



**GREAT FALLS  
COLLEGE**  
MONTANA STATE  
UNIVERSITY



Great Falls College MSU  
Dental Hygiene Handbook

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COLLEGE**

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## A Note from the Program Director

Welcome to the start of an excellent journey toward your adventure in becoming a dental hygienist! Before you read this handbook, I want to give you a round of well-deserved applause. It is so important to recognize your accomplishments. Everyone reading this letter has accomplished a lot to get to this point. You should take a moment to congratulate yourself on a job well done. So please take a bow, you have worked hard for this.

This handbook is designed to inform you about how this program works. Within this book is everything you will need to know to pass this program. Please read it carefully. Your instructors expect you to know this material and test you on it throughout this program. In practice, a dental hygienist needs to be detail oriented. We are responsible for collecting the data the dentist needs to determine disease. What we do is important. We must be careful not to harm our patients. Reading this handbook will be the beginning of your quest to be the best hygienist you can be. Make sure you read carefully and refer to it often when you have questions about expectations or procedures.

“Our footsteps... a path to a new beginning.” The first graduating class of this program chose this quote to represent their journey through dental hygiene school. As you begin to take your first steps this year remember that you are not alone, and many have walked this road before you. So, take a moment to reflect on the path that got you here and then jump with both feet into the coming year.

Cordially,

Rachael Bruce, M.Ed., RDH  
Dental Hygiene Program Director

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# Purpose of the Handbook

This Dental Hygiene Program Handbook provides students with policies specifically related to the Dental Hygiene Program and the Division of Health Sciences at Great Falls College MSU. Students will also rely on the college catalog and website for policies related to all students attending Great Falls College Montana State University (GFC MSU). The policies outlined in this handbook are specific to the dental hygiene program. The college catalog can be found at <https://catalog.gfcmsu.edu/>

This college is part of the Montana University System. The Dental Hygiene Program is accredited through American Dental Association Commission on Dental Accreditation (CODA). The Northwest Commission of Colleges and Universities provides accreditation to GFC MSU. This Dental Hygiene (DH) Program has been designed to prepare you for a professional career in dental hygiene. You will be provided with the necessary curriculum content to acquire the knowledge and skills to sit for the four (4) board exams required to become licensed in Montana, such as the Central Regional Dental Testing Services (CRDTS) exam.

Between didactic/clinical course syllabi and this handbook all policies and procedures for the Dental Hygiene Program and clinic have been outlined for student reference. Answers to questions that students may have during the Program can be found in their respective course syllabi and this handbook. If clarification is required in a specific didactic course, students are asked to address it with the specific course instructor directly.

The Dental Hygiene Handbook will be available to enrolled dental hygiene students in the D2L course shells of all clinical lab/practice courses such as Introduction to DH Preclinical/lab, Clinical DH Practice I, II, III, and IV. It is also located on the GFC MSU Dental Hygiene Program webpage under 'Student Handbook'. If a student requires additional clarification of a policy or procedure in a clinical course, they are asked to post on the clinical course discussions in D2L. Clarification will then be posted in the clinic course discussion, in the announcement tool on D2L or through email.

Students will be provided with clarification to program policy and procedure questions after consultation with all program faculty to ensure information consistency.

Please note the Dental Hygiene Program Handbook is a dynamic document and evolves along with the Program. Additions and/or changes may be made to this handbook during your enrollment if the need arises. You will be provided with addendum documentation as is necessary and asked to sign a receipt of information form.

Students are responsible for all content in the individual course syllabi and this handbook. Students are strongly advised not to seek clarification from fellow students as often the information received may be incorrect. Clarification of a policy or procedure should come directly from Program faculty.

If you have concerns, questions or problems related to the Program, please discuss those with the individual course lead instructor first. If the concern is not resolved, you are asked to schedule an appointment with the Program Director and if there is still no resolution, an appointment can be made with the Health Science Division Director.

When writing and updating this handbook the American Dental Hygiene Association (ADHA) Code of Ethics for Dental Hygienists is continually referenced to ensure the program achieves high levels of ethical consciousness and decision making by all dental hygiene students. Please refer to the following website: [ADHA Bylaws and Code of Ethics](#)

It is your responsibility to become familiar with this handbook and have it accessible to refer to when questions about policies and procedures arise. Your faculty will also reference it throughout the academic year to ensure policies and procedures are followed. You should keep a copy of this handbook in a convenient place for easy reference.

The Dental Hygiene Program is unique compared to other programs in the Great Falls College MSU Health Science Division because it maintains a fully functioning on-site dental clinic. The on-site dental clinic provides dental hygiene students with beneficial hands-on learning experiences preparing them for the workforce. Along with the significant benefits this unique environment allows, maintaining an on-site dental clinic poses daily challenges to ensure the safety of all students, faculty, and patients along with maintaining proper function of all its equipment during operation.

Policies and procedures will be applied to ensure the on- site dental clinic functions properly so that all patients treated receive safe comprehensive dental hygiene care.

Our mission is to provide a curriculum that offers students the opportunity to become knowledgeable and skillful in the profession of dental hygiene. The curriculum has been designed based on American Dental Association Commission on Dental Accreditation (CODA) Dental Hygiene Program Standards as its framework. Learning experiences were developed to prepare the student for successful completion of all licensing exams required to become an entry-level oral health care professional. The Program's successful outcomes provide verification that the Program's curriculum offers the student the opportunity to achieve their goal of becoming a dental hygiene professional upon completion.

# 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 of

the 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 PREREQUISITE COURSES

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	Intro to General Chem w/Lab	4
OR:	OR BOTH of the following College Chem courses:	*
CHMY 141	College Chemistry 1 w/Lab	4
& CHMY 143	College Chemistry 2 w/Lab	4
WRIT 101	College Writing	3
M 121	Or any math course in the MUS core	3-4
	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 (1 <sup>st</sup> Year)		Spring Semester (1 <sup>st</sup> year)	
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	2
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	15

Summer Semester (2 <sup>nd</sup> Year)		Fall Semester (2 <sup>nd</sup> Year)		Spring Semester (2 <sup>nd</sup> Year)	
DENT 260 Periodontology II	1	COMX 111 Intro to Public Speaking <b>OR</b> COMX 115 Intro to Interpersonal Communication	3	PSYX 100 Intro to Psychology <b>OR</b> 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

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

Dental Hygiene Program

Great Falls College MSU

# Academic Policies and Procedures

## Equal Opportunity

Great Falls College Montana State University recognizes that there are myriad dimensions of diversity, including sex, race, age, national origin, ethnicity, tribal affiliation, gender identity and expression, intellectual and physical ability, sexual orientation, faith and non-faith perspectives, socioeconomic status, political ideology, education, primary language, family status, military experience, cognitive style, and communication style. The individual intersection of these experiences and characteristics is a resource, strength, and benefit to the Great Falls College Montana State University campus community.

### EEO

Great Falls College MSU is committed to the provision of equal opportunity for education, employment, and participation in all College programs and activities without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, gender, age, political ideas, marital or family status, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation. The College's Equal Opportunity Officer is the Executive Director of Student Services, Room 1411, 2100 16th Avenue South, Great Falls, MT 59405. Telephone: 406-771-5123

### Discrimination, Harassment, and Retaliation (Title IX)

Montana State University campuses commit 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 for a healthy and productive University community. The University will take appropriate action to prevent, resolve, and remediate protected-class harm. Great Falls College MSU's Title IX Coordinator is the Executive Director of Student Services, Room 1411, 2100 16th Avenue South, Great Falls, MT 59405. Telephone: 406-771-5123

### Disability 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

## 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

As an institution of higher education, Great Falls College Montana State University requires its students to adhere to exacting standards for academic integrity. It is a violation of academic integrity to present ideas, designs, or work of another person/source as one's own effort or to permit another person to do so. The college will regard the following as violations of academic integrity requiring disciplinary action:

- **Plagiarism** Submitting an assignment, whether written, oral, graphic, or computer-generated which consists wholly or partially of the words, work, or ideas of another

- person or source without giving the original author proper credit.
- **Copying** Using crib notes, cheat sheets, books, or other material, resources, or electronic device as aids in an examination or any other graded exercise, unless the instructor of the class has given permission to use such materials. Collaborating with another student or students on an examination or other graded exercise, without instructor permission is also a violation of academic integrity. Contributing to violations of academic integrity is knowingly assisting another student in an act that violates academic integrity.
- **Forgery** The action of fraudulently copying another's signature on any document.
- **AI use** The inappropriate use of generative AI is considered academic dishonesty. See the [Great Falls College Policy 300.2 Academic Honesty and Integrity](#) for descriptions, sanctions, and procedures related to acts of dishonesty.

Violations of academic integrity will not be tolerated at Great Falls College MSU. The consequence for the first such violation is at the discretion of the instructor and may range from a failing grade on the assignment/test to a failing grade in the course in which the act of academic dishonesty occurred. 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 grievance policy which can be found at <https://www.gfcmsu.edu/policies-procedures/student-affairs/>

Cheating, plagiarizing, or knowingly furnishing false information may result in dismissal from the Dental Hygiene Program. The GFC MSU academic misconduct policy, descriptions, sanctions, and procedures can be found at <https://www.gfcmsu.edu/policies-procedures/student-affairs/>

## 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. Please review pregnancy policy if pregnant. 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 WebEx 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 WebEx 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.

### **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.

## 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% 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

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.

All students must meet scholastic requirements. A grade of 75% "C" higher must be maintained in all required courses to continue and complete the program. 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

Assessments (including exams, quizzes and other assignments) provide verification of individual mastery of course materials. Faculty will strive to facilitate assessments within the Dental Hygiene Program to prepare students to sit for the National Dental Hygiene Board Exam and its stringent rules and requirements. **Exams and quizzes: 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(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.

## Exam Procedure FOR ANY QUIZ OR EXAM (online and/or on campus)

- Students are asked to sit at separate tables (if space allows).
- Students are asked to clearly remove **all items** from the test taking area. Backpacks, purses, drinks etc. will be placed in the back of the room or in locker room area.
- Cell phones/Blackberry's/iPhone/Smart watches must be turned off and stowed away in a backpack or purse.
- No cell phone calculators will be allowed.
- Prepare to have at your desk all items necessary to complete the exam prior to the exam being initiated; there will be no reaching into backpacks or purses once the exam has been distributed.
- Students will not be allowed to leave the classroom and/or online environment once the test has been initiated unless the student turns in their exam for grading.
- Students will not be allowed to eat or drink during exams, online or on campus.
- Students must maintain a quiet classroom and/or online environment during exams (no talking)

**ONLINE exams or quizzes:** All exams or quizzes online will be administered using Respondus Lockdown Browser. Please note when asked to do an environmental scan, students must show all 4 walls of space where taking the exam, the complete surface computer is sitting on, and periphery of computer screen front (may need to use hand mirror for this). If students do not show complete space as required, it will be assumed the student is cheating and the student will be given a 0 for that exam. NO books or materials should be on the desk or floor where sitting when taking the exam. Eyes must always remain forward on the exam. Eyes that concentrate on a fixed area in the room or perimeter of computer while taking the exam will be considered looking at material that could be related to the exam and will be considered cheating. All on-campus exam rules apply for online exams. That is, no smart watches, phones, drinks, etc. may be on or present during exam- please stow away. No talking or reading aloud any questions or answers is permitted during the exam. Talking or whispering while taking ANY exam, including an online exam, will result in a zero grade for that exam. No exceptions.

*Any student who does not want to use Respondus Lockdown Browser will have the option to take quizzes/exams at an approved testing center, please communicate with your instructor well in advance (minimum 2 weeks notice) if this is an option you wish to pursue.*

# 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. Dismissal may also result from non-grade-related issues such as professionalism or student conduct violations (see 'Three Strikes Policy' for additional reasons leading to dismissal).

Non-grade-related dismissals may result in a failing grade ("F") assessed for the course the final infraction occurs in. For all other program courses the student is currently enrolled in when the final infraction occurs, the following will apply:

- If the infraction occurs prior to the withdrawal deadline the student will be allowed to withdrawal from all other courses
- If the incident occurs after the withdrawal deadline, the student will receive an F in each course.

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 under GFCMSU Student Affairs Policies found at <https://www.gfcmsu.edu/policies-procedures/student-affairs/>

## 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 1<sup>st</sup> 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.

## Grievance

Students who disagree with an academic decision made by an instructor or administrator, 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 a grievance under the Great Falls College MSU Academic Policy 3004. **Please note: 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.

## Dental Hygiene Program

Great Falls College MSU

# 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).

# HEALTH and SAFETY

## Liability & Health Insurance

Each student must have professional liability insurance while enrolled in the Dental Hygiene Program. The liability insurance is available through a college-selected company and is included in the fees each semester.

### Basic terms of the policy are:

Each student is covered only while a member in an official Great Falls College MSU Dental Hygiene Program course. Coverage ceases upon termination of the student's enrollment, either by graduation, withdrawal, or dismissal. Coverage is limited to activities that are part of, and a requirement of, the student's curriculum.

It is the student's responsibility to notify a clinical faculty member about any occurrence that might cause liability to the students, clinical affiliate, or Great Falls College MSU. An unusual occurrence report must also be completed to document the incident.

The student is responsible for all expenses resulting from injuries they experience in the clinical setting. Personal health insurance is strongly recommended. Student health and medical insurance can be obtained through Great Falls College MSU. Visit Student Central for details.

## GFC MSU Health Science General Health Policy

### Policy

All health science students must complete the required Great Falls College MSU Student Immunization and Verification Form and submit it with their application into the Dental Hygiene Program. After enrolling into the Program, If a student has an illness or infectious disease or has sustained an injury which could potentially be exacerbated by attendance at a clinical site or by participating in a laboratory experience on campus or could potentially place a fellow student or patient at risk, the student has an obligation to seek treatment of the medical problem or injury. A signed release form from a physician or other healthcare provider must be submitted to the Program Director before the student will be allowed to participate in a lab or clinical experience. In addition, students must sign a release form to the Program Director upon enrollment into the Program that allows the Program Director to share vaccine information with offsite rotations and clinics.

### Rationale:

Future healthcare providers must understand the impact of personal health and safety in on- campus labs and at clinical sites. Patients who seek healthcare are vulnerable due to

altered health/risk status and must be protected; the safety of fellow students on campus must also be recognized. Health Sciences students who are potential health/safety risks to others or themselves should not have contact with patients at clinical sites or participate in potentially unsafe situations on campus. The potential unsafe situation must be discussed with the DH Program Director.

Recommendations

All Health Science students will submit a physical examination form and complete required immunizations to their respective program director. At registration, the student will select or waive their comprehensive health insurance. It is expected that the student carry comprehensive health insurance as indicated on Banner Web. There are health risks inherent in working in a clinical environment. Students are urged to use good sense in acquiring and maintaining health insurance coverage. Liability insurance which covers students while attending clinical sites is included in student lab fees for each program. This is not health insurance for the student; liability insurance covers the student in the event of harm or injury caused to a patient the student is treating at a clinical site.

**Approved Great Falls College MSU Required Health Screening Tests and General Safety Guidelines** Communicable Disease Prevention Policy and Immunization Policy

In compliance with Montana state law, students born after January 1, 1957, who are taking seven or more credits or are enrolled in a certificate or degree program must:

<b>Prior to enrolling in any Great Falls College courses, students must show one of the following</b>			
Submit documentation immunizations were given after 1967 and after the student's first birthday and must have been administered at least thirty (30) days apart. Current immunizations must have been administered in the form of the MMR vaccine. Immunizations must be documented by a physician, registered nurse, or school official.	Submit documentation of having contracted measles and rubella. Documentation by a titer is required.	File a medical or religious exemption.	A written statement of declination from the student.

**Prior to enrolling in the Great Falls College Dental Hygiene Program, students must show one of the following**

<p><b>Required: Hepatitis B Vaccination</b></p> <p>Three (3) doses of Engerix-B, Recombivax or Twinrix or 2 doses of HEPISAV-B followed by a QUANTITATIVE Hepatitis B Surface Antibody (titer) preferably drawn 4-8 weeks after the last dose.</p> <p>If negative titer (&lt;10 IU/ml) complete a second Hepatitis B series followed by a repeat titer.</p> <p>If Hepatitis B series Surface Antibody titer is negative after a secondary series, additional testing including Hepatitis B Surface Antigen should be performed.</p> <p>See: <a href="https://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf">https://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf</a> for more information.</p> <p>Documentation of Chronic Active Hepatitis B is for rotation assignments only.</p>	<p>File a Program medical or religious exemption.</p>
<p><b>Recommended: Proof of COVID Vaccine - not required by Program but documentation of vaccine required for some clinical rotations</b></p> <p>Two (2) doses series such as Pfizer or Moderna or single (1) dose vaccine such as Johnson and Johnson.</p> <p>COVID vaccine needs to be up to date with all boosters recommended for you.</p> <p>If not vaccinated, the student may not be able to participate in some clinical rotations.</p>	<p>File a Program medical or religious exemption.</p>

### 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.**

### 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.

### 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 asymptomatic<sup>1</sup>. Without testing, people with hepatitis B virus (HBV) infection can unknowingly transmit the virus to others" (retrieved from [cdc.gov/hepatitis-b/diagnosis-testing/](https://www.cdc.gov/hepatitis-b/diagnosis-testing/) on June 1, 2024).

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.

### 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.gov/tb/testing/skin-test.html](https://www.cdc.gov/tb/testing/skin-test.html) on June 1, 2024)

## 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 at an off campus clinical site the student must follow the procedures as outlined by the clinical site and submit a "Report of Exposure to Communicable Disease" form as found in the medical emergency cart in the dental clinic. The DH Program Director will keep the completed form in the student's 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 should comply with the Needle Stick Protocol found in the medical emergency cart in the dental clinic and submit a "Report of Exposure to Communicable Disease" form to the program director. 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 DH 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.

## 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.**

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 inform their program director. Pregnant women must be particularly cautious when working with certain types of patients, or with Nitrous Oxide. Your Program Director, course instructor and clinical preceptor should be aware of your pregnancy to minimize any risks to your health and safety.

### Exposure to, or Diagnosis of, a Communicable Disease Policy

This policy prevents disease spread to other students, patients, and the community. The procedures attached to this policy have an approved, uniform, and planned approach for assisting students who have been exposed to or contracted a communicable disease. The student is responsible for being knowledgeable about communicable diseases and their own role as a potential source of infection or their responsibility for the health and safety of others. This is especially significant in the clinical setting when working with patients already in a debilitated and medically compromised condition.

This policy refers to any communicable condition which potentially threatens student or patient safety. Examples would be strep throat, COVID, herpes, scabies, rubella, tuberculosis, hepatitis, or HIV (Human Immunodeficiency Virus). A student who suspects contact, has contact, is exposed to, or contracts a communicable disease must report such contacts/diagnosis to his or her Program Director immediately. Contact may be direct touch,

needle stick, airborne or handling of contaminated materials or equipment. Compliance with the policy and procedures as follows is the responsibility of the student.

When attending a clinical site, students are to report suspected or real contact with a communicable disease to their clinical preceptor immediately following the event. The clinical preceptor will follow the facility's procedures and notify the Program Director. The student should also contact the DH Program Director as soon as possible after the event.

If a student has a communicable disease, or may have come in contact with one outside the clinical setting (for example chicken pox or other common but contagious disease), the student must notify the DH Program Director who will then determine if the student should be allowed to attend on-campus classes or the clinical internship.

If it is confirmed the student has a communicable disease, they must follow up with appropriate medical care and inform the DH Program Director. Decisions pertaining to the student's continuation or postponement of any type of coursework will be made on a case-by-case basis, based on the severity of the disease, at the discretion of the Program Director. The health and safety of the student, patients and other students will always be a deciding factor in these cases. The most up-to-date information from the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) will be used as guidelines for decision-making.

## Required CPR Certification

Students must provide proof of a current BLS 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**, in-person courses are preferred. All courses *must have* the BLS designation. 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.**

## Clinical Appearance

The Clinical Dress Code Policies are to ensure student and patient safety, and to display professionalism in dental hygiene.

## 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.
- If 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.

Students are not allowed to be a practice local anesthesia patient more than one time per peer while in the program, this includes DENT 240 lab practice. Additionally, students may only be a practice local anesthesia patient one time in each of the following clinic sessions: DENT 251, 252, 281.

## PATIENT POLICIES and PROTOCOL

### 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" or does not meet their minimum requirements they will fail the clinical course and not proceed in the Dental Hygiene Program. Deviation from meeting

minimum course 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 Acceptance Policy

Recruiting patients is a skill that will be developed throughout the program. 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. The following must be met prior to acceptance as a patient to the dental clinic:

- Oral conditions considered acceptable and safe for learning;
- Patient interest in learning preventive oral care techniques;
- Patient cooperation in keeping clinic appointments on time.
- Payment from patient prior to service rendered
- **Minor patients**, younger than 18 years old at time of initial appointment, must have a parent, legal guardian, or assigned delegate in the waiting room for the *entire* appointment. Delegates must be immediate family only (i.e. delegates can only be: legal guardian, grandparent, adult sibling, aunt or uncle) and have a comprehensive understanding of the patients medical and dental history/concerns. Delegate forms must be signed by the parent/guardian and must be on file before the start of *each* appointment. That is, a new Delegate form must be completed/dated/signed by the parent or legal guardian **every session** the patient returns for care.

**Patient dismissal in scheduled session:** If a patient is dismissed by the POD instructor for a contagious oral lesion or unexpected medical condition needing med consult prior to care, the student will be asked to find a replacement experience. Should a replacement patient experience not be found, the instructor will determine if a ‘no-client session’ is warranted. Typically (but not always), if a patient is excused for an unexpected lesion (e.g. cold sore) or medical condition, the student will not receive a ‘no-client session’ for the unexpected event. Should it be determined the student knew about the condition, and no replacement is found, a ‘no client session’ will be given. Patients dismissed for reasons other than lesion or medical condition (for example, a minor (under age 18) patient shows without a parent, legal guardian or

proper delegate) will result in 'no client session' being awarded to the student upon instructor discretion if no substitute patient is found. It is always good to have a plan 'B' and 'C' for these unexpected scenarios.

## Patient Dismissal from Program

Unfortunately, not all patient experiences work out and sometimes patients will be dismissed from the Program. **Students do not have permission to automatically dismiss a patient from the clinic.** If a patient has paid for a service, students must make every effort to see this patient. If the patient is unable to attend their appointment, students must document this cancellation and the reason for this cancellation in the patient chart *every time the patient cancels last minute and/or no-shows*. If you have texts from this patient, please be prepared to print them. These texts will be uploaded and saved in the patient's chart. Please remember to be professional when communicating with your patients. If a patient has a history of canceling or not showing up for their appointments, please discuss with your clinic instructors the next steps to take regarding this patient.

Another reason for patient dismissal from the clinic is when the patient's behavior makes the students and/or faculty/staff uncomfortable. If your patient is making you uncomfortable, please reach out to your instructor, the front office manager, or the Program Director immediately so the appropriate steps can be taken to keep everyone in our clinic safe. Students do not have to tolerate rudeness and inappropriate comments from patients. If you have anything in writing, please be prepared to print these so they can be included in the patient's chart. If you are a bystander clinician in the clinic and witness a patient being rude or inappropriate, please let an instructor or the front office manager know immediately so they can act right away.

If you have started a patient and they are refusing to come back for whatever reason, please let your instructor know at final chart audit why that patient was not completed this semester. Sometimes patients do not want to come back or cannot come back because of changes in their work schedule etc. If this is the case, we may ask you to call the patient once each semester until your final semester and then have you officially dismiss them (with a pre-approved dismissal letter) from the DH Program at final chart audit. These dismissals are not final dismissals from the clinic, they are just a letter to let the patient know that their treatments were not completed, and they will need to seek care from a different dentist now that you have graduated. **All patient communications should be documented in the chart and verified by an instructor.**

## Recare System Protocol

A **recare patient** is defined as a returning patient who has completed treatment by you, the student, or a peer in *your* graduating class. You will be required to complete 4 recare patients during your time in our program (see recare rules under Patient Requirements and

Definitions). In an effort to supply a patient pool that supports student patient experiences, our Program has created a recare system whereby patients may be assigned to students at the beginning of the summer semester (3<sup>rd</sup> semester) in the Program. With this recare system, there are protocols to follow:

- Students may be *assigned* a group of patients with varying degrees of difficulty their summer (3<sup>rd</sup>) semester in the Program. *For students at the Bozeman site, the recare system is not yet in place as it is a brand new clinic for the program with no previous patient experiences to pull from.*
- Students may NOT give patients to a peer or junior student on their own. All patient transfers must be approved by the lead instructor and/or Program Director. This is to reduce the number of duplicate patient cards being assigned summer semester, and to reduce the possibility of patients being contacted by multiple students.
- Once assigned, students must make an effort *every semester* to contact every patient on their recare list. Record of these efforts must be documented in the patient chart and verified by an instructor. The method of contact is up to the student, just know proof of contact may be requested so texts and letters are recommended when possible. **If it is determine a patient has not been contacted at least once per semester, at final chart audit spring semester (5<sup>th</sup> semester) senior year, any student assigned a recare list of patients will receive 1 critical error point per patient abandoned.**
- If a student does not make initial contact (this is usually a time for the student to introduce themselves as the newly assigned dental hygiene student) by the summer semester deadline, a different student will be assigned to that patient.
- If a patient contacts a student, the student must always ask first if the patient has been seen in our clinic before. If the answer is, “yes,” the student must first check FUSE to see if the patient has been assigned and a contact attempted. Students: If the patient is established with our clinic, let the patient know they may have been assigned to a peer and you will verify this before scheduling them with you. **Juniors, in your 2<sup>nd</sup> semester (Clinic I) do NOT schedule established patients** as they may be in our recare system and will be assigned to you or a peer summer semester.
- Once assigned, all recare cards and lists must be kept in a safe place (Office Managers office) and may NOT be taken off campus.
- Students must sign the GFCMSU Dental Hygiene Program Recare Patient Responsibilities and Referral Cards Contract (this contract will be shared summer semester when recare lists are disbursed) *before* receiving the recare patient list assigned to them.

## Periodontal Diagnosis

**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.

## Patient Record Management

### Confidentiality

The Dental Hygiene Program adheres to strict Health Insurance Portability and Accountability Act Standards (HIPAA). Patient records are important and confidential legal documents and are to be developed and maintained with accuracy and thoroughness in mind. A client's medical and/or dental condition or personal problems / life situations must **never** be discussed with anyone except those who have a direct tie to the client's care. **Discussion of your clinical assignment and information is NOT a topic for social conversations.**

Release of information to the general public (i.e. your friends and family, etc.), newspapers, radio stations, and TV stations, Social Medias or their representatives are forbidden. Names must not be used in any written case studies or discussions. **The release of any privileged information regarding any patient is cause for immediate suspension and recommendation for dismissal from the program.**

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. 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.

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. Students should also NEVER access patient information in FUSE from home or *any area* outside the Dental Clinic, on campus student kiosk or on-campus dental lab. Surface pros and/or other sources containing patient information should NEVER be in public areas such as waiting rooms (Bozeman site excluded in certain situations), 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 when not in use
- In the lab, when there is an instructor or lab monitor present to monitor
- In the on-campus student kiosk, office manager’s office or faculty offices

Patient information cannot be shared with anyone except the patient without written authorization from the patient. **Accessing patient information outside permitted areas will be considered a HIPAA violation and is grounds for dismissal from the Program.**

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.

#### 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.*

#### Patient Charts/Documentation

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.

### 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 ( ✓ ), 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 RECARE 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:
  - i. Patient name
  - ii. Patient phone number and email

- iii. Date AND type of last service in our clinic
- iv. Date DUE for next service

**ALL RECARE 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.

## Children of Patients in the Clinic

Children of patients and students are not allowed in clinic unless they are a patient. For safety reasons, children under the age of 4 are not allowed on the clinic floor. Infants (especially those under 3-6 months old) are particularly susceptible to infection due to an underdeveloped immune system; and toddlers are very wiggly and curious, making for an unsafe environment when the parent is getting treatment done and cannot keep a close eye on their child. Due to these concerns for child safety, any parent showing for their appointment with toddlers (under age four) and infants in tow will be asked to re-schedule or bring someone with them to watch their children out in the lobby. Please let your patients know about this policy ahead of time. If a patient has to be re-scheduled for bringing in children under age 4, a 'no client session' deduction in Taleval will result, unless you are able to fill your chair with a back-up patient.

## 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 inform the office manager as soon as possible the day of lab or clinic if they are going to be absent. Patients must be notified promptly and rescheduled by the student.**

*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:** If the absence is excused (see definition of 'excused' under Classroom Attendance policy in this handbook) **students can miss up to TWO WEEKS of lab or clinic during regular, 16-week semesters. Students may only miss up to ONE WEEK in the summer semester as it is condensed to just 8 weeks.** The instructor will try to assist the student with making up labs. Students must be available during the instructor's office hours for makeup work. Due to clinic availability, students may be asked to meet with the instructor when the clinic is available for use. Students missing more than 2 weeks (or 1 week in the summer semester) may be asked to withdraw from the course and not allowed to continue in the Program. All work must be completed by the end of the semester. Students missing clinic requirements due to an excused absence by end of week 15 (or week 7 in summer) may be given an incomplete if they meet the incomplete requirements. Please see incomplete policy for further details. Students who are sick should not report to clinic or lab and are encouraged to see a doctor for assistance and a doctor's note stating length student is excused.

**Unexcused absences:** Students with an **unexcused absence** (see definition of 'unexcused' under Classroom Attendance Policy) in clinic or lab will be marked absent and all assessment deadlines missed will be noted as failed assignments/assessments and students will need to abide by course policy for missing assignments/assessments. Instructors are not obligated to review material missed in the lab, and it is the student's responsibility to learn this material. Students missing clinic due to an unexcused absence will be noted as having a 'no patient day' in Taleval and deducted points as noted in the handbook. All requirements must be met within that semester. **Students with an unexcused absence will not be eligible for an incomplete for that semester.** Students who cannot meet clinic requirements by the end of the semester due to an unexcused absence are not considered in good standing and will be given an "F" in class. They will not be able to continue with the Program. Please see readmission policy for more information regarding readmission.

Not every event can be accounted for in an absentee policy. The Program Director will have the final decision in these situations. For definitions of excused and unexcused please see didactic absent policy.

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. All absences must be reported by 7:30 AM by calling the Dental Clinic Manager at 406-771-4364 and your specific individual instructor (please note instructors may not respond if they are already on the clinic floor, thus it is imperative the clinic manager be called). If absence is during a clinical session, the patient must be called as soon as possible to avoid the patient coming to the clinic for no reason. The individual calling must be the student or an immediate family member. Students missing clinic will require a doctor's note for illness to be considered as an excused absence. Do not come to clinic if you are feeling unwell, have a temperature, have been told by a doctor to quarantine or are waiting for a COVID-19 test result.

### **Summer Semester Attendance**

Summer semester is a condensed semester, so the attendance policy is different in the summer compared to fall and spring semesters. In other words, 16 weeks of summer clinic has been condensed into 8 weeks. In a normal 16-week semester, you could miss up to 2 weeks of clinic sessions. In the condensed summer semester, clinic is 5 sessions per week. Therefore, you can only miss 5 clinic sessions (one week worth of clinic) in the summer semester. In addition, rotations are mandatory and cannot be rescheduled.

Students dismissed for too many unexcused absences in any clinic semester will need to follow handbook protocols for readmission into the Program. Exceeding the number of *excused* absences in the summer will be handled on a case-by-case basis but may also result in dismissal if too many clinic opportunities are missed in this condensed semester.

### **Missed Clinical Externship Days**

Missed Clinical Externships, as a rule, cannot be rescheduled or made up. If the student cannot travel to the externship site due to weather or car trouble, this missed externship will result in the loss of an educational experience and treated as a no patient day in Taleval. If however, the missed clinical externship is considered excused, no point deduction will occur and it will be counted as one missed clinic session and part of the student's allowed 2-week (1-week in summer semester) absence.

Certain Clinical Externships provide the student with opportunities to meet clinical requirements. In those circumstances, students may be given an incomplete until those externships and/or requirements can be completed. The recommendation for those externships is that students should attempt to complete requirements in clinic. If the student misses the clinical externship but completed all their clinical requirements, the lead instructor must determine if they must complete the missed Clinic Externship.

### **Tardiness**

Showing up for class, lab, clinic and/or clinic rotations/externships is unprofessional and will not be tolerated. Students who are late to lab, clinic or clinic rotations and externships one time will be given a warning. Any tardiness in clinic will result in a deduction in Taleval grade. A second clinic, lab, clinic rotation and/or externship tardiness of more than 10 minutes may result in being marked with an unexcused absence along with the deduction entered in Taleval for poor time management. Please note the clinic absence policy stated above. **If repeat tardiness results in an unexcused absence, the student will forfeit any chance for receiving an incomplete status at semester end for their clinic grade if clinic requirements are not met.** Additionally, repeat tardiness is unprofessional and will be counted in the 3-strike policy for professionalism (see 3 Strike Policy in this Handbook on page 76).

### **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.

### End of Session

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.

## 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%

#### Clinic II, III, IV

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

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 2<sup>nd</sup> 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.

The letter grades awarded in this program are as follows:

100-92 A	91-84 B	83-75 C	Below 75 F
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## 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	Perio 0 = 0.25
Calc A = 0.75	HOARP = 0.75
Calc B = 1.00	Perio I = 0.50
**Calc C = 1.50	**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	Perio 0 = 0.15
Calc A = 0.50	HOARP = 0.50
Calc B = 0.75	Perio I = 0.25
Calc C = 1.25	Perio II = 0.75
** Calc D = 2.00	**Perio III = 1.50
**Calc DD = 3.00	**Perio IV = 1.75

*\*\*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	Perio 0 = 0.10
Calc A = 0.25	HOARP = 0.25

Calc B = 0.50	Perio I = 0.15
Calc C = 1.00	Perio II = 0.75
Calc D = 1.75	Perio III = 1.25
Calc DD = 2.75	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 = ✓, 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:
<p><b>(1) NEW Adult Patient (must be new)</b>  <b>(1) Established Patient (may be new or established)</b>  <b>(1) Peer</b>  <i>(Recommend a max. of 4 clinic sessions ea. to complete tx.)</i>  <i>Total of 3 adult patients</i></p>	<p><b>Only A &amp; B Calculus</b></p>	<p>Healthy or Gingivitis</p>	<p>Healthy Geriatric okay if meets other criteria</p>
<p>ALL patients must have nine teeth or more to count as a patient requirement.</p>	<p><b>C or D Calculus patients</b>            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</p>	<p><b>Stage 1 and 2-</b>            Instructor's Discretion             NO Stage 3 or 4</p>	

	semester.		
<b>(1) Pediatric (4-9 y old)/ Adolescent (10-17y.old)</b> (Recommend a max. of 2 clinic sessions ea. to complete tx.)			By end of DENT 281 must have seen at least 2 pedo and 2 adolescents but a total of 6 Pedo/Adolescent

#### DENT 251

TYPE OF PATIENT	CALCULUS LEVEL	AAP CASE TYPE	PATIENT STATUS Must Be:
<p>(2) NEW Adult Patients (must be new)</p> <p>(2) Established Adult patients (may be new or established)</p> <p>Total of 4 Adult patients</p>	<p><b>Only A &amp; B Calculus recommended</b>            = all together patients' calculus must equal <b>12 pieces of board worthy calculus</b> and documented in Taleval under comments (<b>only three pieces can be on sextant 5</b>).</p>	<p><b>Healthy, Gingivitis or Stage 1. Stage 2 at discretion of instructor.</b></p> <p>No Stage 3 or 4.</p>	
<p>All patients must have a minimum of nine teeth, one of which is a molar, to count as <i>any</i> patient requirement</p>	<p>All BW calculus pieces may be supragingival for this course only. (Recommend a max of 4 clinic sessions ea. to complete tx.)</p> <p><b>C or D Calculus patients With Prior Instructor Approval:</b>            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</p>		

	<p>remaining BW pieces in fall. Must be completed in fall semester. <i>(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.</i></p>		
<p><b>(3) Pedo Patients (4-9 y old)/ Adolescent (10-17 y old)</b> <i>Recommend a max of 2 clinic sessions ea. to complete TX.)</i></p>	Any Calculus Level	<p>1 -Pedo 1-Adolescent 1- either</p>	<p><i>By end of DENT 281 must have seen at least 2 pedo and 2 adolescents but a total of 6 Pedo/Adolescent</i></p>

**DENT 252**

TYPE OF Patient	CALCULUS LEVEL	AAP CASE TYPE	PATIENT STATUS Must Be:
<p><b>(6) Adult Patients</b> <b>* (2) adult patients MUST be Stage III perio or greater and completed by end of DENT 281.</b> ALL patients must have a minimum of nine teeth with at least one molar to count as <i>any</i> patient requirement</p>	<p><b>36 pieces of Board worthy (BW) calculus</b> of which only 6 pieces may be found in sextant 5. <i>All BW calculus must be subgingival.</i></p>	<p><b>(3) Perio patients:</b> must be <i>active</i> Stage 2, 3 or 4 perio. <i>Stage 2 perio is considered "moderate perio"</i> <i>Stage 3-4 perio is defined as "moderate to severe perio"</i>.</p>	<p><b>1-Medically compromised</b> <b>1- Special Needs</b> <b>2- Geriatric</b></p>
	<p>C or D Calculus patients- <i>(Recommend a max of 5 clinic sessions ea. to complete TX.)</i> <b>With prior instructor approval, MAY complete a minimum of one (1) quad to count as new</b></p>		

	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.		
<b>(1) Pedo Patients (4-9 y old)/ Adolescent (10-17 y old)</b> <i>Recommend a max of 2 clinic sessions ea. to complete TX.)</i>	Any Calculus Level		<i>By the end of DENT 281 must have seen at least 2 pedo and 2 adolescents but a total of 6 Pedo/Adolescent</i>
<b>Combo Patient</b> (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
<b>(4) Recare Patients</b> (Completed in either DENT 252/281)		(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
<b>Adjunctive Services</b> <b>8 Sealants</b>			Must have clinical exam from dentist or outside RX before placing.

**DENT 281**

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

<b>Adjunctive Services</b> 4 Sealants		Must have clinical exam from dentist or outside RX before placing.
Bleach Tray		Must have clinical exam from dentist or outside RX before placing.

### Clinic Requirement Definitions:

**Adult patient-** For DENT 251, 252, and 281 to qualify as an adult patient requirement, the patient must be 18 years or older the day you start data collection, and have a **minimum of 9 teeth, one of which must be a molar.**

**New patient (NP) (as defined for GFC MSU Dental Clinic)** a patient that has not been seen at GFC MSU dental clinic ever, or in the last 3+ years. **It is important to ask the patient if they have been a patient in the clinic prior, and what treatment was rendered, before scheduling them.** It is critical that clinicians help their patients understand the importance of receiving continued comprehensive dental care from a licensed dentist in their area to maintain good health. The GFC MSU dental clinic cannot be the primary care provider or the dental home for patients. New Patient requirements can only be met with patients who have not been to our clinic ever, or in the last 3+ years. This is to ensure you can meet requirements like radiographs, Board-Worthy (BW) calculus, and hard tissue charting. Established patients who receive regular hygiene care will not meet these requirements but will help students learn time management skills needed in the workforce and the importance for evaluation of care.

***New Patient Special circumstances:***

- Except in DENT 281, students may initiate data collection and submit for exam in one semester and complete/classify in Taleval the following semester. In DENT 281, all patients started must be completed by end of semester. **Not completing a patient by the end of DENT 281 will result in 1 critical error point deduction in Taleval per incomplete patient.**
- Students may NOT start scaling on patients they wish to classify and complete the following semester *unless* first approved by instructor.
- **DENT 151 only:** Students are new to power scalers and complex patient types this semester; therefore, students may *only* (with PRIOR instructor approval) initiate scaling on ONE (C or D) calculus patient to be counted toward patient requirements in DENT 151. One (1) quad must be completed to count toward semester new

patient requirements. The student will classify the patient in Taleval based on calc removed, and perio status the semester in which scaling of one quadrant was completed. The student will mark the patient 'complete' in Taleval the semester they finish scaling them. If the patient is completed in the following semester, the remaining quads will only count toward board worthy calculus and cannot be counted as a new patient (i.e. cannot be classified, again, in Taleval).

- Please review clinic resource manual for guidance on updating patient paperwork if the patient has been treated at GFC MSU dental clinic in the past.

**Established patient (EP)**- a patient who has received care at GFC MSU dental clinic within the past three years but is new to the student initiating care and/or has not been seen by a peer in the same graduating class. Established patients must still be encouraged to seek comprehensive care from a licensed dentist in their area. These patients will receive a limited exam at least once every year to determine the patient's periodontal diagnosis. Adult patients may not receive hygiene care at GFC MSU until the doctor has completed the patient's assessment and the results are reviewed with the patient. Dentist referral forms must be given at EVERY recare appointment *the day scaling begins*. **Patients due for an exam cannot be scaled until the exam has been updated/completed and new referral form given to the patient.**

**Assessment of patient (D0191)** is a limited clinical inspection performed to identify signs of oral or systemic disease, malformation, or injury, and potential need for referral for diagnosis and treatment. All patients will receive a limited assessment to determine a periodontal diagnosis and need for a referral. This assessment may include taking x-rays if needed. A dentist will review the patient's health history, periodontal assessment, and x-rays to determine a periodontal diagnosis along with hygiene treatment appropriate for that patient. All patients will receive a referral letter at their hygiene appointment, *at initiation of scaling*, detailing the hygiene services recommended in the GFC MSU dental clinic and referrals for other areas of concern noted during the assessment. Every patient will receive this assessment as a new patient to establish care and then once a year on or after the date of their previous assessment.

#### Services provided at GFC MSU

- D0191 Assessment of patient
- D1110 Adult prophylaxis
- D1120 Child prophylaxis
- D4355 Debridement
- D4347 Periodontal scaling and root planning 4+ teeth
- D4346 Scaling in the presence of inflammation
- D4342 Periodontal scaling and root planning 1-3 teeth
- D0272 (2) Bitewings
- D0274 (4) Bitewings
- D0471 Diagnostic photos
- D0330 Panoramic film
- D0210 Full mouth radiographic series
- D9910 Application of desensitizing medicament
- Nutrition counseling

- D4910 Periodontal maintenance
- D9975 Bleach trays
- D1351 Sealants
- D1206 Fluoride varnish

**Recare patient-** Any patient that has been completed by the same student, or a peer in the same graduating class, at least 1 time prior to the recare appointment.

- Students must complete (4) recare patients during their 2<sup>nd</sup> year of the program (fall and spring, semesters 4 and 5). Students must see a *minimum* of 2 perio (3-month) recares.
- 3-month recare must be II, III, or IV *active* perio (No Healthy on a Reduced Periodontium (no HOARP)). **What is written on the most recent/up-to-date (within the last 12 months) dentist referral letter is what will count toward perio diagnoses for perio patient recare requirements.**
- 3-4month/perio recares can replace 6-month/healthy recares BUT 6-month recares cannot replace 3-4month/perio recares (i.e. students can have 3-to-4 perio recares but not 3-to-4 6-month healthy/gingivitis recares)
- 6-month recares are gingivitis, healthy or a healthy on a reduced periodontium (HOARP)
- 3-4month perio recare patients can be used as a perio requirement in the semester that the recare appointment is completed. This is because 3-month recares must be II, III, or IV perio.
- **Any perio and/or recare patient cannot be used/counted twice toward requirements in the same semester.**
- Recares may be counted toward med comp, geriatric, pedo/adolescent, and/or patient with special needs requirements in the semester the recare is completed, but may not be counted twice in the same semester.
- Students may share recare requirements if unable to schedule their own Initial-completed patient for return visits
- **DENT 252/281:** Students may count recare patients toward the 6 Adult Patient Requirements AFTER ALL 4 recare requirements have been met.

**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 the following way:

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.

**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. Little to no plaque.

**Type A:** Local, light calculus, typically found on the sextant 5 (mandibular anteriors) and/or buccal of maxillary molars.

**Type B:** Generalized “rough” or “spicule” calculus with unlimited pieces of supragingival board-worthy (BW) calculus scattered *throughout* the mouth. Less than 12 pieces of subgingival BW may also be scattered through the mouth (max of 3 from sextant 5).

**Type C:** A minimum of 12 pieces of BW subgingival calculus scattered throughout the mouth. May use maximum of three (3) pieces from the mandibular anterior sextant. Remaining calculus must be located in maxillary anterior and max/mand posterior sextants.

**Type D:** A minimum of 20 or more BW pieces of subgingival calculus. May use a maximum of six (6) pieces from the mandibular anterior sextant. The remaining calculus must be located in maxillary anterior and max/mand posterior sextant.

**Type DD:** A minimum of 40 pieces of BW calculus (12 pieces maximum from mandibular sextant).

**Periodontal 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 <i>early/mild</i>	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 <i>moderate</i>	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 <i>moderate to severe</i>	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 <i>moderate to severe</i>	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

\*\*\* 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

Grades	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

#### Stain Classification

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.

#### 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.

## 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 at [www.CRDTS.org](http://www.CRDTS.org).

Proper documentation of the procedure on the treatment record should include type of topical placed if used, MRD for patient, type of injection administered, results of aspiration, anesthetic utilized, amount used with time of administration. Patient's reaction should also be noted and their consent for the injection. **No injections are allowed without prior dentist approval. No injections will be allowed if an exam is not up-to-date (within last 12 months and at our clinic). No outside prescriptions for injections are allowed in our clinic.** Additional information may be needed based on a variety of circumstances.

Instructors reserve the right to identify students who may need remediation due to poor anesthetic technique. In the event an instructor identifies that a student needs remediation, the student will be notified, and a one-on-one session will ensue. **The student may not be permitted to administer anesthetic to the public until the remediation has produced the desired outcome.**

Students may complete local anesthesia requirements on **peers** using the following guidelines: Students may only be used ONCE per peer as a practice patient, during the entire Program, to count toward clinic requirements; the student cannot have ever injected on that particular peer before. Students may only be a practice patient ONCE per semester, starting in DENT 251.

#### 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	

**Local Anesthesia Grading:** In Clinics II, III and IV, local anesthesia requirements are graded as

pass/fail. In order to count an injection toward requirements, the student must pass that injection. Local anesthesia grade sheets are used as a guideline for what is expected, and to give the student feedback on their technique. The following errors will result in a failed injection (these 'fail' errors are listed on the CRDTS LA board exam as critical errors resulting in a failing score). Greater than three (3) non-critical errors (a "u" for unsatisfactory) marked on the local anesthesia grade sheet will also result in a failed attempt:

**Patient and/or Operator safety violation (this is not an all-inclusive list):**

- Student does not aspirate prior to injecting solution
- Student does not check for updated exam from supervising dentist prior to injection
- Student contaminates needle prior to injection/insertion (tip or side of needle touches patient cheek, lip, or inanimate object like gauze or glove, etc.)
- Needle buried to hub
- Student does not handle positive aspirations appropriately (i.e. states, "positive aspiration" and remove needle to make necessary adjustments)
- Redirecting on a PSA injection
- Using the wrong anesthetic per medical history and/or dentist recommendations
- Student moves away from deposition site while depositing solution and does not re-aspirate / does not handle appropriately
- Touching the safety cardboard/needle protector when the needle is uncapped
- Any other violation deemed unsafe by supervising instructor

**Technique errors**

- Student does not have a 45 degree angle prior to insertion with the PSA, or student loses 45 degree angle during PSA injection (students must have the appropriate angle prior to inserting needle)
- Stating, "At insertion site, bevel is covered" when the angle and/or site are wrong will result in a failed injection.
- Unable to find proper deposition site after three attempts on both right and left sides of the mouth for any injection.

Local anesthesia errors will also be noted in Taleval: a check for one error, an 'x' for two or more errors. Students may practice in front of an instructor, and receive instructor feedback, by using cotton tip or practice needle prior to any injection without penalty.

More information on CRDTS grading criteria can be found here (see page 25 and 26): [chrome-extension://efaidnbmnnnibpcajpcgiclfndmkaj/https://www.crdts.org/viewdocument/0ccc0903-06a9-41b4-8505-1b3aecebffa3](https://efaidnbmnnnibpcajpcgiclfndmkaj/https://www.crdts.org/viewdocument/0ccc0903-06a9-41b4-8505-1b3aecebffa3)

## 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 excuse their patients from the radiology room until approved to do so by an instructor, regardless of if the student thinks retakes are needed.** Instructors must give the final say on retake/no retake, no exceptions.

Students may be asked to expose retakes under direct supervision of instructor to ensure proper technique is achieved. It is also important to note that all students are expected to follow proper protocol regarding radiation hygiene for the protection of the patient, the student and any other individual who is present in the radiology lab. Please review the Radiology Manual. If a student is found in violation of the policy and procedures in the Radiology Manual reviewed and signed by student fall semester Junior year, one or more of the following could result: a critical error point could be deducted from student's grade in Taleval and/or the radiographic series cannot be used for a requirement. If the error is deemed significant, it may result in student dismissal from the Dental Hygiene Program.

Evaluation of radiographs must take place during radiograph sessions. **The student must address the evaluation of radiographs immediately after exposure.** No retakes will be authorized without the evaluation completed by the student including suggested retakes, reason for retake and correction needed. *Images with no errors must be marked with a star to signify student self-assessment has been done.* Once the POD instructor reviews the images and authorizes retakes, student may proceed with retakes. Retakes should be taken in a new mount labeled retakes. Once this is done, students must give the assessment sheet to the instructor for grading. **Retakes must be logged with correct information in the QA log sheet prior to student departure from POD for the session.** All graded radiographic series must be correctly entered into Taleval immediately following the clinic session in which they were

graded. The specific radiographic series must be listed under the comment section of Taleval as well as in the Assessment section of Taleval in order for the student to receive proper credit for the series. Students will receive an + or x for their series; a '+' is passing, an "x" is a failing grade for that series. The grade of + or x will be determined using the grading guidelines found in the radiology manual as well as grading scaling found on the assessment sheet. This series will count toward final clinic grade.

Radiograph Grades	2 x = 84%	5 x = 50%
x = 100%	3 x = 75%	6 x = 40%
1 x = 92%	4 x = 65%	7 x = 30%

**Radiograph Grading:** All grades will be determined by originals. **For an FMX:** Undiagnostic errors result in a loss of 4 points per undiagnostic image. Students may earn 4 bonus points for each retake with at maximum of 3 retakes if the retake corrects the error and no new error results. If a new error occurs but an old error is corrected, they will receive 1 point back for retake. If the error is not corrected in retake, no points will be awarded for retake. **For a bitewing series:** Students may earn 2 bonus points for each retake since undiagnostic errors on a BWx series are worth 2 points deduction for each undiagnostic image. To earn the 2 bonus points per retake correction (max 3 retakes per individual BWx series), the error must be fully corrected with no new error created. If a student cannot pass their radiograph requirements, they must complete a remediation assignment by the end of the semester, which will involve attending an open lab session and will not count toward radiology requirements. Instructors reserve the right to identify students who may need remediation due to poor radiographic technique patterns or poor radiographic evaluation patterns. If a student is identified by an instructor as needing remediation, the student will be notified and a one-on-one session utilizing DXTRR will ensue. **The student will not be permitted to expose radiographs on the public until the remediation has produced the desired outcome.** Instructors may also recommend an additional patient requirement if they feel the student requires additional practice taking radiographs and the student must find the patient themselves. Students who are not passing radiographs must identify themselves to the instructors and ask for assistance. If a student takes more than the required number of radiographic series, all passed radiographs will be considered first for final grade, then failed series will be counted towards required number for course.

**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 1BWX (not included in the FMX)	2 FMX	2 FMX (1 passing)	2 FMX (must pass 1 FMX)
Pano		1 Pano	2 Pano (2 passing)	2 Pano (2 passing)
BWX		2 BWX of which one needs to be a mixed dentition.	3 BWX (not included in the	3 BWX (not included in the
		(Cannot be included in the FMX)	FMX- must pass 1 BWX)	FMX- must pass 1 BWX)

## Skill Assessments (Competencies)

Course Skill Assessments (aka Clinic Competencies) are designed to provide students with the opportunity to demonstrate a skill and the ability to practice safely during all dental hygiene procedures. Therefore, it is the student's responsibility to prepare for and recruit the appropriate patients to successfully complete the required competency assessments. It is the student's responsibility to also obtain the POD instructor's signature on the appropriate form at the completion of all competency assessments. Planned competency assessments must be presented to the POD instructor during POD discussions. Competencies are graded tests. No instructor or peer assistance will be permitted during final competency assessments. No resources will be allowed during final competency assessments, EXCEPTION: patient visual aids.

All competencies on patients must be completed by lead instructor's deadline as noted in the syllabus. Students are cautioned that if they begin or complete a competency without the instructor's ability to observe the skill, the competency will NOT be signed by the instructor. If an instructor has requested that the student repeat or complete the competency, they may not seek a different instructor to complete it without permission. If a student is found to be in violation of this policy, professional points will be deducted which will affect the cumulative grade for this course via the Taleval grading system. This may result in a reduction of the clinical grade to the point of failing the course and dismissal from the Dental Hygiene Program. Students are encouraged to receive maximum help from the instructors while learning to perform procedures and preparing for the competency assessment. On *day of* assessment, no instructor assistance will be permitted during, or prior to, final competency assessments. A failed assessment cannot be attempted again until a remediation is done or a reflection on the challenge has been written and signed by the evaluating instructor.

**Remediations must be completed as outlined in the contract before the student can repeat the**

## **competency.**

Competency reflections will be completed utilizing the “what,” “so what” and “now what” reflection model. The self-assessment form must be attached to the specified competency assessment and returned to the evaluating instructor within 24 hours or as determined by the POD instructor. Failure to comply will result in the student being denied a second attempt at the competency until a remediation has been completed as per instructor discretion. Please practice assessments prior to attempting them.

All completed clinic competencies must be correctly entered into the Taleval grading system immediately following the clinic session in which they were completed or attempted. Each specific competency must be listed in the comment section of Taleval along with pass/fail and instructor initials.

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

**Skill Assessment (Competency) grading: All competency grades (mastery and non-mastery) will be determined from the original competencies and not the second attempts.** Non-mastery (aka “regular”) competencies that are not passed by the second attempt will result in a zero grade being recorded in the Canvas course gradebook for that competency. Even if a student fails a second attempt on a non-mastery competency, the student still must pass the assessment (i.e. on a 3<sup>rd</sup> or 4<sup>th</sup> attempt) to pass the course and move on in the Program. Mastery-level competencies must be passed by the second attempt. Not passing a Mastery-level competency by the second attempt will result in the student being dismissed from the Program. Competencies completed as a tutorial will be recorded as pass/fail and will not count toward grade.

Students are asked to complete (2) competencies per clinic session to complete the required number of assessments before the semester ends. Clinic competencies are meant to demonstrate a student has achieved the minimum level of clinic skill required to work on live patients. If a student is unable to pass a Mastery-level clinic competency after two attempts, they have not demonstrated the minimum skills required for moving on in the program. Failing a competency skill assessment two times may result in failure of the course and the student will not be allowed in the Dental Hygiene Program. See individual course syllabus for specific information on each assessment required for that course.

## **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. Patient experiences are an important part of student learning. As health care providers, students are expected to treat patients during clinic sessions. Patient experiences also help the student prepare for CRDTS and for practice as a licensed and registered Dental Hygienist. If a student does not have a patient and does not have a Plan B or Plan C patient who can fill the opening, the student will receive the following Taleval point deductions, reflecting the lost practice and skill by not having a patient in their chair:

- 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 remedying 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.

## Semester 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.

Program requirements for a clinic course incomplete:

Students are only allowed ONE incomplete for the program up to DENT 281. Failure to complete course requirements for a second time will result in an F for the course and dismissal from the program. An incomplete will not be given for didactic courses, lab courses, or a didactic course with a lab component. **If there are unexcused absences, the student is not eligible for an incomplete semester for any course, didactic, lab or clinic.**

One incomplete will be offered to students who have met at least 85% of their clinic requirements and can present a plan on how they will meet the remainder of their clinic requirements within the first 2 weeks of the following fall or spring semester, or within the first (1) week of the condensed summer semester. Students are required to submit this plan by final chart audit. The incomplete must be finished during the following clinic semester hours. No other time will be given outside normal clinic hours to finish an incomplete. It will be up to the lead instructor, with input from all clinic instructors, to determine if it is possible to complete the remaining clinical requirements by the deadline. Since **skill assessments, calculus tests, local anesthesia and radiographs** all have specific patient requirements, it is difficult to determine a specific number of requirements that can be carried over. Therefore, it must be left to the lead instructor and clinic faculty (the clinical experts for the course) to determine on a case-by-case basis if the remaining requirements can be completed in 1-2 weeks and still give the student enough time to complete that semester's requirements. If the minimum required patient experiences are not completed by the end of the semester or by the incomplete deadline, a failing grade will be awarded. If all competencies are not completed by the end of the semester or by the incomplete deadline a failing grade will be awarded. If the course grade is below 75% a failing grade will be awarded even if the minimum patient requirements have been completed.

The lead instructor must be notified 2 weeks prior to the last day of clinic that there is a concern with requirement completion. Students are responsible for tracking their patient requirements and are encouraged to review patient care reports often. Oftentimes instructors can help students avoid an incomplete if given enough time to help the student problem solve the situation.

DENT 281 Incompletes will be based on the requirements needed and availability of clinic space/faculty availability. If a student has already used their ONE incomplete prior to DENT 281 and is unable to complete their requirements again, faculty will work with the student to determine a clinic schedule to allow the student to complete their requirements. All attempts to complete the requirements during finals week of the 5<sup>th</sup> and final semester must be demonstrated first before an incomplete will be considered. If the student is unable

to complete requirements during finals week, and there is NOT space or faculty available during summer session to complete the requirements, the student will be given an “F” for the course, will be dismissed from the Program, and will not be allowed to graduate. Additionally, a second incomplete awarded this semester is only available to students who do not have an unexcused absence. Students with an unexcused absence, unable to complete their requirements will fail the course. Please see the readmission policy for further information.

## EXTERNSHIPS / 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 peers 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.

Professionalism expected at all externships: Students at clinical externship sites are there by invitation which could be rescinded at any time if undesirable conduct occurs. Any problems

that might develop should be discussed privately with the clinical supervisor, Program Director, or Lead Instructor. Students will follow all the same policies and procedures of the program at all externship sites.

## CLINIC PROCEDURE AND DUTIES

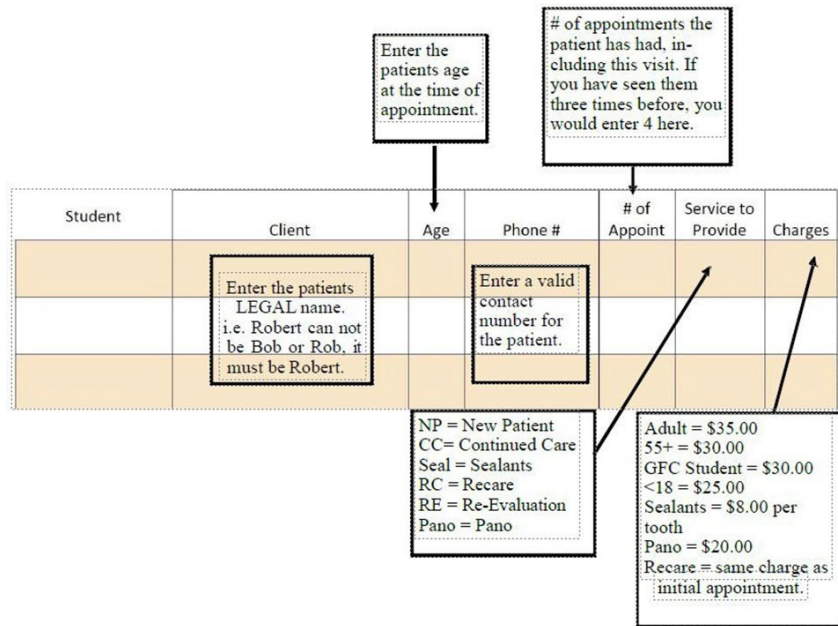
### Clinic Hours and Patient Book:

Students are expected to be on campus setting up clinic by 7:30am or 12:30pm on days scheduled for clinic. Students must be ready to see patients by POD meetings which begin at 8am or 1pm. Patients are to be seated by 8:15am or 1:15pm. Students who are running late will receive a Taleval error for poor time management. All patients must be entered into the logbook no later than 10am Friday mornings for Monday's patients (in the summer, no later than 10am *Thursdays*), Monday 4pm for Tuesday's patients, Tuesday 4pm for Wednesday's patient, Wednesday 4pm for Thursday's patient, and Thursday 4pm for Friday's patient.

Students with duties (e.g. CA) are expected to arrive at 7:30am or 12:30am. Students late to duties will receive an error in Taleval for poor time management. NO ONE on duty may leave until all duties are finished and everyone leaves together. **No student may leave a clinic session without POD instructor approval.** This is about working as a dental team.

Changes to the patient clinic schedule must be emailed to the Great Falls Clinic Manager no later than 7am for that day's patient. Please provide the patient's name and if they are continued care or new/established/recare. Students who do not enter the *complete and correct* patient info in the logbook by the designated time will receive up to 1 point critical error deduction in Taleval for not completing documents correctly or on time. If the student does not have a patient to enter into the logbook by the assigned deadline, then a NP for no patient must entered- DO NOT LEAVE ANY PATIENT DATA SPACE BLANK.

### **Example of Appointment Logbook Entry:**



## 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.

### Great Falls College MSU 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

### Bozeman Swingle Facility Dental Clinic Fees:

Adults, ages 18-54.....	\$40
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Seniors (age 55+), children (ages 4-17), and military .....	\$35
Gallatin/GFCMSU/MSU college students and staff.....	Free
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.

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.

## Phone Use

**NO 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 the caller contact the Dental Clinic Manager at (406)-771-4364 so you can be notified if the need arises.

## WEEKLY OBJECTIVES for CLINIC I, II, III and IV

**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.

**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. **It 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

**DENTAL HYGIENE PROCESS OF CARE: 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

**INFORMED CONSENT: 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

**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.

**HEALTH AND SAFETY: 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.*

**END OF SESSION PATIENT DISMISSAL: Patients must be assessed by a POD instructor prior to dismissal from any session. At the completion of patient care (i.e. at the patient's final appointment), the instructor will ensure the following:**

- Student has delivered comprehensive care
- 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.

**CLINIC ASSISTANT (CA) DUTIES:** 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

# Professional Behaviors and Conduct

# Overview

All students enrolled in the Dental Hygiene Program at Great Falls College MSU are expected to conduct themselves in a manner that reflects positively on the college, the program, and the dental hygiene profession. Students must adhere to the **American Dental Hygiene Association (ADHA) Code of Ethics** and the standards outlined in this handbook.

Professional behavior is essential in both academic and clinical settings. What students say, how they act, and how they present themselves directly impacts patient trust and the learning environment.

## General Expectations

- Maintain a respectful, professional demeanor at all times.
- Strive for academic excellence while maintaining the highest degree of academic honesty.
- Support fellow students and faculty by cooperating and avoiding any conduct that intimidates or compromises others' well-being or safety.
- Follow all college and program policies and procedures.
- Understand that violations may result in disciplinary action, including dismissal.

## Categories of Infractions

### 1. Professional Conduct & Attitude

- Insubordination toward faculty, staff, or clinical preceptors
- Arguing with instructors, peers, patients, or staff
- Displaying disruptive behavior (e.g., crying in public, showing anger)
- Failure to attend or schedule remediation
- Negative attitude affecting the learning environment
- Cell phone or smart watch misuse during class, lab, or clinic
- Working on unrelated assignments during class/lab/clinic
- Receiving guests during class, labs, clinic or externships
- Failure to arrive on time or leaving early

### 2. Appearance & Hygiene

- Wearing incorrect, dirty, or wrinkled uniform/lab jacket
- Fingernails too long or polished
- Inappropriate hairstyle, shoes, socks, or jewelry
- Use of inappropriate makeup
- Not wearing film badge or removing it from the clinic

### **3. Academic Integrity**

- Falsifying clinic documents, homework, exams, or patient records
- Withholding radiographs or duplicating charts
- Recording inaccurate patient information
- Cheating or accessing patient records outside approved areas
- Making inappropriate or incomplete entries in charts or appointment books

### **4. Clinical Safety & Patient Care**

- Performing unsafe, inappropriate or unauthorized procedures
- Performing acts beyond ability or limits of legal practice
- Failure to perform procedures or follow-up as directed by supervising dentist
- Failure to gain patient informed consent prior to treatment
- Failure to follow infection control protocols
- Knowingly using nonsterile instruments
- Seating/dismissing patients without instructor approval
- Failure to notify Dental Clinic Manager of additional services rendered
- Failure to be prepared with A/B/C plans for clinic/lab
- Failure to maintain a clean, safe work area
- Having food or drinks in lab or clinic

### **5. Confidentiality & HIPAA Compliance**

- Breach of patient confidentiality via speech, social media, or unauthorized access
- Removal of patient information from clinic
- Accessing patient data outside designated areas
- Incorrect or blank address on release of information forms

### **6. Substance Use & Prohibited Items**

- Use or possession of alcohol, narcotics, or impairing prescription drugs during program activities
- Use of tobacco on campus or externship
- Possession of weapons, firearms, or explosives

### **7. Respectful Interactions**

- Harassment, intimidation, stalking, retaliation or other threatening behavior
- Touching or speaking to others in a threatening, offensive, or degrading manner

### **8. Property & Equipment**

- Theft, tampering, or damage to college or clinical site property
- Diverting supplies or equipment for unauthorized use

## 9. Clinic & Lab Responsibilities

- Failure to properly complete paperwork
- Not returning charts to secure location
- Failure to update medical history/vital signs
- Inadequate appointment control
- Misuse of lab or clinic time

## Disciplinary Action

### Program Infractions

The following behaviors may result in a **√ or X in clinic** and may be considered violations under the **Program 3-Strike Policy**. These behaviors disrupt the learning environment and will be addressed by the instructor in accordance with college and course policy.

## 3-Strike Policy for Professional/Ethical Deficiencies

Professional and ethical deficiencies are treated seriously. Each occurrence may result in the following:

- **\*1st Occurrence:** Verbal warning, Taleval deduction, and/or summary email sent to the student within one week.
- **2nd Occurrence:** Written warning placed in the student's file and a copy provided to the student. A GFCMSU student conduct report will be filed.
- **3rd Occurrence:** Dismissal from the Program.

Any three violations—whether different or repeated—may result in withdrawal from the Dental Hygiene Program. The Program Director may determine if additional violations not listed above count toward this policy.

## Immediate Dismissal

Dismissal may occur without progression through the 3-strike process for serious incidents and the Great Falls College policy 300.1 Student Conduct would be followed. In addition to college policy sanctions, program dismissal may occur. The following are example behaviors considered for immediate dismissal:

- Threats to patient safety
- Gross insubordination
- Disclosure of confidential information
- Falsifying records
- Cheating or theft
- Willful damage to property
- Intoxication or drug use during program hours
- Possession of dangerous weapons

## Final Note

This list is not exhaustive. Additional infractions will be evaluated on a case-by-case basis. The goal of the Dental Hygiene Program is to graduate **mature, responsible, and professional dental hygienists** who demonstrate attention to detail and integrity in all aspects of their education and practice.

**Dental Hygiene Program**

Great Falls College MSU

# **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 at [www.gfcmsu.edu](http://www.gfcmsu.edu). 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. *Be 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](http://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](http://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.** Some clinical hours are dedicated to SMADHA activities, see syllabi for more details. Failing to participate in SMADHA may result in lost clinical points in Taleval and/or didactic course if activities are associated with SMADHA in that course. DENT 151 is a course where community projects are required as a part of SMADHA duties.

## 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.

Dental Hygiene Program

Great Falls College MSU

# 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 they 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 and 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: \_\_\_\_\_