attendance and/or participation is required in all courses, regardless of the method of delivery, and students are expected to attend all class sessions for which they are registered. The student is responsible for arranging make-up work missed due to legitimate absences and for notifying the instructor when an absence will occur. The instructor determines the effect of the absences and/or tardiness on grades.

Absence Policy for Clinic and Lab Courses or Didactic Courses with a lab component
Students must notify the Dental Office Manager as soon as possible on the day of a lab or clinic absence. Students are responsible for promptly notifying and rescheduling their patients, ideally before the patient travels to the appointment. Failure to notify the Office Manager within 24 hours will result in an unexcused absence.

Absence Reporting
All absences must be reported by 7:30 AM by calling the Dental Clinic Manager at 406-771-4364 and notifying the course instructor. If absence occurs during a clinical session, patients must be notified immediately. Only the student or an immediate family member may make this call.

Failure to report an absence or appear for scheduled clinic without notification may result in disciplinary action, up to dismissal from the program. *Every effort should be made to inform the patient of the need to reschedule prior to them leaving their location to come to their appointment*. Students who do not notify the Dental Office Manager within 24 hours of their absence will be marked as unexcused.

Excused Absences
Students who are ill should not attend lab or clinic and are encouraged to seek medical care. A doctor's note is required for the absence to be considered excused.

Students may miss up to two weeks of lab or clinic during a 16-week semester, or one week during the 8-week summer semester. Instructors will assist with make-up work when possible, and students must be available during designated times. Due to clinic scheduling, make-up sessions may occur when clinic space is available.

Students who exceed these limits will be required to withdraw from the course and cannot

continue in the program. They will need to work with their advisor and program director to determine the next course of action. If a spot becomes available in the cohort directly below, the student will be given first priority for that position.

If an extension on a deadline is necessary, all required work must be completed by the end of the semester. Students who meet incomplete requirements and miss clinic due to excused absences may receive an incomplete grade.

Unexcused Absences

Unexcused absences will result in missed assessments being recorded as failures. Instructors are not responsible for reviewing missed material. Missed clinic sessions will be recorded as a "no patient day" in Taleval, with point deductions applied.

Students with unexcused absences are not eligible for an incomplete grade. Failure to meet clinic requirements due to unexcused absences will result in a failing grade and dismissal from the program.

Clinical Externships

Missed externships are generally not rescheduled. Unexcused absences will be recorded as a "no patient day." Excused absences will not result in point deductions but will count toward allowable absences.

If externships are required to meet clinical competencies, students may receive an incomplete until requirements are fulfilled. Completion expectations will be determined by the lead instructor.

Tardiness

Tardiness is considered unprofessional.

- First occurrence: warning
- Any tardiness: point deduction in Taleval
- Second occurrence (over 10 minutes): may be recorded as an unexcused absence
- Repeated tardiness may result in loss of eligibility for an incomplete grade and will count toward the program's professionalism policy.

Set up for clinic session

The student should arrive early to clinical sessions allowing a few minutes to review patient charts and prepare for the session. Students must be in the clinic setting up their operatory and reviewing patient information at least 30 minutes prior to seating their patient. All students are expected to be present in the clinic during their scheduled clinic time even if the student does not have a patient. Students should not ask to leave early. Instead, students should plan to spend the rest of the clinic with a clinical purpose.

Breaks

Due to the clinical course's nature, breaks cannot be scheduled. To be respectful of clinical instructors, patients, and other classmates, avoid getting up and leaving the clinic during the clinical session unless it is an emergency. If the student clinician must leave the clinical area, the POD clinical instructor and the student's patient must be made aware of the departure and intended location.

Clinic Assessment

Clinical experiences are distributed throughout the curriculum so students can provide the direct patient care needed to ensure the students attain clinical competence and develop appropriate judgement. Students will be evaluated in the following areas:

- Skill assessments
- Patient types
- Adjunctive Services
- Competency assessments
- Radiograph competency
- Dental Hygiene Diagnosis
- Local Anesthesia
- Daily feedback with clinical skills (Taleval)
- Professional behaviors

Every attempt has been made to make sure the information in this handbook is the same and aligns with the clinic syllabi for the Program. However, due to the nature of education and the need for systematic course review sometimes changes are made during the year. In these circumstances the syllabi are always correct. This handbook is a resource used to create the syllabi and corrected as needed once a year. Each student is responsible for completing all course requirements as stated in each syllabus by the end of that semester. Clinic grades will be determined as follows:

Clinic I

Assignments	Percentage of Grade
Competencies (Mastery and Regular skill assessments)	50%
Radiograph Series	10%
Taleval	40%

Table 5 Clinic 1 Grading

Clinic II, III, IV

Assignments	Percentage of Grade
Competencies (Mastery and Regular skill assessments)	40%
Radiograph Series	10%
Taleval	30%
Calculus Removal Test	20%

Table 6 Clinic II - IV Grading

Each clinic course will focus on specific requirements and evaluations determined to be appropriate for that skill level of the students. Course outcomes will also reflect student's skill level working toward final accumulation of mastery skills in DENT 281. However, some mastery level skills will be tested prior to DENT 281. This will be noted in each course syllabus. In general, students will be assessed on all patient types, skill assessments, and program competency assessment.

To receive a passing grade in a pre-clinic or clinic course, students must first demonstrate that they have completed all basic requirements including passing program competencies by 2nd attempt. Students must have a cumulative grade of 75% in each course to pass the course. 75% is considered basic competency level for this program. If the minimum required patient experiences are not completed, the student's course grade will be recorded as not passing no matter what the clinic assessment grades demonstrate.

Taleval

Taleval recognizes the difficulty of your patients' treatment needs along with the number of experiences you document correctly with the patient. If you only complete the minimum required patient experiences, the Taleval score will reflect that minimum effort. Strive to exceed minimum requirements as it demonstrates higher competency levels. Taleval requires a median grade to be entered each semester to determine the final Taleval grade for that course.

The median grade for each course will be as follows: Clinic I = 87 Clinic II-IV = 85

Points are awarded for every patient completed and classified in Taleval. The more complicated the patient case, the higher the point value awarded for that patient type. Students may ONLY classify their patient in Taleval the day the patient is completed. These point values are added to the above median grades. The median grade is higher for Clinic I because there are only 4 patient requirements that first clinic semester, thus, allowing for only 4 chances to increase your median grade.

Seeing additional patients above the minimum requirements will result in additional points being awarded to the median Taleval grade; therefore, it is encouraged student's complete as many patient experiences as possible allowing for more practice and honing of skills each semester. The following is a list of how points may be awarded for patient experiences per semester, and is based on patient classification for calculus and perio type:

Practice IA (DENT 151)

- Calc 0 = 0.25
- Calc A = 0.75
- Calc B = 1.00
- **Calc C = 1.50
- Perio 0 = 0.25
- HOARP = 0.75
- Perio I = 0.50
- **Perio II = 1.00

***Higher calc and/or perio is not recommended for this course due to level of training/experience. Should a student complete higher levels of perio/calc in Practice IA, the point values will reflect this level of difficulty. POD instructor approval is required for seeing higher level calc and perio patients in this course.*

Practice IIA (DENT 251)

- Calc 0 = 0.15
- Calc A = 0.50
- Calc B = 0.75
- Calc C = 1.00
- ** Calc D = 1.25
- **Calc DD = 1.50
- Perio 0 = 0.15
- HOARP = 0.50
- Perio I = 0.25
- Perio II = 0.75
- **Perio III = 1.25
- **Perio IV = 1.50

***POD instructor approval is required for seeing higher level calc and perio patients in this course, DENT 251.*

Practice III-IVA

- Calc 0 = 0.05
- Calc A = 0.25
- Calc B = 0.50
- Calc C = 0.75
- Calc D = 1.00
- Calc DD = 1.25
- Perio 0 = 0.10
- HOARP = 0.25
- Perio I = 0.15
- Perio II = 0.75
- Perio III = 1.25
- Perio IV = 1.50

Taleval point *deductions* are typically less than 1 full point off the final Taleval grade per category or line item. Category point deductions are calculated at the end of every semester through an algorithm implemented in the Taleval software system. The following are examples where greater than 1 full point may be deducted:

- If the error is in a category where no other student has received a similar error, the point deduction may result in up to 3+ points off the final Taleval grade for that particular error.

- Critical errors may result in 1-2 full point deductions from the Taleval grade each time a critical error is awarded.

For most category line items in Taleval, one error = check, two or more errors = X. The following are examples of errors that may constitute point deduction from the final Taleval grade (this is not an all-inclusive list).

Not getting patient consent signature(s) prior to data collection or treatment will result in loss of 1 full point/critical error deduction each time this error is made.

- HIPAA errors will result in 1 critical error point deduction if one error is made in a session, and 2 critical error points will be lost if two or more errors are made in any one session.

- If students arrive late for clinic sessions, a time management error will be noted (5 minutes late = check, greater than 5 minutes late = x).

- Patient names not entered into the scheduling book by due date will receive an error in time management. If this error occurs more than 1 time, a critical error

point will be deducted from the final Taleval grade each subsequent time the error is made.

- Not verifying with instructor that it is okay to dismiss patient end of clinic session
- Not arriving to final chart audit with all paperwork organized and ready to go

Taleval Daily Evaluation Sheets

Following the clinic session, students must ensure that all instructor check points have been initialed and graded corresponding to treatment completed. Students must enter Taleval grade information as soon as possible to allow instructor verification at the end of each clinical session. Grading sheets must be submitted to the POD instructor 30 minutes prior to the end of the session which allows adequate time for the verification process to take place. For optimal time management, it is recommended students enter all patient chart notes/ Taleval grades immediately after dismissing the patient, *then* break down your operatory. It is imperative this process is completed the same day to ensure all data is entered into the grading system correctly. Not complying with this direction will result in, *at minimum,* a loss of Time Management points via the Taleval grading system. Patient status of NEW, CONTINUED CARE, RECARE, OR COMPLETED must also be included.

Clinic Requirements

Graduates will be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients with moderate to severe periodontal disease (identified as Perio III-IV).

DENT 151

TYPE OF PATIENT	CALCULUS LEVEL	AAP CASE TYPE	PATIENT STATUS MUST BE:
(1) NEW Adult Patient (must be new) **(1) Established Patient (may be new or established)** **(1) Peer** *(Recommend a max. of 4 clinic sessions ea. to complete tx.)* *Total of 3 adult patients*	**Only A & B Calculus**	Healthy or Gingivitis	Healthy Geriatric okay if meets other criteria
ALL patients must have nine teeth	**C or D Calculus patients**	**Stage 1 and 2-**	NA

or more to count as a patient requirement.	May only be seen this semester upon POD instructor pre-approval. With instructor PRE-approval, may complete 1 quad to count as new patient in semester- this may only be done on ONE (1) patient this semester, DENT 151. Will be classified based on # of BW pieces removed. Will not count as new patient in the summer if classified this semester, but can count remaining BW pieces removed in the summer. Must be completed summer semester.	Instructor's Discretion NO Stage 3 or 4	
(1) Pediatric (4-9 y old)/ Adolescent (10-17y.old) *(Recommend a max. of 2 clinic sessions ea. to complete tx.)*	NA	NA	*By end of DENT 281 must have at least 2 pedo and 2 adolescents but a total of 6 Peds/ Adolescents*

Table 7 DENT 151 Clinic Requirements

DENT 251

TYPE OF PATIENT	CALCULUS LEVEL	AAP CASE TYPE	PATIENT STATUS Must Be:
(2) NEW Adult Patients (must be new) **(2) Established Adult patients (may be new or established)** **Total of 4 Adult patients**	**Only A & B Calculus recommended** = all together patients' calculus must equal **12 pieces of board worthy calculus** and documented in Taleval under comments (**only three**	**Healthy, Gingivitis or Stage 1.** *Stage 2 at discretion of instructor.* No Stage 3	NA

	pieces **can be on sextant 5**).	or 4.	
All patients must have a minimum of nine teeth, one of which is a molar, to count as *any* patient requirement	All BW calculus pieces may be supragingival for this course only. (Recommend a max of 4 clinic sessions ea. to complete tx.) **C or D Calculus patients With Prior Instructor Approval**: May complete 1 quad to count as new patient in summer. Will be classified based on # of BW pieces removed. Will not count as new patient in the fall if classified in the summer, but can count remaining BW pieces in fall. Must be completed in fall semester. (*Recommend a max of 6 clinical sessions ea. to complete TX.) If the student has extra appointments, they could potentially finish a calc C or D patient in the summer; however, the student cannot take an incomplete for other requirements if this is done. Again, must gain prior instructor approval to do this.*	NA	NA

(3) Pedo Patients (4-9 y old)/ Adolescent (10-17 y old) *Recommend a max of 2 clinic sessions ea. to complete TX.)*	Any Calculus Level	1 -Pedo 1-Adolescent 1- either	*By end of DENT 281 must have seen at least 2 pedo and 2 adolescents but a total of 6 Pedo/Adolescent*

Table 8 DENT 251 Clinic Requirements

DENT 252

TYPE OF Patient	CALCULUS LEVEL	AAP CASE TYPE	PATIENT STATUS Must Be:
(6) Adult Patients ***(2) adult patients MUST be Stage III perio or greater and completed by end of DENT 281.** ALL patients must have a minimum of nine teeth with at least one molar to count as *any* patient requirement	**36 pieces of Board worthy (BW) calculus** of which only 6 pieces may be found in sextant 5. *All BW calculus must be subgingival.* A & B Calculus patients- *(Recommend a max of 4 clinic session ea. to complete TX.)*	**(3) Perio patients:** must be *active* Stage 2, 3 or 4 perio. *Stage 2 perio is considered "moderate perio"* *Stage 3-4 perio is defined as "moderate to severe perio".*	**1- Medically compromised** **1- Special Needs** **2- Geriatric**
NA	C or D Calculus patients- (Recommend a max of 5 clinic sessions ea. to complete TX.) **With prior instructor approval**, MAY complete a minimum of one (1) quad to count as new patient in DENT 252. Will be classified based on # of BW pieces removed. Will not count as new patient in DENT 281 if classified in DENT 252, but can count remaining BW pieces in DENT 281. Must be completed in DENT 281.	NA	NA

(1) Pedo Patients (4-9 y old)/ Adolescent (10-17 y old) *Recommend a max of 2 clinic sessions ea. to complete TX.)*	Any Calculus Level	NA	*By the end of DENT 281 must have seen at least 2 pedo and 2 adolescents but a total of 6 Pedo/Adolescent*
Combo Patient (minimum Perio 2 with 7+ BW calc)	Must have a total of 7 pieces of subgingival BW but only 1 piece must be posterior (BW calculus may be included in the 36 total pieces needed for the semester.)	Must be a minimum of Perio Stage 2,3 or 4 to qualify for as combo	Completed in either DENT 252 or 281
(4) Recare Patients (Completed in either DENT 252/281)	NA	(2) Healthy or Gingivitis (may substitute perio recare) (2) Stage 2, 3, or 4 (cannot substitute health/gingivitis- must be perio recare)	See definitions of a recare
Adjunctive Services 8 Sealants	NA	NA	Must have clinical exam from dentist or outside RX before placing.

Table 9 DENT 252 Clinic Requirements

DENT 281

TYPE OF Patient	CALCULUS LEVEL	AAP CASE TYPE	PATIENT STATUS Must Be:
(6) Adult Patients ***(2) adult patients MUST be Stage III Perio, or greater, and completed by end of DENT 281.** ALL patients must have nine teeth with at least. **ALL patients started or continued this semester must be completed by semester end.**	**36 pieces of Board worthy (BW) calculus** of which only 6 pieces may be found in sextant 5. *All BW calculus must be subgingival.* A & B Calculus patients- *(Recommend a max of 4 clinic session ea. to complete TX.)*	**(3) Perio Patients:** must be *active* Stage 2, 3 or 4. *Stage 2 perio is considered "moderate perio", Stage 3-4 perio is defined as "moderate to severe perio".*	**1-Medically compromised** **1- Special Needs** **2- Geriatric**
one molar to count as a patient requirement.	**C or D Calculus patients-** (Recommend a max of 5 clinic sessions ea. to complete TX.) MUST COMPLETE BY END OF SEMESTER. May NOT scale just one quadrant to count/classify toward patient requirements in DENT 281.	with at least one molar to count as a patient requirement.	NA
(1) Pedo Patients (4-9 y old)/ Adolescent (10-17 y old) *Recommend a max of 2 clinic sessions ea. to complete TX.)*	Any Calculus Level	NA	*By end of DENT 281 must have seen at least 2 pedo and 2 adolescents but a total of 6 Pedo/Adolescent*
Combo Patient (perio 2+ AND calc 7+BW)	Must have a total of 7 pieces of subgingival BW but only 1 piece needs to be posterior (BW calculus may be included in the 36 total pieces needed for the semester.)	Stage 2,3 or 4 to qualify for as combo	Completed in either DENT 252 or 281
(4) Recare Patients (Completed in either DENT 252/281)	NA	(2) Healthy or Gingivitis (may substitute perio recare)	See definitions of a recare

		(2) Stage 2, 3, or 4 (may *not* substitute healthy/gingivitis recare)	
Adjunctive Services 4 Sealants	NA	NA	Must have clinical exam from dentist or outside RX before placing.
Bleach Tray	NA	NA	Must have clinical exam from dentist or outside RX before placing.

Table 10 DENT 281 Clinic Requirements

Clinic Requirement Definitions:

Adult Patient
For DENT 251, 252, and 281, an adult patient is defined as an individual who is at least 18 years old at the start of data collection and has a minimum of nine teeth, including at least one molar.

New Patient (NP)
A new patient is someone who has never been seen at the GFC MSU Dental Clinic or has not been seen in the past three or more years. Students must confirm a patient's prior clinic history and past treatment before scheduling.

New patient requirements must be completed with patients who meet this definition to ensure students can fulfill clinical requirements such as radiographs, board-quality calculus, and hard tissue charting. While established patients are valuable for developing time management and evaluation skills, they typically do not meet these requirements.

Students should also educate patients on the importance of ongoing comprehensive care from a licensed dentist, as the GFC MSU clinic is not intended to serve as a patient's primary dental home.

New Patient – Special Circumstances

- *DENT 251, 252*: Students may begin data collection in one semester and complete and classify the patient in the next.

- Students may not begin scaling on patients intended for completion in a later semester without instructor approval.

- *DENT 281*: All patients must be completed by the end of the semester. Incomplete patients will result in a one-point critical error deduction in Taleval per patient.

- *DENT 151 only*: With prior instructor approval, students may initiate scaling on one Class C or D patient. Completion of one quadrant is required to count toward new patient requirements. Classification is based on calculus removal and periodontal status during the semester of initial treatment. Final completion is recorded when all scaling is finished. Remaining quadrants completed in a later semester will count only toward board-quality calculus, not as a new patient requirement.

- *Steps*
    - In DENT 151: The student must classify the patient in Taleval based on calculus removed and periodontal status.
    - When the patient is completed in a subsequent semester, any remaining quadrants will count only toward board-quality calculus requirements and cannot be counted again as a new patient (i.e., the patient cannot be reclassified in Taleval). The patient should be marked as "complete" in Taleval during the semester when all scaling is finished.

Established Patient (EP)
An established patient is one who has received care at the GFC MSU Dental Clinic within the past three years but is new to the assigned student and/or has not been treated by a student in the same graduating class.

These patients must still be encouraged to seek regular care from a licensed dentist. They will receive a limited exam at least once per year to determine periodontal status. Adult patients may not receive hygiene services until a dentist has completed the evaluation and the findings are reviewed with the patient.

Dentist referral forms must be provided at every recare appointment when scaling begins. Patients due for an exam must have an updated evaluation completed before scaling can proceed. Refer to the Clinic Resource Manual for guidance on updating records for patients previously treated at the clinic.

Assessment of Patient (D0191)
This is a limited clinical evaluation used to identify signs of oral or systemic disease,

abnormalities, or need for referral. It may include radiographs if indicated.

A dentist reviews the patient's medical history, periodontal findings, and radiographs to determine diagnosis and appropriate hygiene treatment. All patients receive this assessment at their initial visit and annually thereafter.

At the start of scaling, each patient will receive a referral letter outlining recommended hygiene services and any additional dental concerns identified during the assessment.

Recare Patient

A recare patient is any patient who has been previously completed by the same student or by a peer in the same graduating class at least once before the recare appointment.

- Students must complete four (4) recare patients during their second year (fall and spring semesters; semesters 4 and 5), including a minimum of two periomaintenance patients (3–4 month recare).
- Periomaintenance patients must have a diagnosis of Stage II-IV or have active periodontal disease. Healthy on a Reduced Periodontium (HOARP) does not qualify. The most current dentist referral (within the past 12 months) determines the qualifying diagnosis.
- Periomaintenance (3–4 month) recares may substitute for 6-month recares; however, 6-month recares cannot substitute for periomaintenance recares.
- Six-month recares include patients with gingivitis, healthy periodontium, or HOARP.
- Periomaintenance patients may also count toward periodontal requirements in the semester the recare is completed.
- A patient may not be counted more than once toward requirements in the same semester.
- Recare patients may also count toward medical compromise, geriatric, pediatric/adolescent, or special needs requirements in the semester completed, but cannot be double-counted within that semester.
- Students may share recare patients if they are unable to schedule their own previously completed patient.
- In DENT 252 and 281, recare patients may count toward the six adult patient requirements only after all four recare requirements have been completed.

Re-evaluation

Re-evaluation is an appointment after the clinical endpoint has been met to determine if a patient has reached therapeutic endpoint. This appointment *should*

occur between 3-6 weeks after final scaling is completed. Re-eval appointments are NOT the same as a RECARE appointment. Completing your re-eval appointment at a recare interval must be pre-approved by an instructor.

Timelines on when to schedule re-evals or recares or exam/xrays may be adjusted on a case-by-case, pre-approved basis. For example, you can go past 6 weeks on a re-eval if pre-approved and absolutely necessary. Pre-approval must be sought from the lead clinic instructor.

Medically Compromised

Any medical condition that requires dental hygiene treatment to be altered to safely treat the patient and avoid a medical emergency. May require discussions with POD instructors regarding emergency scenarios.

- Must be ASA II or greater and be taking a minimum of two (2) prescription medications.
- POD instructors have the final say whether patients meet this requirement.

Patients with Special Needs

Any patient with a disability that requires dental hygiene treatment to be altered to safely treat the patient. The US Census Bureau American Community Survey defines disability as follows.

The patient has difficulty with:

1. Hearing
2. Vision
3. Cognition
4. Walking/mobility
5. Self-care
6. Independent living

Examples where we might need to alter treatment due to a patient's special need: diabetic (needs am appointment and needs to eat/medicate prior to tx), High blood pressure at appointment, needs neck pillow, can't open mouth all the way, needs bite block, needs dark eye glasses, needs blanket due to certain conditions (not just because it is cold in the op), asthma, patient can't lay flat, partial edentulous, gagger, COPD, needs frequent breaks, etc. This is not an exclusive list.

To meet a patient with special needs requirements it must be approved by your POD instructor and correctly documented in Taleval as well as the patient's chart note. POD instructors have the final say whether patients meet this requirement.

Geriatric Patient

Any patient 60 years of age or older the day data collection is initiated. No exceptions. I.e. patients must be 60 years old on the first appointment.

Pediatric (4-9 years old) and Adolescent (10-17 years old) Patient

- Must not have had comprehensive care in the last 6 months. (*Children younger than 4 years old on the day of initial data collection are not allowed on the clinic floor as they do not have the attention span needed for the longer appointments that occur in an educational setting).
- Students may count extra pediatric/adolescent patients seen in previous semesters toward future semester requirements.
- It is recommended you see as many pedo/adolescents as can during summer semester.
- Exceptions for children younger than 4 may be made sometimes based on instructor *prior* approval to provide specific learning experiences for students but *will not count* as a pediatric requirement.
- Students may not treat their own biological children.

Two Patients per Session

Any two patients can be scheduled during (1) clinical session. Students must alert the POD instructor of planned appointments for that clinic session. Students must consider infection control protocol if seeing two patients in one session (must change jacket, clean face shield, completely sanitize room between patients, etc.).

Peer Patients Rules

Unless assigned by faculty, the use of peer patients for the following procedures/requirements is prohibited: *Any* radiograph series, Sealants, Bleach trays, Prophy, Perio maintenance, SRP.

Peer patients may only be used ONCE for injection requirements.

Calculus Definitions

- Type 0:
  No calculus present; little to no plaque.
- Type A:
  Light to supragingival board-worthy (BW) calculus. Typically found in sextant 5 (mandibular anterior) and/or buccal surfaces of maxillary molars.

No subgingival BW calculus is present.

- Type B:
  Generalized "rough" or "spicule" calculus with unlimited supragingival BW calculus throughout the mouth.
  Up to 12 pieces of subgingival BW calculus may be present (maximum of 3 pieces from sextant 5).
- Type C:
  At least 12 pieces of subgingival BW calculus distributed throughout the mouth.
  A maximum of 3 pieces may come from sextant 5; the remaining must be in maxillary anterior and posterior sextants.
- Type D:
  At least 20 pieces of subgingival BW calculus.
  A maximum of 6 pieces may come from sextant 5; the rest must be located in maxillary anterior and posterior sextants.
- Type DD:
  At least 40 pieces of BW calculus, with a maximum of 12 pieces from sextant 5.

Periodontal Classification

Periodontal Classification	Definition of classification
Healthy or HOARP (healthy on a reduced periodontium)	No clinical inflammation or bleeding is less than 10% of mouth. Healthy: NO radiographic evidence of bone loss is present. HOARP: Radiographic evidence of bone is evident. Gingiva is normal in contour, color, and consistency. May also be healthy with a reduced periodontium if bone loss present but there is bleeding in PPD 4mm or greater.
Gingivitis	Inflammation of the gingival is characterized clinically by gingival erythema, edema, retractability, gingival pocket formation (pockets may or may not be present). There is no radiographic evidence of bone loss. Minimum 10% BOP. May be generalized (greater than 30%) or localized (10%-30%)
Stage 1 *early/mild*	1 to 2 mm of CAL with radiographic bone loss in the coronal third (<15%). Max probing depths no greater than 4mm. Horizontal bone loss
Stage 2 *moderate*	3 to 4 mm CAL with radiographic bone loss in the coronal third (15%-33%). Maximum probing depths no greater than 5 mm. Mostly horizontal bone loss.

Stage 3 *moderate to severe*	5mm or greater CAL with radiographic bone loss extending to the mid-third of root and beyond. Probing depths are 6mm or greater with 3mm of vertical bone loss. Class II or III furcation involvement. There are 4 or less teeth missing due to perio disease.
Stage 4 *moderate to severe*	Same as Stage 3 but missing 5 or more teeth due to disease. May have secondary occlusal trauma or less than 20 teeth remaining. Bite collapse, drifting, and flaring may also be present.

Table 11 Periodontal Classification

*** Please note that each stage may be generalized (greater than 30%) or localized (less than 30% of teeth. CAL= clinical attachment loss or distance from the free gingival margin to the CEJ.

Stable is defined as less than 10% bleeding on a patient with pockets 4mm and greater. Unstable is greater than 10% bleeding on a patient with pockets 4mm and greater.

Formula for bone loss is % bone x 100/age of patient

Patient Grade

Factors	A	B	C
Hx of bone loss	Less than .25	.25-1	>1
Smoking	NONE	<10 cig/day	>10 cig/day
Diabetes	No diagnosis	HbA1c <7%	HbA1c ≥ 7%
Inflammation (CRP)	<1mg/L	1 to 3 mg/L	>3 mg/L

Table 12 Patient Grade

Stain Classification

Abbreviation	Type of Stain	Definition of Stain Type
L	Light Stain	Stain may or may not be present. Stain, if present is slightly extrinsic along the cervical line. (May be coffee, tea, tobacco, green, black line, or orange)
M	Moderate Stain	Stain is moderate limited to the cervical third of the teeth and involving not more than half of the teeth
H	Heavy Stain	Stain is heavy and generalized throughout the mouth, covering at least half the exposed tooth surfaces
X	Heavy Stain	Stain is very heavy tenacious such as pipe stain which appears to be “baked-on.” Scaling is required to remove.

Table 13 Stain Classifications

ASA Physical Status Classification

ASA I a normal, healthy patient without systemic disease

ASA II a patient with mild systemic disease or a healthy patient who demonstrates extreme anxiety and fear toward dental treatment

Examples:

- Well-controlled epilepsy
- Well-controlled asthma
- Well-controlled hyperthyroid or hypothyroid disorders ASA I patients with upper respiratory infections Healthy, pregnant women
- Otherwise, healthy patients with allergies, especially to drugs used in dentistry
- Otherwise healthy patients with extreme dental fear
- Healthy patients over 60 years of age
- Adults with blood pressure between 140-159 systolic reading and/or 90-94 diastolic readings. The ASA II patient can perform normal activities without experiencing distress.

ASA III a patient with severe systemic disease that limits physical activity but is not incapacitating (treatment modifications should be considered) ASA III patients usually can perform normal activities without experiencing distress but may not rest during activity should they become stressed.

Examples:

- Stable angina pectoris
- Status post myocardial infarction more than 6 months before treatment with no residual signs and symptoms
- Status post-CVA more than 6 months before treatment with no residual signs or symptoms
- Well-controlled IDDM
- CHF with orthopnea and ankle edema
- COPD- emphysema or chronic bronchitis
- Exercise-induced asthma
- Less well-controlled epilepsy
- Hyperthyroid or hypothyroid disorders when patients are symptomatic
- Adults with blood pressure readings between 160-199 systolic and/or 95-114 diastolic

ASA IV is a patient with an incapacitating systemic disease that is a constant threat to his/her life. (Whenever possible, elective dental care should be postponed until the client's medical condition has improved to at least an ASA III classification.)

Examples:

- Unstable angina pectoris
- Myocardial infarction within the past 6 months

- CVA within the past 6 months
- Adult blood pressure greater than 200 systolic or 115 diastolic
- Severe CHF or COPD (requiring supplemental oxygen or confinement to a wheelchair)
- Uncontrolled epilepsy (with a history of hospitalization)
- Uncontrolled IDDM (with a history of hospitalization)

ASA V patients are contraindicated for any type of treatment in the GFC MSU Dental Clinic. In the case of the individual with multiple ailments, weigh the significance of each disease and choose an appropriate category.

Administration of Local Anesthesia

All local anesthesia injections require instructor supervision. Completed injection sheets are required prior to administration of any injection. Both Injection sheets & Taleval grading sheets will be utilized for instructor assessment. Students are responsible for entering all graded injections in both the comment section and implementation sections of Taleval and assure instructor signature on both sheets.

Example entry: Injections: R-IA/LB pass- J. Instructor, RDH

In preparation for the Clinical Local Anesthesia Examination, students will be held accountable for all aspects of Atraumatic Injection Technique. Proper tray protocol, needle protocol and process "callouts" will be required. Instructors will be grading according to CRDTS exam protocol. Please reference the CRDTS Local Anesthesia Candidate Guidelines.

Local Anesthesia Documentation and Policy
All injections must be properly documented in the treatment record.
Documentation must include:

- Type of topical anesthetic used (if applicable)
- Maximum Recommended Dose (MRD)
- Type of injection administered
- Results of aspiration
- Type and amount of anesthetic used
- Time of administration
- Patient response
- Patient consent

No injections may be administered without prior dentist approval. Injections are not permitted if the patient's exam is not current (within the past 12 months at this clinic). Outside prescriptions for injections are not allowed. Additional

documentation may be required based on individual circumstances.

Instructors may require remediation if a student demonstrates inadequate anesthetic technique. Students identified for remediation will be notified and required to complete a one-on-one session. Students may not administer anesthesia to patients until competency is demonstrated.

Practice on Peers
Students may not complete local anesthesia requirements on peers.

Minimum Local Anesthesia Injection Requirements

Type of Injection	Required Quantity for DENT 251	Required Quantity for DENT 252	Required Quantity for DENT 281
Posterior Superior Alveolar NB	2	4	4
Middle Superior Alveolar NB	2	4	4
Anterior Superior Alveolar NB	2	4	4
Naso Palatine NB	2	4	4
Greater Palatine NB	2	4	4
Inferior Alveolar	2	4	4
Long Buccal NB	2	4	4
Mental/Incisive NB	2	4	4
AMSA	Not Allowed to administer	Can be used as a substitution for MSA, ASA, GP, NP	Can be used as a substitution for MSA, ASA, GP, NP

Table 14 Local Anesthesia Requirements

Local Anesthesia Grading
In Clinics II, III, and IV, local anesthesia requirements are graded on a pass/fail basis. For an injection to count toward program requirements, it must receive a passing score. Local anesthesia grading sheets serve as a guide for expected performance and provide feedback on technique.

The following errors will result in a failed injection. These are considered critical errors by the CRDTS Local Anesthesia (LA) board exam and result in automatic failure. Additionally,

more than three (3) non-critical errors (marked as “U” for unsatisfactory) on the grading sheet will also result in failure.

Patient and/or Operator Safety Violations

(*Note: this is not an all-inclusive list*)

- Failure to aspirate prior to injection
- Failure to verify a current exam by the supervising dentist before injection
- Contamination of the needle prior to insertion (e.g., contacting the cheek, lip, gauze, glove, or other surfaces)
- Inserting the needle to the hub
- Failure to appropriately manage a positive aspiration (must state “positive aspiration,” withdraw, and adjust)
- Redirecting during a PSA injection
- Using an inappropriate anesthetic based on medical history or dentist recommendations
- Moving away from the deposition site during injection without re-aspirating or correcting appropriately
- Touching the needle protector or safety sheath while the needle is uncapped
- Any additional safety concern identified by the supervising instructor

Technique Errors

- Failure to establish or maintain a 45-degree angle for PSA injections prior to and during insertion
- Incorrectly stating “bevel is covered at insertion site” when the angle and/or position is incorrect
- Inability to identify the correct deposition site after three attempts on both the right and left sides for any injection

Local anesthesia errors are also documented in Taleval: one error is marked with a check, and two or more errors are marked with an “X.”

Students are encouraged to practice in front of an instructor using a cotton tip applicator or practice needle before performing injections; this may be done without penalty and includes instructor feedback.

For additional details on CRDTS grading criteria (see pages 25–26).

Radiographic Exposure

Students must provide a rationale for all radiographs and obtain a prescription for the radiographic series from the supervising dentist. Rationale and patient radiographic history will be documented within the treatment plan and informed consent must be signed by patient and POD instructor prior to any radiographic exposure. Patients must pay for radiographs prior to the procedure. All series will

be exposed under general instructor supervision. Retakes will not be permitted until the student has consulted with an instructor and provided a radiographic evaluation form for the instructor to approve and sign. **All necessary information on radiographic evaluation form must be completed before receiving authorization to proceed with retakes.** The following information must be noted on the radiographic evaluation form, or the instructor will not approve retakes:

- Patient name
- Date of exposure
- Type of series
- Type of armamentarium utilized
- Other pertinent information regarding patient exposure-example: severe gag reflex
- Individual retakes marked in green pen by evaluating instructor
- Rational for retakes and necessary correction(s) indicated for improved diagnostic quality
- Instructor initials for approval of retakes
- Number of images exposed including retakes

Patients may not be dismissed from the radiology room until an instructor has approved them, regardless of whether the student believes retakes are necessary. The instructor has final authority on all retake decisions, with no exceptions.

Students may be required to complete retakes under direct instructor supervision to ensure correct technique. All students must follow radiation safety protocols to protect themselves, the patient, and others in the radiology area. Refer to the Radiology Manual for complete guidelines. Violations of these policies—reviewed and signed by students during the fall semester of their junior year—may result in a critical error deduction in Taleval, loss of credit for the radiographic series, or, in serious cases, dismissal from the program.

Radiograph evaluation must occur during the radiology session, immediately after exposure. Students must complete a self-evaluation before requesting instructor review, including identifying needed retakes, reasons for retakes, and required corrections. Images with no errors must be marked with a star to indicate completion of self-assessment.

After instructor approval, retakes must be exposed and mounted separately, labeled as retakes. The completed assessment sheet must then be submitted to the instructor for grading. All retakes must also be accurately recorded in the QA log before the student leaves the session.

Graded radiographic series must be entered into Taleval immediately following the clinic session. The specific series must be documented in both the comments and assessment sections to receive credit. Each series will be graded as "+" (pass) or "X" (fail) based on the criteria outlined in the Radiology Manual and assessment sheet. These grades contribute to the final clinic grade.

Radiograph Grades

Number of x grades in Taleval	Grade in Canvas
No X	100%
1 X	92%
2X	84%
3X	75%
4X	65%
5X	50%
6X	40%
7X	30%

Table 15 Radiograph Grade Determination

All radiograph grades are based on the original images.

Full Mouth Series (FMX)

- Undiagnostic errors result in a deduction of four points per image.
- Students may earn up to four bonus points per retake (maximum of three retakes) if the error is corrected and no new errors are introduced.
- If a retake corrects one error but introduces a new error, one point will be awarded.
- If the original error is not corrected, no points will be awarded for the retake.

Bitewing Series (BWX)

- Undiagnostic errors result in a deduction of two points per image.
- Students may earn up to two bonus points per retake (maximum of three retakes per series) if the error is fully corrected with no new errors.

Students who do not meet radiographic requirements must complete a remediation assignment by the end of the semester. This includes attending an open lab session; remediation does not count toward radiology requirements.

Instructors may assign remediation based on patterns of poor technique or evaluation. Identified students will complete a one-on-one DXTTR session and may not expose radiographs on patients until competency is demonstrated. Additional patient requirements may also be assigned, and students are responsible for securing these patients.

Students who are not passing must proactively seek instructor assistance.

If a student completes more than the required number of radiographic series, all passing series will be counted first toward the final grade. Any remaining required series will then be fulfilled using failed attempts, if necessary.

Sample Patient Chart Entry

FMX prescribed by Dr. Dentist was exposed (18 + 3 retakes) for the purpose of (reason given ex: initial exam or periodontal diagnosis). S. Student, DHS

***Minimum* Radiographic Requirements**

Students are not allowed to transfer radiographs from one semester to another because this is a skill that must be continuously practiced.

TYPE OF SERIES	NUMBER REQUIRED DENT 151 Passing not required	NUMBER REQUIRED DENT 251 Passing not required	NUMBER REQUIRED DENT 252	NUMBER REQUIRED DENT 281
FMX	1 FMX or Pano	2 FMX	2 FMX (1 passing)	2 FMX (must pass 1 FMX)
Pano	1 FMX or Pano	1 Pano	2 Pano (2 passing)	2 Pano (2 passing)
BWX	1BWX (not included in the FMX)X	2 BWX of which one needs to be a mixed dentition. (Cannot be included in the FMX)	3 BWX (not included in the FMX- must pass 1 BWX)	3 BWX (not included in the FMX- must pass 1 BWX)

Table 16 Minimum Radiograph Requirements

Skill Assessments

Course competencies are designed to allow students to demonstrate clinical skills and the ability to perform procedures safely. Students are responsible for preparing for assessments and recruiting appropriate patients to successfully complete all required competencies.

Students must present planned competencies during POD discussions and obtain the POD instructor's signature on the required documentation upon completion. All competencies are graded assessments. No instructor or peer assistance is allowed during final competency assessments, and no resources may be used, except for patient visual aids.

All patient-based competencies must be completed by the deadlines outlined in the course syllabus. Competencies performed without instructor observation will not be signed or accepted. If a student is asked to repeat or complete a competency, they must work with the assigned instructor and may not seek another instructor without permission.

Failure to follow these policies will result in professionalism point deductions in Taleval, which may impact the final course grade and could lead to course failure and dismissal from the program.

Students are encouraged to seek instructor guidance while learning and preparing for competencies. However, no assistance will be provided immediately before or during the final assessment.

If a student fails a competency, it may not be reattempted until remediation is completed or a written reflection has been submitted and signed by the evaluating instructor.

Remediation and Documentation Requirements

Remediation must be completed as outlined in the contract before a student may repeat a competency or skill assessment.

Self-assessment reflections must follow the "What, So What, Now What" model. The completed reflection form must be attached to the corresponding competency assessment and submitted to the evaluating instructor within 24 hours, or as directed by the POD instructor. Failure to submit the reflection will delay the second attempt until remediation is completed, at the instructor's discretion.

Students are strongly encouraged to practice skills prior to attempting competency assessments.

All competency assessments must be accurately recorded in Taleval immediately

following the clinic session in which they were attempted or completed. Each entry must include the specific competency, pass/fail status, and instructor initials in the comments section.

Example Taleval entry:
Competency Assessment – Instrumentation: Pass, J. Smith RDH

All competency grades (mastery and non-mastery) are based on the original attempt, not subsequent attempts.

- **Non-mastery (regular) competencies:**
  If not passed by the second attempt, a zero will be recorded in the Canvas gradebook. However, the student must still successfully pass the competency on a later attempt (e.g., third or fourth) to pass the course and continue in the program.
- **Mastery-level competencies:**
  Must be passed by the second attempt. Failure to do so will result in dismissal from the program.
- **Tutorial competencies:**
  These are graded as pass/fail only and do not count toward the course grade.
  Students are expected to complete two (2) competencies per clinic session to meet course requirements by the end of the semester. Competencies are designed to demonstrate the minimum clinical skill level required to treat patients safely.

Failure to pass a mastery-level competency within two attempts indicates the student has not met minimum skill expectations and may result in course failure and removal from the program.
Refer to the individual course syllabus for specific competency requirements.

Incompletes

College requirements for receiving an 'Incomplete' status in place of course grade at end of term:

- Student must have adequate information and documentation to verify a true extenuating circumstance.
- Student must have been in attendance, do passing work (C or better), and have completed at least 85% of the required coursework.
- Student Must have an Incomplete grade set and understand will change to an F if coursework is not submitted on time. No extensions will be given past deadline initially set by lead instructor.

Clinic Course Incomplete Policy

Students are allowed only **one incomplete** in the Dental Hygiene Program prior to DENT 281. A second failure to complete course requirements will result in a failing grade and dismissal from the program. Incompletes are **not permitted** in didactic courses, lab courses, or courses with

lab components.

Students with any unexcused absences are **not eligible** for an incomplete in any course.

An incomplete may be granted to students who:

- Have completed at least **85% of clinic requirements**, and
- Submit a **written plan** outlining how remaining requirements will be completed within:
    - the first **2 weeks** of the following fall or spring semester, or
    - the first **1 week** of the summer semester

This plan must be submitted by the final chart audit. All incomplete work must be completed **during scheduled clinic hours only** in the following semester.

The lead instructor, in consultation with clinic faculty, will determine whether remaining requirements can be reasonably completed within the allowed time. Due to the complexity of clinical requirements (e.g., competencies, calculus, local anesthesia, radiographs), decisions are made on a **case-by-case basis**.

A **failing grade (F)** will be assigned if:

- Minimum patient requirements are not completed by the deadline
- Competencies are not completed by the deadline
- The final course grade is below **75%**, regardless of completed requirements

Students must notify the lead instructor **at least 2 weeks prior to the last clinic day** if they are at risk of not completing requirements. Students are responsible for tracking their progress and are encouraged to regularly review patient care reports.

DENT 281 Incomplete Policy

In DENT 281, incompletes are based on remaining requirements and availability of clinic space and faculty.

If a student has already used their one allowed incomplete:

- Faculty may attempt to create a clinic schedule to allow completion, **if space permits**
- Students must first demonstrate effort to complete requirements during **finals week**

If requirements are not completed:

- And no clinic space is available during the summer session → the student will receive an **F**, be **dismissed from the program**, and **will not graduate**

A second incomplete in DENT 281:

- May only be considered if the student has **no unexcused absences**

Students with unexcused absences who fail to complete requirements will receive a **failing grade**.

Refer to the **Readmission Policy** for additional information.

Clinic Procedures

Clinic Hours and Patient Logbook

Students must arrive on campus and begin clinic setup by **7:30 AM or 12:30 PM** on scheduled clinic days. Students must be ready for patients by POD meetings at **8:00 AM or 1:00 PM**, with patients seated by **8:15 AM or 1:15 PM**. Late arrival will result in a Taleval error for poor time management.

All patients must be entered into the logbook by the following deadlines:

- **Monday patients:** Friday by 10:00 AM (summer: Thursday by 10:00 AM)
- **Tuesday patients:** Monday by 4:00 PM
- **Wednesday patients:** Tuesday by 4:00 PM
- **Thursday patients:** Wednesday by 4:00 PM
- **Friday patients:** Thursday by 4:00 PM

Students assigned to clinic duties (e.g., CA) must also arrive at **7:30 AM or 12:30 PM**. Late arrival to duties will result in a Taleval error. Students on duty may not leave until all assigned duties are completed, and all team members are finished. No student may leave a clinic session without POD instructor approval, as teamwork is essential.

Any same-day changes to the clinic schedule must be emailed to the Clinic Manager by **7:00 AM**, including the patient's name and status (continued care, new, established, or recare).

Failure to enter complete and accurate patient information in the logbook by the deadline may result in up to a **1-point critical error deduction** in Taleval. If a student does not have a patient scheduled, they must enter **"NP" (no patient)**. No logbook fields may be left blank.

Clinic Specific Course Outcomes

During each clinical session, students are expected to demonstrate the following procedures, *with instructor supervision* on every patient while applying the cognitive, psychomotor, and affective skill learned.

- Medical/dental history review recognizing persons requiring medical consult/release and who are at high risk for a medical emergency.
- Obtain and Assess Vital signs
- Complete referral for medical/dental consultation, if warranted
- Intra and Extra oral examination including an Oral Cancer Screening
- Rational for radiographic exposure and use of digital radiographic equipment

- Dental & Periodontal Assessments
- Oral Hygiene Education & Tobacco Use Cessation/Education
- Determine Risk Assessment (Perio and Caries)
- Dental Hygiene Process of Care Plan
- Management of Pain & Anxiety: Local Anesthesia
- Assessment and Debridement of subgingival and supragingival deposits
- Selective coronal polish or air polish for the management of extrinsic stains
- Determine the need for any adjunctive therapy
- Fluoride Application
- Documentation and referrals. I**t is mandatory that all needed signatures are obtained prior to treatment being performed.** Not obtaining these signatures *prior to* treatment will result in loss of 1 point in Taleval for critical error.
- Chairside chart audit. Mandatory to be completed within one week post last seen

Students are expected to consult with faculty when designing a comprehensive Dental Hygiene Process of Care Plan for all AAP Case Types patients.

- Dental Hygiene Assessment
- Dental Hygiene Diagnosis
- Dental Hygiene Process of Care Plan
- Dental Hygiene Implementation
- Dental Hygiene Evaluation

All students are expected to get a signature for informed consent from the consulting POD instructor and patient before all data collection, **and also before all treatment sessions**. **Informed consent for treatment cannot be obtained prior to periodontal diagnosis by supervising dentist**. Referral letter from supervising dentist must be given to patient when consent for treatment is obtained. The student must provide full disclosure to the patient for the following:

- Prescribed treatment recommendations
- Ramifications of patient refusal of recommended treatment
- All treatment modifications
- Length and number of required appointments
- Fee for services

Students will be expected to maintain and practice within a safe and healthy environment. Anything deemed threatening to the health, safety and well-being of you, your patients, peers, staff, and faculty constitutes a Critical Error. This could

result in NULL & VOID towards your clinical requirements (patient will not count towards clinical requirements). *Therefore, the student is responsible for acquiring an additional patient to fill the deficiency. The lead instructor will notify the student of the error and if it is deemed significant, it may result in a student dismissal from the Dental Hygiene Program.*

In all aspects of clinical activities and patient care, students will be expected to:

- Comply with the GFC MSU Dental Hygiene Program Handbook
- Comply with the Clinic Policy and Procedures Manual
- Comply with the Radiation Policy and Procedures Manual, Medical Emergencies Manual, and Hazzard Communications and Infection Control Manuals
- Demonstrate professional and ethical behavior as documented in the GFC MSU Dental Hygiene Program Handbook and the ADHA Code of Dental Hygiene Ethics.
- Preserve patient's rights and maintain confidentiality in accordance with all HIPAA rules and regulations
- Correctly demonstrate the use, function, and maintenance of all clinical equipment while assuring operator safety.

Clinic patients will be completed with instructor supervision. All teeth must be scaled to completion. Subgingival and supragingival calculus will be checked together followed by evaluation of stain/soft deposit removal. All clinic procedures must be completed during scheduled clinical sessions. Students must dismiss their patients at the designated time during clinic sessions unless the POD instructor grants approval to complete remaining necessary treatment. Regardless of receiving instructor permission to complete the patient beyond the clinic session time parameter, "Time Management" points for the session will be assessed to the student upon verification of student performance in Taleval. Please remember that students who receive permission to proceed past the designated clinic session are doing so dependent upon circumstances unique to their patient as per instructor discretion and should not be thought of as automatic.

Patients must be assessed by a POD instructor prior to dismissal after fluoride application. The instructor will assure the following:

- Student has delivered comprehensive care
- Patient is exhibiting no concerns following treatment or fluoride application
- Patient understands all outstanding treatment needs listed on DH Care Plan and Dental referral form.
- Patient understands all post-operative instructions discussed and dispensed
- Patient has completed "Satisfaction Survey"
- Patient has received, and it is documented, a dental referral form

- Patient has had all questions and concerns addressed
- Patient has all signatures present on all necessary documentation

Failure to comply with this clinic policy and procedure will result in a Critical Error and may result in a NULL & VOID status for the patient. This means the patient will not count toward clinical requirements. Therefore, the student is responsible for acquiring an additional patient to fill the deficiency. The student will be notified of the error by the lead instructor and if it is deemed significant, it may result in dismissal from the Dental Hygiene Program.

Periodontal Diagnosis

Supervising Dentist Schedule- before a student may scale a patient or treatment plan a cleaning the patient must have a periodontal diagnosis from the supervising dentist. All required assessments must be obtained first before the doctor can diagnosis the patient's periodontal status. The supervising dentist has designated specific protocols for patients regarding these assessments. These protocols change to adapt to current clinical needs, and students will need to work closely with POD instructors and watch clinic announcements for updates regarding these policies. Once all assessments are completed, students will need to submit patients for a diagnosis. The supervising dentist has one week to review all charts; therefore, the patient will have to wait until at least the following week to begin scaling. These protocols are in the top drawer of each instructor station in a red notebook.

Possible Limited Number of Overnight Exams- Supervising Dentist *may* do a limited number of *overnight* exams for patients returning the following day, all other exams will be completed by the following Monday. Please see the lead instructor for more information. These will be distributed on a first-come-first-served basis.

Treatment started without a periodontal diagnosis will result in a NULL & VOID toward semester requirements. If treatment proceeds without patient informed consent and proper signatures from faculty, it will be considered a critical error. If treatment proceeds a second time without signed informed consent the patient requirement will result in a NULL & Void towards clinical requirements. Therefore, the student is responsible for acquiring an additional patient to fill the deficiency.

Clinic Assistant Duties (CA)

Rotations are designed as learning experiences, which aid in the understanding of

the various duties required to operate a dental office. Students are expected to follow the clinical rotation schedule without exception. The schedule has been designed to provide each student with an equal clinical opportunity. No changes will be allowed in the rotation schedule unless pre-approved by the lead instructor. All changes must be planned two weeks prior to the date requested change. CA change requests must be done with another peer in the same POD. The Great Falls Clinic Manager must be notified of ALL changes to the clinic schedule well in advance of the change.

Failure to appear for scheduled clinical rotations without calling in will result in disciplinary action taken against the student up to and including termination from the program.

Students with CA duties are expected to arrive at the appropriate time and are not allowed to do other activities like homework during duty time. The Clinic Assistant (CA) will perform a variety of duties including but not limited to:

- Report ALL equipment and supply concerns to the Clinic Coordinator
- Maintain sterilization rooms and equipment while demonstrating proper sterilization procedures during the recirculation of dental instruments and hand pieces
- Assist other students and faculty as needed
- Prepare clinic for opening and closing
- Collaborate with the Dental Clinic Manager to correctly record all needed periodontal exams for each clinic session.
- Refer to clinical assistant rotation sheet for additional duties

Chart Audit

Chairside Chart Audit Protocol: All completed patients must undergo a chair side audit utilizing the appropriate chart audit worksheet. All signatures and elements of the chart audit process must be self-assessed and completed prior to the student's request for an instructor to review the documents. **All chair-side audits must be completed with an instructor within one week of completing each patient**. Not complying with this protocol will result in a loss of Taleval points (one (1) chart less than one week late = a check, 2-3 charts less than one week late = an 'X', greater than 3 charts less than one week late, or 1 or more charts more than one week late = 1 critical error per chart late).

Final Chart Audit Protocol: Students are required to arrive at the final chart audit

with the following preparations completed to help expedite the process.

- All completed patient charts with completed pink or purple patient care sheet(s)
- All in-progress patient charts
- Accompanying table (aka 'Requirement Grid Sheet') with patients arranged according requirements met and classification
- Competency Assessment packet
- All Tal/Eval Clinic rotation sheets
- All completed and signed patient Tal/Eval grade sheets
- All completed and signed patient radiology grade sheets
- All completed and signed Local Anesthesia grade sheets
- A list of all patients *not* continuing care with our clinic
- A list of all patients who *do* wish to continue care with our clinic (notecards for each) **Create a card** for each patient wanting to continue care in our dental clinic. Write significant information/helpful information about each patient on the card for the next student provider you think might be helpful (e.g., best time to reach/ schedule, patient likes pillow, needs inhaler, etc.) Each card must include the following information:
    - Patient name
    - Patient phone number and email
    - Date AND type of last service in our clinic
    - Date DUE for next service

ALL CARDS must remain in a secure place within our clinic space (in clinic manager office) on campus.

Any student who arrives at a final audit ill-prepared for this process will lose Taleval points. **Any Taleval grade sheets, Radiology grade sheet, Local Anesthesia grade sheet, or Clinic Pink Progress sheet that arrives at final audit without signatures or without data entry into Taleval will count as a critical error (i.e., one (1) full point deduction from student Taleval grade *per* sheet with missing signature).** This may result in a reduction of the clinical grade and thus potential dismissal from the Dental Hygiene Program.

No Client Session

Patient recruitment is an important and necessary skill for dental hygiene students. This skill will also be utilized as a practicing dental hygienist to promote preventative health, their dental office and establish patient bases.

Educating the public on the need for preventative care and about dental disease is the mission of the dental hygiene profession. Patient recruitment during the program will allow each student to become skilled in communicating the importance of preventative dental care that will remain with them throughout their career.

In the event the student clinician is without a patient (peers do not count as a patient in the chair) for the entire clinic session a score of (⍰) will result under 'no client session' in Taleval. The student will complete the Taleval grading form indicating a "no-client"

session with POD instructor verification listed in the comment section and the patient treatment record. The POD instructor may assign the student to a specific area in the clinic to facilitate an appropriate learning experience. It is not up to the student to simply "find someone to observe or find something to do" to keep themselves occupied during the clinical session. Students are expected to utilize the ***entire*** clinic session for patient care, or hands on clinical experiences if no patient, and will *not* be permitted to work on homework or clinical paperwork except for POD instructor assigned clinic case studies.

- First two (2) no client sessions – no points deducted; however, a (?) will be recorded in Taleval under 'no client session'. **This renews each successive clinic semester.**

- 3 or more no client sessions in any one clinic semester = Taleval grade will be adjusted at end of semester to no greater than 75% for the Taleval category in the clinic gradebook. **This renews each successive clinic semester.**

If a student is marked absent from clinic, or an offsite required clinical experience/rotation, this is also considered a 'no client session', and the above point deductions will also occur unless the student has an excused absence. Failing to gain patient experiences, regardless of completing clinic requirements, equates to limited skills practice and missed chances for instructor feedback; and may result in a failing clinic grade and dismissal from the dental hygiene program. Patients dismissed early when the student does not have a second patient scheduled or plan for clinical purpose to fill the remaining hour(s) of patient experience time may also result in Taleval point deductions for poor time-management.

Clinical Remediation Policy

The term remediate is the act or process of changing that which is undesirable or deficient or to reverse or stop it. The purpose of clinical remediation is to correct deficiencies in a student's knowledge or skill by providing them with additional instruction/training specific to these deficiencies. In a clinical situation, skill deficiencies can cause concern when providing care to patients. Safety of the patient, the student and faculty are of utmost priority. If the deficiencies may affect the safety of others, a student may be asked to discontinue demonstrated ability until the skill set can be remedied.

Remediation is an individual course of study or series of exercises designed to address clinical deficiencies. Remediation includes close faculty supervision to ensure corrections of deficiencies prior to follow-up evaluation. The clinical course instructor, with input from other appropriate faculty and instructors, will prepare a

written contract specifying the identified problems, the date and method of remediation and/or testing. The student and remediation instructor will sign the proposed contract(s) for remediation. The plan of remediation is initiated upon recommendation of the clinical course instructor, with input from other faculty members. The lead clinic instructor and Program Director will be notified of needed remediation. Whenever the clinical instructor is unable to meet with the student for remediation, the lead instructor and/or clinic coordinator will step in to complete the remediation as outlined in the remediation contract.

Many times, students will be challenged in the clinical setting especially as the difficulty of care needed increases. One of the best means to learning and becoming more comfortable with challenging patient treatment is struggling and working through the treatment. The clinical instructors are there to help you treat patients, so be open to the learning and feedback they are providing.

Examples of situations where a student might be asked to complete remediation with an instructor.

- Demonstration of poor understanding of procedure
- Fails a competency or skill assessment
- Repeated errors during clinic as noted on clinical evaluation forms

Depending on the problem or area(s) of deficiencies, the student may be asked to:

- Demonstrate and practice instrumentation techniques on typodonts.
- Schedule tutorial clinical sessions with faculty members to receive additional one-on- one instruction.
- Develop goals and plan to improve performance (ex: time management techniques).
- Schedule additional patients and attend additional clinical sessions with the goal of completing certain procedures or practicing certain skills under a clinical instructor's direction.
- Review course and program requirements and develop a plan to meet requirements.
- Meet with faculty members on an ongoing basis to review progress.

Children of Patients in the Clinic

Children of patients or students are not permitted in the clinic unless they are receiving treatment. For safety reasons, children under the age of four are not allowed on the clinic floor.

Infants are at increased risk of infection due to underdeveloped immune systems, and toddlers may create safety hazards due to their mobility and curiosity, especially when a parent is receiving treatment and unable to supervise them closely.

Patients who arrive with children under age four will be asked to reschedule or bring a caregiver to supervise the child in the lobby. Students are responsible for informing patients of this policy in advance.

If a patient appointment must be rescheduled due to bringing a child under four, a "no client session" deduction will be recorded in Taleval unless the student is able to fill the appointment with a backup patient.

Students may not treat their own biological children to fulfill pediatric or adolescent requirements.

Fees

All patients treated in the clinic are required to pay a fee for service. Fee for service is required prior to services rendered. All payments are made to the Dental Clinic Manager and tracked through FUSE Dental Software. A minimal charge is made for the numerous services offered. Payment must be made before the initial appointment begins as the dental clinic has no method of monthly billing, insurance processing, or credit card processing. There are NO REFUNDS. All patients must check in at the front desk with the dental clinic manager on arrival for their dental appointments. Patients are checked in based on appointment book entries completed by dental hygiene students.

Dental Clinic Fees:

Adults, ages 18-54 $40

Seniors (age 55+), children (ages 4-17), GFC students and military $35

Xrays only, per series $25

Sealant per surface $8 each surface

Bleach trays (2 arches + 2 tubes of bleach maximum) $40

> Patient must have completed full cleaning with student in order to receive bleach trays, maximum 2 tubes of bleach per patient regardless of number of cleanings completed.

MSU college students and staff free

Once the service fee is received, the Dental Clinic Manager enters it into FUSE Software with the specific appointment. If the patient is new to the clinic, patient information must be entered into the software. Sealants must be recorded in logbook based on number of surfaces expected to finish/complete *that session*, *that day*. Incorrect fees entered into logbook will result in a loss of Taleval points. A receipt of fee for service payment is generated by the entry of payment into FUSE and given to patient. The client's appointment status will then be updated to "Arrived" in the FUSE dental software.

Services

Procedures

- D0191 – Assessment of patient
- D1110 – Adult prophylaxis
- D1120 – Child prophylaxis
- D4355 – Full mouth debridement
- D4347 – Periodontal scaling and root planing (4+ teeth)
- D4346 – Scaling in the presence of inflammation
- D4342 – Periodontal scaling and root planing (1–3 teeth)
- D4910 – Periodontal maintenance
- D9975 – Bleach trays

Radiographs and Additional Services

- D0272 – Two bitewing radiographs
- D0274 – Four bitewing radiographs
- D0471 – Diagnostic photographs
- D0330 – Panoramic radiograph
- D0210 – Full mouth radiographic series
- D9910 – Application of desensitizing medicament
- D1351 – Sealants
- D1206 – Fluoride varnish
- D1310 - Nutrition counseling

Patient Record Management

Confidentiality

Patient records are important and confidential legal documents and are to be

developed and maintained with accuracy and thoroughness in mind. Maintaining patient confidentiality is imperative. Under no circumstances should patient records (including but not limited to: access through the dental surface pros, recare notecards, patient paper charts, etc.) be taken out of the Dental Clinic, office/kiosk, or dental lab. Surface pros and/or other sources containing patient information should NEVER be in public areas such as waiting rooms, locker room, hallways, etc. Surface pros, recare cards, patient charts, etc. found outside the dental clinic without instructor approval will result in critical error points deducted in Taleval. There are only three "legal" places a dental surface pro/patient data should be:

- In the clinic, surface pros should be left in charging stations
- In the lab, when there is an instructor or lab monitor present to monitor
- In the student kiosk, office managers office or faculty offices

Patient information cannot be shared with anyone except the patient without written authorization from the patient.

Informed Consent

Patient treatment will not be provided without the treatment plan being explained, full disclosure, patient questions answered and informed consent received with their original signature/date placed on the treatment plan in FUSE. If patients refuse care, patients must sign a declination of service form and uploaded into the patient chart in FUSE. *A new refusal form must be completed every time the patient refuses a treatment regardless of if the patient refuses the same treatment over and over again.*

Documentation in Dental Patient Charts

Medical/Dental records should be an accurate document that truthfully records the care and the time it was provided. Falsifying records will result in profound consequences. If the incorrect information was accidentally entered, please discuss with the instructor on how to correct the entries. Entries are to be signed by the person who put the information into the record followed up by an entry from an instructor verifying that the entry is correct. Missed appointments and any communications with the patient should also be recorded in the chart. Changing record information after it has been verified is not allowed without instructor permission. Changing record information hours or days after the appointment is illegal. You must see your POD instructor if you have any concerns/questions about mistaken data entered. Not doing so may result in profound consequences, including possible dismissal from the Program.

Oral Hygiene Education and Instruction

As a dental hygienist one of the most important aspects of dental hygiene is prevention. Oral hygiene education is key to preventing periodontal and caries disease. The student is required to provide patient education and home care instruction to/with all patients. The plaque index is a wonderful tool to assess the amount of plaque on the teeth and plaque themes. Do not just write down the plaque index in the chart but also share it with your patient. It is a great educational tool and motivator to show your patient their ability to remove plaque. It also is the perfect time to demo proper techniques for plaque removal. Feedback on how your patient is doing with their oral hygiene is so important and may require reviewing oral hygiene instruction at multiple visits.Professional and Ethical Standards for Health Science Students

Overview

Students enrolled in Health Science programs at Great Falls College are preparing for careers that demand high standards of professionalism, ethical conduct, and accountability. As such, students are expected to behave in ways that reflect positively on the college, their academic program, and the healthcare professions they intend to enter.

Professional behavior is expected in all academic and clinical settings. It supports patient safety, builds trust, and creates a respectful learning environment. Professional conduct also helps students succeed and reflects positively on the healthcare community.

Students must follow all college, division, and program policies, as well as the ethical standards of their chosen profession. If expectations are not met, the college will respond in a way that promotes learning and accountability, and protects the safety of patients, students, staff, and clinical partners. Corrective or disciplinary actions may be taken, up to and including dismissal, to ensure academic and professional standards are upheld.

General Expectations

- Model accountability by acknowledging your actions and choices and recognizing your impact on others
- Practice respect by treating others courteously, valuing diverse perspectives, and demonstrating professional behaviors such as active listening, respecting boundaries, recognizing non-verbal cues, punctuality, and showing appreciation
- Demonstrate honesty, responsibility, and fairness in academic and professional settings

- Demonstrate professional appearance by following industry dress codes, adhering to safety equipment requirements, tailoring appearance to the audience, and aligning personal presentation with the professional environment.

Professional Expectations and Ethical Behaviors

1. Professional Conduct & Attitude

Demonstrate Respect
Follow directions, and communicate respectfully with faculty, staff, clinical preceptors, fellow students, and patients.

Engage in Collaborative Communication
Resolve disagreements professionally and respectfully with instructors, peers, patients, and staff.

Maintain Professional Demeanor
Display emotional maturity and self-control in public and clinical settings.

Take Responsibility for Learning
Schedule and attend remediation sessions proactively to support academic and clinical success.

Promote a Positive Learning Environment
Maintain a constructive attitude that supports peers and contributes to a productive atmosphere.

Uses Technology Appropriately
Limit use of cell phones, smart watches, and other technology to approved times and settings during class, lab, and clinical activities.

Stay Academically Engaged
Focus on relevant instructional content and avoid unrelated tasks during learning sessions.

Respect Clinical Boundaries
Maintain professionalism by not receiving personal visitors during clinical or externship hours.

Demonstrate Punctuality and Reliability
Arrive on time and remain present for the full duration of scheduled academic and clinical activities.

2. Professional Attire, Personal Hygiene, and Safety

Wear a Clean and Proper Uniform
Consistently wear the correct, clean, and neatly pressed uniform or lab jacket appropriate to the setting.

Maintain Professional Cleanliness and Hygiene
Practice overall personal cleanliness and grooming habits that support professionalism and a safe environment for others (e.g., clean hands, shortly trimmed nails, neat and professional hair and make-up, if worn).

Use Required Safety and Identification Equipment Properly
Consistently wear required safety gear (e.g., film badge, ID badge, surgical gown) in all designated areas and remove when outside of patient care zones.

3. Academic and Professional Integrity

Maintain Honesty
Accurately complete homework, exams, patient records, and official documents without falsification or misrepresentation.

Submit Complete and Authentic Documentation
Provide all required documentation in a timely manner and avoid duplicating or withholding records/information.

Ensure Accuracy in Information Entry
Record patient and academic information truthfully and precisely, reflecting actual observations and data.

Respect Confidentiality and Access Protocols
Access records only within approved areas and for authorized purposes, maintaining confidentiality and compliance with facility and program policies.

Document Professionally and Thoroughly
Make complete, appropriate, and legible entries using professional terms in all official documentation, ensuring clarity and accountability.

4. Clinical Safety & Patient Care

Perform Procedures Safely and Within Scope
Only perform procedures that are authorized, properly supervised, and within the student's level of training and competency.

Follow Infection Control Protocols
Consistently adhere to established infection prevention and control guidelines to protect patients, peers, and staff.

Use Sterile Equipment Appropriately
Ensure all instruments and equipment are sterile and safe for use and report any concerns immediately.

Seek Instructor Approval Before Providing Care

Obtain required approval from instructors or preceptors before initiating patient care or clinical tasks.

Communicate Additional Services Provided
Notify appropriate personnel promptly when additional services or interventions are rendered.

Prepare for Clinical and Lab Sessions
Arrive fully prepared (with contingency plans if needed) and necessary materials to ensure safe and effective participation.

Maintain a Clean and Organized Work Area
Keep clinical and lab environments clean, orderly, and free of hazards to support patient and staff safety.

Follow Food and Drink Safety Guidelines
Keep food and beverages out of clinical or lab areas to maintain a sterile and professional environment (e.g. water bottles, gum, coffee, mints, candy)

5. Confidentiality & HIPAA Compliance

Protect Patient Privacy in All Communications
Maintain confidentiality in verbal, written, and digital communications, including avoiding discussions in public areas and refraining from sharing information on social media)

Handle Confidential Information Responsibly
Keep all patient and facility records within designated secure areas and do not remove or share them without proper authorization. View and handle patient records responsibly and for legitimate educational or clinical purposes. When using these records for assignments, care is taken to protect the identity and privacy of the patient.

6. Substance Use & Prohibited Items

Maintain Sobriety During Program Activities and Clinicals
Refrain from the use or possession of alcohol, narcotics, or impairing prescription drugs during any academic, clinical, or externship activities.

Follow Tobacco-Free Campus Policies
Comply with institutional and externship site policies by avoiding tobacco use in all designated areas.

Follow Weapons and Dangerous Devices Policies
Do not bring weapons, firearms, or explosives to campus, clinical, or externship settings, ensuring a safe environment for all.

7. Respectful Behavior and Boundaries

Maintain Respectful Interactions
Communicate with others in a courteous, professional, and non-threatening manner at all times.

Respect Personal Boundaries
Avoid physical contact or verbal communication that could be perceived as offensive, degrading, or intimidating.

Foster a Safe and Inclusive Environment
Refrain from any form of harassment, stalking, or threatening behavior; contribute to a culture of safety and mutual respect.

8. Property & Resource Use

Respect Institutional and Clinical Property
Use college and clinical site equipment, materials, and facilities responsibly, avoiding any form of tampering, theft, or damage.

Use Supplies and Equipment Appropriately
Access and utilize supplies and equipment only for authorized educational or clinical purposes, ensuring accountability and integrity.

9. Program Responsibilities

Use Lab and Clinical Time Productively
Engage fully in assigned tasks during lab and clinical sessions, using time efficiently to support learning and patient care. Remain for the duration of the lab or clinical session unless dismissed.

Corrective Action

Purpose
Great Falls College Health Science programs follow a progressive response process to address concerns related to professional and ethical behavior. This process is designed to support student development, clarify expectations, and promote success, while also ensuring the safety of patients, students, faculty, staff, and clinical partners.
Not all situations can be anticipated. The college responds in relation to how serious the behavior is, how often it occurs, and how it affects others. Whenever possible, students are given opportunities to reflect, learn, and show professional growth. Behaviors that affect safety, academic integrity, or program integrity require a more serious response. Due process will be followed in all situations.

Level 1: Informal Intervention

Use when:

- Minor infractions
- Behavior is disruptive but not harmful or malicious
- Student may be unaware of expectations

Examples:

- Wearing wrinkled or incorrect uniform
- Using a cell phone during class or lab
- Arriving late without prior notice
- Forgetting required materials for lab or clinical
- Eating, drinking, or chewing gum in restricted areas
- Failure to maintain a clean work area
- Swearing in classroom, lab, clinical, or other professional settings

Response:

1. Faculty has verbal discussion with student followed by a summary email
    a. Clarify expectations
    b. Provide feedback for corrective action
    c. Copy program director
2. Faculty submits Student Academic Alert to notify advisor

Level 2: Formal Warning

Use when:

- Behavior disrupts learning or clinical environment

Examples:

- Continued tardiness or early departures
- Insubordination or argumentative behavior
- Failure to follow safety or infection control protocols
- Incomplete or inaccurate documentation
- Unprofessional interactions with peers or staff
- Failure to attend scheduled remediation

Response:

1. Program director investigates issue and gathers data
    a. Program director contacts student, other students, faculty, facility or others involved in the situation
2. Program director creates written warning and reviews with division director. Warning includes:
    a. Remediation plan with corrective action

    b. Consequences of not following remediation plan
3. Faculty, student and program director meet to review written warning and finalize remediation plan
    a. Student signs acknowledgement of receiving written warning and understanding of consequences
    b. Program director provides copy to student
    c. Program director files a copy
4. Program director files student conduct report with the college
    a. Includes copy of written warning
5. Program director submits Student Academic Alert to notify advisor

Level 3: Final Warning

Use when:

- Behavior escalates despite prior warning
- Student does not demonstrate improved behavior or follow remediation or corrective plan
- Behavior poses risk to patient, student or staff safety
- Behavior undermines program integrity
- Student demonstrates disregard for professional standards
- Academic misconduct

Examples:

- Falsification of records or assignments
- Unsafe clinical practices (e.g., using nonsterile instruments)
- Breach of confidentiality (e.g., discussing patient outside approved areas)
- Harassment or threatening behavior
- Unauthorized access to restricted systems or data
- Gross insubordination

Response:

1. Program Director meets with Division Director to review situation
2. Division Director counsels with Executive Director of Student Services
3. Program Director and Division Director investigate issue and gather data
    a. Program director and/or Division Director contacts student, other students, faculty, facility or others involved in the situation
4. Program Director writes final warning letter and reviews with Division Director. Warning includes:
    a. Remediation plan with corrective action
    b. Consequences of not following remediation plan, including program dismissal

5. Program Director, student, and advisor meet to review final warning and finalize remediation plan
    a. Student signs acknowledgement of receiving written warning and understanding of consequences
    b. Program Director provides copy to student
    c. Program Director files a copy
6. Program director files student conduct report with the college
    a. Includes copy of final warning

Level 4: Dismissal from Program

Use when:

- Serious ethical or safety violations
- Student fails to meet conditions of final warning by continuing to violate the professional standards of the program
- Student violates Great Falls College Policy 300.1 and warrants immediate dismissal

Response:

1. Program Director meets with Division Director to review situation
2. Division Director counsels with Executive Director of Student Services
    a. When behavior violates Great Falls College Policy 300.1 and warrants immediate dismissal, Executive Director of Student Services will follow procedures outlined in 300.1.1 and 300.1.2 and the steps below do not apply.
    b. When behavior violates final warning, the following steps apply.
3. Program Director and Division Director investigate issue and gather data
    a. Program Director contacts student, other students, faculty, facility or others involved in the situation
4. Program Director and Division Director finalize all evidence and documentation
5. Program Director meets with student and academic advisor to discuss intended dismissal and process.
    a. Student is given option to accept dismissal or request review by committee.
    b. Student has two (2) business days to notify the program director of the decision.

Accepts Determination

If student accepts dismissal, Program Director sends formal dismissal letter to student, advisor, and registrar.

Requests Review

If student requests review by committee, the following process is followed. **Student will attend class until final determination is made.**

1. Program Director sends Student Notification of Violation of Conditions of Final Warning letter to student, advisor, and Executive Director of Instruction.
2. Student will work with advisor to prepare statement and evidence
3. The Executive Director of Instruction will convene the review committee.
4. The committee reviews all documentation and requests additional information if needed.
5. The committee meets with student, advisor, faculty, program director, and division director. Review Committee must conduct the review three (3) to seven (7) business days from notification.
6. The committee must render a decision within ten (10) days of receipt of Student Notification of Violation of Conditions of Final Warning letter. Upon decision, the review committee will notify the program director, student, division director, and student advisor of their determination.

Appeals to the CEO/Dean will be considered only on the basis that the proper policies and procedures were not followed, not the decision itself.

Review Committee
The review committee will consist of the Executive Director of Instruction, a faculty from Health Science, a faculty from General Studies/CTE, a student representative, and a staff member. A faculty member from the program involved will not be included. Potential members of the review committee will receive training and become part of a pool of eligible participants from which the committee will be drawn.

Dental Hygiene Program Confidentiality Agreement

Patient information from any source and in any form (such as written, verbal, or computer generated) is confidential. The Dental Hygiene Program adheres to strict Health Insurance Portability and Accountability Act Standards (HIPAA). Students, instructors, and staff shall protect the privacy and confidentiality of all patients, students, and faculty members treated in the dental clinic and/or provide information in classroom settings. Access to this information is allowed only if there

is a need to know to fulfill educational responsibilities. All individuals involved in the dental clinic and Program must keep information concerning patients, students, faculty, or family members confidential. Such sources of medical information may include medical/dental records, financial applications, abuse reports, radiographic requests, medical test results, patient records, conversations, and case presentations.

All confidentiality and privacy policies along with consequences of infractions set by the Health Insurance Portability and Accountability Act (HIPAA) and the Program's Confidentiality Policy are the same whether students and faculty are working face to face or online. This confidentiality agreement covers all school sponsored externships and activities outside of the dental clinic and educational institution that involve any confidential information. Promptly report any potentially identifiable breach of confidentiality or privacy to the Program Director. The student is responsible for complying with all the rules and regulations of the college. Any new policies will be posted.

Phone Use

The Dental Program has telephones in clinic and lab for Program use and are available in case of an emergency.

Cell phones in class: All cell phones must be turned OFF during class time. Please discuss any personal matter with the instructor prior or make any necessary outside arrangements in case of emergency situations.

Cell phones in clinic*:* All cell phones must be placed **in the locker room** during the clinic session; phones **are not to be kept in lab coat pockets or in clinic operatories**. If a student needs to call a patient, personal cell phones can be used prior or after clinic session in a secure confidential area, office area, locker room, or clinic area. Do not make patient phone calls in the hallways and school entry area as it is not a confidential area.

If you are waiting for an emergency call, have them call the Dental Clinic Manager at (406)-771-4364 so you can be notified if the need arises.

Smoking, Drink, and Food

Great Falls College MSU is a non-smoking, non-vaping building. The faculty encourages Dental Hygiene students to consider the negative health effects of smoking. We are willing to work with the student that desires to quit smoking.

The clinical sites you will be assigned to are smoke-free campuses, which means that smoking is prohibited on all properties owned by the clinical site including parking lots. As such, smoking is not permitted in cars parked in the lot. Students are not permitted to utilize smokeless tobacco products during clinic or clinical rotations.

Students are not permitted food or drink in clinic and/or lab areas, this includes all offsite externships/rotations. All students are asked not to have significant food or drink in the classrooms. No food or drink allowed during quizzes/exams in any space.

Visitors

No visitors will be allowed in the classroom during class without the instructor's permission. Small children and infants can be a big distraction in class to the students and instructor, for this reason they are not allowed in the classroom.

Social Networking Policy

Dental hygiene students are expected to maintain the highest standards of professionalism when using social media in academic, clinical, and personal settings. Social media includes all online platforms used to create or share content, such as Facebook, Instagram, TikTok, X (Twitter), Snapchat, blogs, and messaging applications. Students must recognize that their online presence reflects not only themselves but also on the dental hygiene profession, their academic program, and affiliated clinical agencies. At all times, students are required to uphold ethical principles, professional boundaries, and patient confidentiality.
Protection of patient privacy is paramount. Students are strictly prohibited from posting, sharing, or discussing any patient-related information that could lead to identification, including names, initials, images, clinical details, or descriptions of specific encounters. Even information believed to be de-identified may still violate confidentiality standards and must not be shared. Students must comply with all applicable privacy regulations, including HIPAA, and demonstrate sound judgment when reflecting on clinical experiences. Any violation may result in disciplinary action that may include removal from the Dental Hygiene Program.

How to Avoid Problems

Students are encouraged to manage their digital identities responsibly and should recognize that online content may be accessible to future employers, licensing boards, and the public. Students' online behavior and posts should display professionalism, protect confidentiality, and align with the ethical standards of dental hygiene practice.

The following principles should guide students' online conduct:

- Students should avoid posting content that is discriminatory, harassing, or otherwise inconsistent with the values of the dental hygiene profession.

- Students should not post content that depicts unsafe, unethical, or unprofessional behavior.
- Public postings are not the appropriate venue to raise concerns about or criticize clinical agencies, patients, peers or faculty as this could violate individual privacy and lead to claims of slander/libel. Concerns should be raised through appropriate internal channels.
- Students may not post images, videos, or any identifying information from clinical settings, including healthcare facilities, simulation labs, or community sites.
- Students may not use the dental hygiene program's name, logo, or their affiliation with the program in a way that implies endorsement.
- Students may not present their content as the official position of the dental hygiene program unless specifically authorized.
- Students are prohibited from sharing course materials, examination content, or assignments through social media or other public platforms.

Suspected breaches of this policy should be reported to faculty or the program director. Violations of this policy may result in disciplinary action, up to and including course failure, removal from clinical placements, dismissal from the program, and/or reporting to appropriate regulatory bodies.

Graduation And Licensing

Graduation

Great Falls College MSU students follow the catalog in effect when they begin their enrollment at the college if that enrollment has been consecutive or may elect to follow any subsequent catalog. If a student is absent for one or more semesters, excluding summer, the catalog in effect at the time of readmission governs the student's graduation requirements. Students must pass all required courses and have an overall grade point average of 2.1 to graduate from Great Falls College MSU.

Some of GFC MSU programs have specific requirements for matriculation and graduation. Students are informed of other specific program policies and requirements both at the time of their program application and throughout their educational experience.

Courses that require a grade of "c" or above are designated for each program in the program section of the college catalog. A student must submit a formal application for graduation by the published term deadline. Applications can be obtained from Student Central or online in the student section of the college website. Click on the forms button. A non- refundable graduation fee is due upon submission of the

application to Student Accounts.

Students seeking multiple degrees pay a fee for the first degree and an additional fee for additional degrees in the same semester.

Application deadlines are published in this catalog and on the Academic Calendar located on the College's website. Students who fail to apply for graduation will not receive a certificate or degree.

Students will be awarded a certificate/degree upon satisfactory completion of all program requirements if they meet all the program and college requirements for the degree to be awarded by GFC MSU. For concerns, you should meet with your college advisor.

The commencement ceremony is held each May, at the conclusion of spring semester. Caps and gowns can be purchased through the bookstore for a fee. Graduation announcements are also available for purchase through the bookstore.

State Licensure

Dental Hygiene Post Graduation Exams

Upon receiving the associate of applied science degree, successful National Dental Hygiene Board Examination is required. The graduate will also need to obtain a license for the state they wish to practice in by successfully completing a regional practical examination. The dental hygienist must practice in accordance with the individual state practice acts' requirements and abide by requirements to maintain licensure. These exam fees are not included in your tuition and are an additional expense.

NBDHE (National Board Dental Hygiene Examination)

The National Dental Hygiene Board Exam will be administered at Pearson Vue professional testing centers in the U.S. Students can apply for the computerized exam and may take it any day and time the testing center is open, year-round. B*e sure to not schedule on certain days when absence will be considered unexcused/missed assessments cannot be made up*- discuss these days with your course/clinic faculty. Applications will be processed daily. The Program Director will determine when the student is eligible to take the test, typically during the last semester of the program. To register for the exam, visit www.ada.org. The information can be found under the education tab/testing.

Dental Hygiene Clinical Board Exam

Central Regional Dental Testing Services is offered here at Great Falls College MSU.

Students can check the CRDTS website for exact dates. Local Anesthesia written and practical and Dental Hygiene practical exams are offered. Please look at the map found on the CRDTS website to determine which states in the US accept this exam. The website is www.CRDTS.org. Please note that GFC MSU offers the manikin clinical exam and not the live patient exam. Students are required to review exam materials and guidelines for protocols and procedures as well as equipment needed. Students will be asked to pay a fee to the college for this exam. This fee covers the cost of hosting the exam at our college.

Professional Organizations

Student Member of the American Dental Hygienists' Association (SMADHA)

Student Member of the American Dental Hygienists' Association, or SMADHA, is a category of membership within the American Dental Hygienists' Association. ADHA is an association dedicated to the advancement and promotion of dental hygiene. ADHA is the association of your profession. The dental hygiene faculty believe that joining this organization as students offers invaluable opportunities including attending the MDHA annual meeting fall semester of their senior year. This membership is part of the curriculum in the GFC MSU Dental Hygiene Program and students are required to attend all meetings and activities.

Benefits

Scholarships - The ADHA Institute for Oral Health offers various scholarship programs and research grants for students seeking dental hygiene careers.

Recognition in Your Field - Membership in ADHA provides opportunities for professional growth and recognition. Leadership opportunities are available at every level of membership.

Countless Networking Opportunities - Join over 35,000 of your colleagues who have made the commitment to dental hygiene and to ADHA. Members at the state and local levels meet regularly to discuss ideas, information, and to share experiences.

Employment Assistance - ADHA offers national advertising and employment reference materials to assist students upon graduation.

Job Security - Once you have found a job, ADHA is right there helping to monitor legislative efforts to impact government activities that affect the practice of dental hygiene.

Financial Security - ADHA provides members with affordable, professional liability insurance, group health, automobile, term life and disability insurance. You are also

eligible to apply for a student MasterCard.

Resources - Members of the ADHA can purchase resources for studying for boards and take courses designed to help students review for the NBDHE.

After graduation...

Upon graduation from an accredited program in dental hygiene, you can become an active member of ADHA. Active membership will entitle you to all the benefits you received as a student, and many more.

A multitude of services were designed especially for you, the dental hygiene professional. Countless educational programs, workshops, and conferences to keep you informed of changes and advancements in your profession, and to help keep your license current.

Membership in your professional association demonstrates your commitment to excellence and the highest standards of preventive oral health care.

After graduation, you are also encouraged to continue your education. Earning a higher degree offers more career options, greater earning potential, advanced clinical training, public health positions and opportunities in research to name a few. There are many online options for receiving your bachelor's or graduate degree in dental hygiene or a field of your choosing, or you can explore local options where you decide to live upon graduating from our Program. Please reach out to the Program Director for a list of options if interested.

Signature Forms

RECEIPT OF HANDBOOK

Each student enrolled in the GFCMSU (Great Falls College Montana State University) Dental Hygiene Program must read and be familiar with the information in this handbook.

I, _____ have access to this **2025 updated** Student Handbook. By signing this, I acknowledge that I have read, understand, and agree to abide by the policies set forth in this handbook.

_____	_____	_____
Printed name	Student ID #	Date

_____

Signature

All signed forms will be kept in the student's file. A copy will be provided to the student upon request.

Confidentiality Agreement

Patient Information from any source and in any form (such as written, verbal, or computer generated) is confidential. I shall protect the privacy and confidentiality of patient information. Access to this information is allowed only if I need to know it to fulfill my work responsibilities as a student, instructor, or clerical support. In my position, I may see or hear confidential information concerning patients or family members. Such sources of information include medical/dental records, financial applications, abuse reports, radiographic requests, medical test results, patient records, and conversations.

I agree to the following:

- I will access only that information needed to fulfill my work responsibilities.
- I will not tell, show, copy, give, sell, review, change, or trash any confidential information unless it is part of my work responsibilities or course work. If it is part of my responsibility to do these tasks, I will follow the correct procedures.
- I will consider that conversations between the dentists, dental hygienists, dental assistants, and healthcare workers or between the undersigned and a patient are also protected and may not be discussed.

- I will under no circumstances discuss the dental and/or medical condition, including HIV or infectious disease status, of any patient where the conversation may be overheard by any other client or by other students, faculty, and clerical personnel.

- I will not misuse or be careless with confidential information.
- I will NOT share confidential information on any social media, online or public platform.

- I will not share any confidential information if I am no longer a Great Falls College MSU Dental Hygiene Program student, faculty member, or clerical support person.

- I will protect the privacy of our patients, students, and employees
- I am responsible for the use and misuse of confidential information.
- I am aware failure to comply with this agreement is grounds for termination of my enrollment in the Dental Hygiene Program at Great Falls College MSU and/or civil or criminal legal penalties. By signing this, I agree that I have read, understand, and will comply with this agreement.

_____ _____ _____

Printed name Student ID # Date

_____

Signature

Guidelines for Human Subject Consent Form

As a student enrolled in the Great Falls College MSU Dental Hygiene Program, I am aware of and have been informed of the need to practice patient care skills specific to the work of dental hygiene on fellow students during supervised lab sessions.

As a human subject used for practice and demonstration for educational purposes, I understand that my responsibilities are:

- To inform the course instructor prior to the lab or clinic session for that day if I am experiencing any pain or discomfort that could be detrimental to my participation in the lab or clinic course. I understand that the instructor will determine if I should participate in the lab or clinic class as a "patient" for that day.
- To Immediately inform my lab or clinic partner and the instructor if I am experiencing any discomfort caused by the application of the procedure being practiced.
- To request that supervising instructor assist in correcting my lab partner, and assist my partner in the correct application of procedures

As a student practicing or demonstrating patient care skills on a human subject, my responsibilities are:

- To immediately stop the administration of a procedure upon any verbal or physical signs given by my lab or clinic partner or the instructor.
- To request assistance from the supervising instructor if any type of clarification is needed, or if there is any confusion about the procedure that is to be practiced, prior to its implementation.
- To respect the dignity of my lab or clinic partner by determining if they are comfortable, both prior to and during the procedure.

I have read and do understand the above guidelines. I agree to serve as a human subject for the practice and demonstration of patient care skills to dental hygiene procedures in the supervised clinic or laboratory. I acknowledge that I am aware of and understand the risks and hazards connected with the activities discussed in this consent form. I acknowledge that all risks cannot be prevented, and I assume the risks of loss or personal injury that may be sustained by me because of participating in these activities.

Printed name	Student ID #	Date

Signature

Dental Hygiene Education/Profession Risk Factors

The programs in the Health Sciences Division at Great Falls College MSU try to minimize the risk of exposure by following the college's Communicable Disease Prevention and Exposure Control Plan, which comply with the Occupational Safety and Health Act (OSHA) Standards. These standards include universal precautions, which students are taught prior to beginning patient care. Even though the program makes extensive efforts to protect students enrolled in the healthcare programs from various hazards involved in working with patient, including exposure to bodily fluids contaminated with blood-borne pathogens sch as HIV and hepatitis, total protection from all potential hazards is not possible.

As health professionals, dental hygienists, and other dental team members are exposed to contagious diseases and are therefore at risk of becoming infected. The National Health Institute, the Centers for Disease Control (CDC) and the Department of Health and Human Services all strongly recommend that health professionals at high risk have prescribed vaccinations. Dentists, their assistants, and hygienists are near the top of the list of those persons more likely to contract certain diseases than others of the health professions. The guidelines for immunizations are established in compliance with the Centers for Disease Control (CDC) and Occupational Safety and Health Act (OSHA). **Therefore, it is recommended that dental hygiene students be vaccinated against mumps, measles, rubella, varicella, and hepatitis B.**

Students are required to provide documentation of Tine or IPPD (tuberculin) tests. Students must also present evidence of having the hepatitis B vaccine and demonstrate immunity, or sign a refusal disclaimer/exemption document for the hepatitis B vaccine, to attend clinics and before working on patients in clinic. Some clinical sites will not allow students to attend without TB Test(s) and/or vaccinations regardless of exemptions.

Printed name	Student ID #	Date

Signature

Recruitment of Patients for Clinical Courses

Dental Hygiene education is unique to other degree programs in that a new skill is learned along with the didactical education required for the profession. Acquiring a new skill requires many hours of practice in an environment where the student must competently perform that talent. For example, learning to play an instrument requires many hours of practice on the very instrument that the musician will someday perform with.

The clinical portion of the Great Falls College MSU Dental Hygiene program is focused on hands-on education by the actual treatment of community patients in its onsite dental clinic. Clinical coursework is instilled in DENT 151, 251, 252, and 281, Clinical Dental Hygiene Practice I, II, III, and IV for 810 clinical hours.

Included in the four clinical practice courses are requirements that various skills must be completed and performed on a variety of patients. These patient requirements range from completing dental hygiene treatment on pediatric, adolescent, adult, geriatric, medically compromised and special needs patients. Each semester clinical course will have a minimum amount of patient requirements that must be fulfilled to progress to the next semester. The GFC MSU Dental Hygiene Program is dedicated to ensuring students graduating from the program will have been exposed to all areas of patient treatment allowing them a well-rounded education along with preparing them for the workforce.

For these crucial clinical experiences, students must recruit patients for treatment so they may practice and perform dental hygiene procedures under many different patient management experiences and treatment needs.

GFC MSU Dental Hygiene program and faculty **are not responsible** for providing patients for student clinical experiences and requirements. There are systems in place that provide resources for recruiting patients, but it is the students' responsibility.

I have read the above information and understand that patient recruitment is the student's responsibility, and it is required to successfully complete the GFC MSU Dental Hygiene program.

Printed name	Student ID #	Date

Signature

Film, Videotape, and/or Photograph Consent Form

I (the undersigned) do hereby irrevocably grant to Great Falls College Montana State University, its officers, agents, employees, students, assigns and licensees, (hereinafter referred to as GFC MSU) the absolute right and permission to record my likeness and/or voice with still photography, film or videotape, to edit such still photographs, film, or videotape at GFC MSU's discretion, to incorporate the same into photo exhibits, motion picture films and video presentations, to use or authorize the use of still photographs, films, and/or videotapes, or any portion thereof, in any manner at any time or times throughout the world in perpetuity, to copyright, use, reuse, publish, republish, exhibit, display, print, and reprint in advertising, publicly or promotional material, magazines, books, or any other media and the right to use my name, likeness, and biographical and other information concerning me in connection with the exhibition, advertising, exploitation, promotion or any other use of such still photographs, films and/or videotapes.

I hereby waive any right to inspect or to approve the still photographs, films, and/or videotapes or the editorial or printed matter that may be used in conjunction therewith and further waive any claim that I may have with respect to the eventual use to which thy may be applied. Such still photographs, films, and/or videotapes may be used at GFC MSU's sole discretion, with or without any name, alone or in conjunction with any other material of any kind or nature.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the State of Montana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read this document and understand its terms. I am signing the release freely and voluntarily.

Printed name	Student ID #	Date

Signature

Externship Clinical Contract

This clinical contract has been developed to provide protection for the clinical externship site, patients, college, and students. The following are violations but not limited to that if witnessed during externship experiences will result in a failed rotation, loss of privilege to participate in the externship site and may be cause for dismissal from the Dental Hygiene Program.

- Alcohol or drug use at prior to coming to the externship sites, this includes alcohol on breath
- Inappropriate contact or behavior with patient
- Refusal of a primary clinical affiliate to accept the student
- Abuse or inconsiderate treatment of a patient, either emotional or physical
- Theft or dishonesty
- Unauthorized handling, possession or use of narcotics or drugs
- Fighting or unauthorized possession of a weapon
- Leaving the externship site without notifying the supervisor
- Not fulfilling requirements of the externship site experience and refusing to accept reasonable clinical assignments
- Failure to respect the confidential nature of the externship site and patient information
- Direct disobedience to orders which jeopardizes the health and safety of persons or property
- Frequent conflicts with other students, site personnel, and site supervisor
- Negative response to criticism
- Appearance inappropriate to the experience with no attempt to improve if requested
- No show for the externship site or unexcused lateness
- Falsification of patient or student records
- Violation of known Great Falls College MSU Dental Hygiene Program's policies and procedures
- Failure to report incidents involving the safety and health of patients, visitors, employees, fellow student, or self

I have read and do understand the above requirements of the externship site experience to avoid violations that may result in a failed rotation, loss of privilege to participate in the externship site ad may be cause of dismissal from the dental hygiene program. I acknowledge that I am aware of and understand the risks and hazards connected with the activities required at the externship sites and realize they cannot be prevented, and I assume the risks of loss or personal injury that may be sustained by me because of participating in this externship activity.

_____ _____ _____

Printed name Student ID # Date

_____

Signature

Release of Information Authorization for Lab/Clinicals/Practicum

Lab/Clinicals/Practicum occurring at your assigned facility is a partnership between Great Falls College MSU and your assigned facility. The college and your facility have determined that it is administratively necessary for enrollment, attendance, assessments (clinical, labs, classroom feedback), and student conduct at your facility be reported to/shared with Great Falls College and vice versa in order for you to complete your college courses and graduate from your program.

Great Falls College may be required to submit a copy of any or all your required clinical documents, including, but not limited to, immunization records, criminal background checks and CPR documentation. This information is required by these facilities in order to protect the safety of their patients and staff, and they will not allow students to attend clinicals without it.

_____(initial) I understand I have the right to refuse to share my health information and background status with clinical agencies and that my refusal will make me ineligible for clinical placement. I understand that I cannot complete the program without the required clinicals and will need to withdraw from the program.

_____(initial) I also understand I may be responsible for the cost of the background check and drug testing.

_____My signature below authorizes Great Falls College MSU to discuss and/or release the above information to my assigned facility(ies).

____My signature below DOES NOT authorize Great Falls College MSU to discuss and/or release the above information to my assigned facility(ies).

Student's Name: _____ID: _____

Address:
Street:_____
City: _____ST: _____Zip Code: _____
Phone: _____
Email: _____

Signature: _____Date: _____

Information may be shared until this date: _____